# Health Assessment For Men (Male Symptom Questionnaire)

**Name: Date: E-Mail Address:**

Which of the following symptoms apply to you currently (in the last 2 weeks)? Please mark the appropriate box for each symptom. For symptoms that do not currently apply or no longer apply, mark “never”.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Symptoms** | **Never (0)** | **Mild (1)** | **Moderate (2)** | **Severe (3)** | **Very Severe (4)** |
| Sweating (night sweats or excessive sweating) |  |  |  |  |  |
| Sleep problems (difficulty falling asleep, sleeping through the night or waking up too early) |  |  |  |  |  |
| Increased need for sleep or falls asleep easily after a meal |  |  |  |  |  |
| Depressive mood (feeling down, sad, lack of drive) |  |  |  |  |  |
| Irritability (mood swings, feeling aggressive, angers easily) |  |  |  |  |  |
| Anxiety (inner restlessness, feeling panicky, feeling nervous, inner tension) |  |  |  |  |  |
| Physical exhaustion (general decrease in muscle strength or endurance, decrease in work performance, fatigue, lack of energy, stamina or motivation) |  |  |  |  |  |
| Sexual problems (change in sexual desire or in sexual performance) |  |  |  |  |  |
| Bladder problems (difficulty in urinating, increased need to urinate) |  |  |  |  |  |
| Erectile changes (less strong erections, loss of morning erections) |  |  |  |  |  |
| Joint and muscular symptoms (joint pain or swelling, muscle weakness, poor recovery after  exercise) |  |  |  |  |  |
| Difficulties with memory |  |  |  |  |  |
| Problems with thinking, concentrating or reasoning |  |  |  |  |  |
| Difficulty learning new things |  |  |  |  |  |
| Trouble thinking of the right word to describe persons, places or things when speaking |  |  |  |  |  |
| Increase in frequency or intensity of headaches/migraines |  |  |  |  |  |
| Rapid hair loss or thinning |  |  |  |  |  |
| Feel cold all the time or have cold hands or feet |  |  |  |  |  |
| Weight gain, increased belly fat, or difficulty losing weight despite diet and exercise |  |  |  |  |  |
| Infrequent or absent ejaculations |  |  |  |  |  |
| **Total:** |  | | | | |

|  |  |
| --- | --- |
| **Severity** | **Score** |
| Mild | 1 - 20 |
| Moderate | 21 - 40 |
| Severe | 41 - 60 |
| Very Severe | 61 - 80 |

Male Health Assessment Revision Date: 01\_27\_20