



# Just for Men

## Male Symptoms Questionnaire

Rank Your Symptoms from 1 - 6 (1 = Mild 6= Severe)

- Do you have a decrease in libido (sex drive)?
- Do you have a lack of energy?
- Do you have a decrease in strength and/or endurance?
- Have you lost height?
- Have you noticed a decreased enjoyment of life?
- Are you sad/and or grumpy?
- Are your erections less strong?
- Have you noticed deterioration in your ability to play sports?
- Are you falling a sleep after dinner?
- Has there been a recent deterioration in your work performance?
- Do you have trouble losing weight?
- Do you have cold intolerance?
- Do you have trouble with memory and/or concentration?

1	2	3	4	5	6
1	2	3	4	5	6
1	2	3	4	5	6
1	2	3	4	5	6
1	2	3	4	5	6
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1	2	3	4	5	6
1	2	3	4	5	6
1	2	3	4	5	6
1	2	3	4	5	6

## History

- Do you have a history of prostate cancer?
- Do you have a history of cancer, if yes what type?
- Do you have a history of heart disease?
- Do you have a history of high blood pressure?
- Do you have a history of high cholesterol?
- Do you have diabetes?
- Do you liver or kidney disease?
- Do you have male breast cancer?
- Do you have sleep apnea?
- Do you take any supplements, vitamins, or herbal products?
- Have you taken thyroid hormones, dhea, or testosterone in the past?
- Do you take prescription medications?
- Do you exercise regularly?
- Do you smoke?
- Do you drink alcohol?
- Do you have gyncomastia (extra breast tissue)?

YES	NO
YES	NO
YES	NO
YES	NO
YES	NO
YES	NO
YES	NO
YES	NO
YES	NO
YES	NO
YES	NO
YES	NO
YES	NO
YES	NO
YES	NO
YES	NO
YES	NO
YES	NO
YES	NO
YES	NO
YES	NO

## Comments