Aging Male Questionnaire

The following form helps us to determine if you are a candidate for Hormone Replacement Therapy (HRT) and monitor your progress while on HRT. Which of the following symptoms apply to you at this time? Please, mark the appropriate box for each symptom. For symptoms that do not apply, please mark "none".

		None		Somewhat		Extremely severe
		1	2	3	4	5
1.	Decline in your feeling of general well-being (general state of health, subjective feeling)					
2.	Joint pain and muscular ache (lower back pain, joint pain, pain in a limb, general back ache)					
3.	Excessive sweating (Unexpected / sudden episodes of sweating, hot flushes independent of strain)					
4.	Sleep problems (difficulty falling asleep or sleeping through night, feeling tired upon waking, poor sleep)					
5.	Increased need for sleep, often feeling tired.					
6.	Irritability (feeling aggressive, easily upset about little things, moody)					
7.	Nervousness (inner tension, restlessness, feeling fidgety)					
8.	Anxiety (feeling panicky)					
9.	Physical exhaustion / lack vitality (general decrease in performance, reduced activity, lack interest in leisure activities, feeling of achieving less, having to force oneself to undertake activities)					
10.	Decrease in muscular strength (feeling of weakness)					
11.	Depressive mood (feeling down, sad, on the verge of tears, lack of drive, mood swings, feeling nothing is of any use)					
12.	Feeling that you have passed your peak					
13.	Feeling burnt out, having hit rock-bottom					
14.	Decrease in beard growth					
15.	Decrease in ability / frequency to perform sexually					
16.	Decrease in number of morning erections					
17.	Decrease in sexual desire / libido (lacking pleasure in sex, lacking desire for sexual intercourse)					

18. Any other major symptoms.....No _____ Yes _____
If yes, please describe_____
_____

Name:_____ Date:_____

APEX
MEN'S HEALTH CLINIC