

Andropause ✓ List

Name: _____

Age: _____

Date: _____

Slightly Moderate Severe

Sexual Functioning

1. Decreased spontaneous erections.
2. Decreased sex drive.
3. Decrease in fullness of erection.
4. Decrease in strength of climax.
5. Difficulty maintaining an erection.

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Mental Functioning

6. Feeling burned out.
8. Decreased mental sharpness.
9. Decreased interest in past hobbies.
10. Sleep disturbance.
11. Irritability.

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Musculoskeletal Functioning

12. Decreased muscle strength.
13. Overall body feels sore.
14. Increased stiffness
15. Joint pain.

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Overall Functioning

16. Rise in blood pressure.
17. Weight gain around midsection.
18. Increased fatty tissue in chest/hip area.
19. Feel older than your age.
20. History of testicular or prostate problems

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Total check marks:

Multiply check mark in each column by

x1	x2	x3
↓	↓	↓

Total scores:

_____	_____	_____
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Andropause rating: 0-19 unlikely
 20-29 probable
 30-39 definite
 40+ advanced

Total Andropause Score: