

Name: \_\_\_\_\_ Date: \_\_\_\_\_ Age: \_\_\_\_\_

## Andropause Checklist

	None	Slight	Medium	Severe	Extreme
1. Fatigue, tiredness, or loss of energy	—	—	—	—	—
2. Depression, low or negative mood	—	—	—	—	—
3. Irritability, anger, or bad temper	—	—	—	—	—
4. Anxiety or nervousness	—	—	—	—	—
5. Loss of memory or concentration	—	—	—	—	—
6. Relationship problem with partner	—	—	—	—	—
7. Loss of sex drive or libido	—	—	—	—	—
8. Erection or potency problems	—	—	—	—	—
9. Dry skin on face or hands	—	—	—	—	—
10. Excessive sweating, day or night	—	—	—	—	—
11. Backache, joint pains or stiffness	—	—	—	—	—
12. Heavy drinking, past or present	—	—	—	—	—
13. Loss of fitness	—	—	—	—	—
14. Feeling over-stressed	—	—	—	—	—
	30s	40s	50s	60s	70s+
15. The age you feel	—	—	—	—	—
<b>Total Ticks:</b>	—	—	—	—	—

16. If there has been adult mumps, orchitis, or other testicular problems, a prostate operation or inflammation, persistent urinary infection or vasectomy, Please check here. \_\_\_\_\_

Yours in health,

Dr. Rick

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