

Questionnaire for Men over 40

Last name _____

First name _____

Date of birth _____

Points

none	slight	medium	severe	extreme
1	2	3	4	5

Physical well-being

Deterioration in general well-being

(subjective feeling of well-being)

Joint and muscle complaints

(pain in lower back, joints, limbs, back)

Extreme perspiration

(unexpected, sudden perspiration,
heat rushes unrelated to physical activity)

Sleeping difficulties

(Difficulty falling asleep, sleeping through,
waking up too early or tired, sleeping badly,
sleeplessness)

Greater need of sleep/frequent tiredness

Physical exhaustion

(general loss of fitness, increasing inactivity,
lack of motivation, feeling of reduced capability and
effectiveness, need to force yourself to do things)

Reduced Muscle Power

(feeling of weakness)

No. of points: _____

Psychological well-being

Irritability

(aggressiveness, quickly irritated by minor issues, bad moods)

Tension

(inner tension, unsettled feeling, unable to sit still)

Anxiety

(panic)

Depressive mood

(discouragement, sadness, tearfulness, lack of impulse, moodiness, feeling of meaninglessness)

Discouragement, reached end

No. of points: _____

Sexual well-being

Sense that climax of life is past

Reduction in facial hair

Reduced Potency

Reduction in number of morning erections

Reduced libido

(less enjoyment of sex, hardly any desire for sexual intercourse)

No. of points: _____

Total no. of points: _____

Key to points:

Total no. of points:	17-26	27-36	37-49	<50
Intensity of complaint	none	slight	medium	severe

A testosterone check is to be recommended if points exceed 37

Please complete only if known:

Waist (cm) _____ height(cm) _____ weight (kg) _____ blood pressure(mmHg) _____ / _____

A testosterone check is to be recommended if waist measurement exceeds 102 cm.