

Circle your answer choice for the following questions:

1. Do you feel more fatigued and/or tired than usual?  
No            Yes, Mild            Yes, Moderate            Yes, Severe
2. Have you noticed a decrease in your muscle mass?  
No            Yes, Mild            Yes, Moderate            Yes, Severe
3. Have you experienced a loss in muscle strength?  
No            Yes, Mild            Yes, Moderate            Yes, Severe
4. Have you experienced an increase in joint or muscle pain?  
No            Yes, Mild            Yes, Moderate            Yes, Severe
5. Have you noticed an increase in your waist size?  
No            Yes, Mild            Yes, Moderate            Yes, Severe
6. Do you have trouble losing weight?  
No            Yes, Mild            Yes, Moderate            Yes, Severe
7. Have you experienced a loss in height?  
No            Yes, Mild            Yes, Moderate            Yes, Severe
8. Have you noticed a decrease in your sex drive?  
No            Yes, Mild            Yes, Moderate            Yes, Severe
9. Have you experienced any difficulty in establishing or maintaining full erections?  
No            Yes, Mild            Yes, Moderate            Yes, Severe
10. Do you have a decrease in spontaneous early morning erections?  
No            Yes, Mild            Yes, Moderate            Yes, Severe
11. Have you experienced changes in your usual sleep pattern?  
No            Yes, Mild            Yes, Moderate            Yes, Severe
12. Do you feel a decrease in your mental sharpness?  
No            Yes, Mild            Yes, Moderate            Yes, Severe
13. Do you have trouble concentrating?  
No            Yes, Mild            Yes, Moderate            Yes, Severe
14. Do you experience less enjoyment in personal interests and hobbies?  
No            Yes, Mild            Yes, Moderate            Yes, Severe
15. I am \_\_\_\_\_ years old. I feel \_\_\_\_\_ years old.