

## Men's Health Questionnaire

### Patient Information:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_

### Medical History:

- High blood pressure     Erectile Dysfunction
- High cholesterol     Depression
- Heart Disease     Other: \_\_\_\_\_

List all prescriptions and non-prescriptions that you are taking:

List any drug allergies:

## Men's Health Questionnaire

**Symptom:**

ABSENT

MILD

MODERATE

SEVERE

Fatigue

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Decrease in muscle mass

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Loss in muscle strength

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Increase in joint and muscle pain

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\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Increase in waist size

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\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Trouble losing weight

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Lost in height

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Decrease in sex drive

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\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Difficulty in establishing/maintaining  
full erections

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\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Decrease in spontaneous  
early morning erections

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\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Change in sleep pattern

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\_\_\_\_\_

Decrease in mental sharpness

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\_\_\_\_\_

Trouble concentrating

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\_\_\_\_\_

\_\_\_\_\_

Less enjoyment in personal  
interests/hobbies

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\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_