



Date: _____

Name: _____

	QUESTIONS	RARE	MILD	FREQUENT	SEVERE
1.	Do you have a decrease in libido?				
2.	Do you have a decrease in strength and/or endurance?				
3.	Do you have a lack of energy?				
4.	Have you lost some height?				
5.	Are you sad or grumpy?				
6.	Have you noticed a decreased "enjoyment of life"?				
7.	Are your erections less strong?				
8.	Have you noticed a recent deterioration in your ability to play sports?				
9.	Are you falling asleep after dinner?				
10.	Has there been a recent deterioration in your work performance?				