THE MALE HEALTH CLUB QUESTIONNAIRE

Can you grade the following sections into:

- □ none
- 🗆 mild
- □ moderate
- □ severe

LOW LIBIDO

- □ none
- 🗆 mild
- moderate
- □ severe

ERECTILE DYSFUNCTION

- 🗆 none
- \Box mild
- \Box moderate
- □ severe

FEELING YOUR PAST YOUR BEST

- □ none
- \Box mild
- \Box moderate
- \Box severe

COGNITIVE CHANGES /FORGETFULNESS

- □ none
- □ mild
- □ moderate
- □ severe

THE MALE HEALTH CLUB info@riverviewclinic.co.uk

THE MALE HEALTH CLUB QUESTIONNAIRE

JOINT PAIN

- □ none
- 🗆 mild
- □ moderate
- □ severe

REDUCTION IN STRENGTH

- \Box none
- 🗆 mild
- moderate
- □ severe

EXCESSIVE SWEATING

(sudden episodes of sweating, hot flushes independent of strain)

- 🗆 none
- \Box mild
- \Box moderate
- \Box severe

SLEEPING PROBLEMS

(difficulty in falling asleep & difficulty in sleeping through)

- □ none
- 🗆 mild
- \Box moderate
- □ severe

INCREASED ANXIETY

- □ none
- \Box mild
- □ moderate
- \Box severe

THE MALE HEALTH CLUB info@riverviewclinic.co.uk

THE MALE HEALTH CLUB QUESTIONNAIRE

INCREASED IRRITABILITY

- □ none
- \Box mild
- \Box moderate
- \Box severe

ARE YOU A LOVING PARTNER TO YOUR PARTNER

- $\hfill\square$ none
- \Box mild
- \Box moderate
- □ severe

PLEASE COMPLETE AS A BASELINE OF YOUR SYMPTOMS

NAME:

DATE:

THE MALE HEALTH CLUB info@riverviewclinic.co.uk