# MALE HEALTH ASSESSMENT QUESTIONNAIRE

NAME: _____ EMAIL: _____

TODAY'S DATE: _____

Please mark the appropriate box for each symptom you may be experiencing.

| SYMPTOMS | NONE (0) | MILD (1) | MODERATE (2) | SEVERE (3) | VERY SEVERE (4) |
|---|---|---|---|---|---|
| Physical Exhaustion (fatigue, lack of energy, stamina or motivation) | ☐ | ☐ | ☐ | ☐ | ☐ |
| Sleep Problems (difficulty falling asleep or sleeping through the night) | ☐ | ☐ | ☐ | ☐ | ☐ |
| Joint and muscular symptoms (poor recovery after workout, in ability to add muscle, joint pain, muscle weakness) | ☐ | ☐ | ☐ | ☐ | ☐ |
| Irritability (mood swings, feeling aggressive, angers easily) | ☐ | ☐ | ☐ | ☐ | ☐ |
| Anxiety (feeling overwhelmed, feeling panicky, or feeling nervous) | ☐ | ☐ | ☐ | ☐ | ☐ |
| Depressive Mood (Lack of drive, feeling down or sad) | ☐ | ☐ | ☐ | ☐ | ☐ |
| Difficulties with memory (concentration, finding the right word, or retaining information) | ☐ | ☐ | ☐ | ☐ | ☐ |
| Sexual Desire or Performance (reduced or diminished) | ☐ | ☐ | ☐ | ☐ | ☐ |
| Erectile changes (weaker erections, loss of morning erections) | ☐ | ☐ | ☐ | ☐ | ☐ |
| Ejaculations (Infrequent or Absent) | ☐ | ☐ | ☐ | ☐ | ☐ |
| Sweating (night sweats or increased episodes of sweating) | ☐ | ☐ | ☐ | ☐ | ☐ |
| Hair loss, rapid or thinning | ☐ | ☐ | ☐ | ☐ | ☐ |
| Feeling cold all the time, having cold hands or feet | ☐ | ☐ | ☐ | ☐ | ☐ |
| Headaches or migraines (Increase in frequency or intensity) | ☐ | ☐ | ☐ | ☐ | ☐ |
| Weight (Difficulty losing weight despite diet/exercise) | ☐ | ☐ | ☐ | ☐ | ☐ |
| TOTAL SCORE: | | | | | |

SEVERITY SCORE:

☐ Mild: 1-15 ☐ Moderate: 16-30 ☐ Severe: 31-50 ☐ Very severe: 51+

Additional Comments or Concerns: