

PATIENT'S NAME: \_\_\_\_\_

DATE: \_\_\_\_\_



**McMINN CLINIC**

WORLD CLASS WELLNESS MEDICINE IN BIRMINGHAM

## ANDROPAUSE QUESTIONNAIRE

PLEASE PLACE A CHECKMARK IN THE APPROPRIATE BOX AS FOLLOWS:

0 = NO PROBLEM / 1 = MILD PROBLEM / 2 = MODERATE PROBLEM / 3 = SEVERE PROBLEM / 4 = EXTREME PROBLEM

	0	1	2	3	4
EASILY FATIGUED, TIRED, OR LOSS OF ENERGY					
DEPRESSION, LOW OR NEGATIVE MOOD					
IRRITABLE, ANGRY, OR GENERALLY BAD TEMPERED					
ANXIOUS OR NERVOUS					
LOSS OF MEMORY AND/OR CONCENTRATION					
RELATIONSHIP PROBLEMS WITH PARTNER					
LOSS OF SEX DRIVE OR LIBIDO					
ERECTION OR POTENCY PROBLEMS					
DRY SKIN ON FACE OR HANDS					
EXCESSIVE FLUSHING/SWEATING, DAY OR NIGHT					
BACKACHE, JOINT PAINS OR STIFFNESS					
HEAVY DRINKING, PAST OR PRESENT					
LOSS OF FITNESS					
FEELING OVER-STRESSED					
EXPERIENCING REDUCED MUSCLE MASS					
DECREASE IN STRENGTH					
INCREASE IN CENTRAL/UPPER BODY FAT					
WHAT AGE DO YOU FEEL?	30__	40__	50__	60__	70+__
<b><i>PLEASE ADD ONLY "YES" RESPONSES TO THE FOLLOWING QUESTIONS TO YOUR TOTAL SCORE:</i></b>				NO	YES
HAVE YOU HAD MUMPS AS AN ADULT?					
HAVE YOU EVER HAD TESTICULAR TRAUMA?					
HAVE YOU EVER HAD ORCHITIS (INFECTION OF THE TESTICLES)?					
HAVE YOU PROSTATE INFLAMMATION OR SURGERY?					
HAVE YOU HAD PERSISTENT URINARY INFECTIONS?					
HAVE YOU HAD A VASECTOMY?					
HAVE YOU HAD CARDIOVASCULAR DISEASE?					
HAVE YOU HAD ELEVATED LIPID LEVELS?					
HAVE YOU HAD ELEVATED LIPID LEVELS?					
TOTAL CHECKS FOR EACH COLUMN					
MULTIPLY CHECKS BY	x 0	x 1	x 2	x 3	x 4
TOTAL SCORES					

GRAND TOTAL ANDROPAUSE SCORE \_\_\_\_\_

**RESULTS:**

0 - 9... UNLIKELY TO HAVE ANDROPAUSE	10 - 19.... POSSIBLE ANDROPAUSE	20 - 29... PROBABLE ANDROPAUSE
30 - 39 ... DEFINITE ANDROPAUSE	40 +...ADVANCED ANDROPAUSE	<b>NOTE:</b> IF YOU SCORED 10 OR ABOVE, YOU OWE IT TO YOURSELF AND EVERYONE ELSE AROUND YOU TO INVESTIGATE AND CORRECT ANY HORMONAL IMBALANCES DETECTED.