HEALTH ASSESSMENT (MALE)

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MALE HEALTH ASSESSMENT QUESTIONNAIRE

Please mark the appropriate box for each symptom you may be experiencing.						
SYMPTOMS	NONE	MILD	MODERATE	SEVERE	VERY SEVER	
Physical Exhaustion (fatigue, lack of energy, stamina or motivation)						
Sieep Problems (difficulty falling asleep or sleeping through the night)						
rritability (mood swings, feeling aggressive, angers easily)					has the	
Anxiety (feeling overwhelmed, feeling panicky, or feeling nervous)		1-,1			800	
Decline in drive o <mark>r</mark> interest (loss of "zest for life," feeling down or s <mark>a</mark> d)		[1]				
Joint and muscul <mark>a</mark> r symptoms (poor recovery after workout, inability to add muscle, joint pain, muscle weakness)						
Difficulties with memory (concentration, finding the right word, or retaining information)						
Sexual Desire or Performance (reduced or diminished)		Service - A				
Erectile changes (weaker erections, loss of morning erections)						
Ejaculations (infrequent or absent)						
sweating (night s <mark>w</mark> eats or increased episodes of sweating)						
Hair loss, rapid or <mark>t</mark> hinning			(the			
eeling cold all the time, having cold hands or feet						
leadaches or migraines (increase in frequency or intensity)		-				
Veight (difficulty losing weight despite diet/exercise)						
Bladder problems (difficulty in urinating, increased seed to urinate)						