



MENS HEALTH QUESTIONNAIRE

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|-----|--|-----|-----|----|-----|
| 1) | Have you had a decrease in stamina? | Yes | ___ | No | ___ |
| 2) | Any trouble getting erections or maintaining them? | Yes | ___ | No | ___ |
| 3) | Do you get morning erections? | Yes | ___ | No | ___ |
| 4) | Have you lost your interest in sex? | Yes | ___ | No | ___ |
| 5) | Have you lost any muscle mass? | Yes | ___ | No | ___ |
| 6) | Do you have any weight concerns? | Yes | ___ | No | ___ |
| 7) | If so, is the fat mostly in the middle? | Yes | ___ | No | ___ |
| 8) | Do you get sleepy between 3 and 4 PM? | Yes | ___ | No | ___ |
| 9) | Do you get sleepy after eating? | Yes | ___ | No | ___ |
| 10) | Is there any history of heart problems? | Yes | ___ | No | ___ |
| 11) | Are there any prostate issues? | Yes | ___ | No | ___ |
| | • Hesitancy | Yes | ___ | No | ___ |
| | • Nighttime voiding | Yes | ___ | No | ___ |
| | • Diminished stream | Yes | ___ | No | ___ |
| | • Frequency | Yes | ___ | No | ___ |
| | • Dribbling | Yes | ___ | No | ___ |

Client Name: _____