Heather Stolworthy, MPH, MSN, FNP-C
hstolworthy6@gmail.com
(208) 287-0408
fax (208) 287-0423
1000 N. Curtis Road, Ste. #105
Boise, ID 83706

AMS MEN'S HEALTH QUESTIONNAIRE

LAST NAME _____ **FIRST NAME** _____ **DATE OF BIRTH** _____ **TODAY'S DATE** _____

Which of the following symptoms apply to you at this time?

X ONE Box For EACH Symptom – For symptoms that do not apply, please mark **none.**

Symptoms	Rating				
	none	**mild**	**moderate**	**severe**	**extreme**
1. **Decline in your feeling of general well-being** – general state of health, subjective feeling.	☐	☐	☐	☐	☐
2. **Joint pain & muscular ache** – lower back pain, joint pain, pain in a limb, general back ache.	☐	☐	☐	☐	☐
3. **Excessive sweating** – unexpected/sudden episodes of sweating, hot flushes independent of strain.	☐	☐	☐	☐	☐
4. **Sleep problems** – difficulty in falling asleep, difficulty in sleeping through the night, waking up early and feeling tired, poor sleep, sleeplessness.	☐	☐	☐	☐	☐
5. **Increased need for sleep, often feeling tired**.	☐	☐	☐	☐	☐
6. **Irritability** – feeling aggressive, easily upset about little things, moody.	☐	☐	☐	☐	☐
7. **Nervousness** – inner tension, restlessness, feeling fidgety.	☐	☐	☐	☐	☐
8. **Anxiety** – feeling panicky.	☐	☐	☐	☐	☐
9. **Physical exhaustion or lacking vitality** – general decrease in performance, reduced activity, lacking interest in leisure activities, feeling of getting less done, of achieving less, of forcing oneself to undertake activities.	☐	☐	☐	☐	☐
10. **Decrease in muscle strength** – feeling of weakness.	☐	☐	☐	☐	☐
11. **Depressive mood** – feeling down, sad, or on the verge of tears, lack of drive, mood swings, feeling nothing is of any use.	☐	☐	☐	☐	☐
12. **Feeling you have passed your peak**.	☐	☐	☐	☐	☐
13. **Feeling burnt out, having hit rock-bottom**.	☐	☐	☐	☐	☐
14. **Decrease in beard growth**.	☐	☐	☐	☐	☐
15. **Decrease in ability/frequency to perform sexually**	☐	☐	☐	☐	☐
16. **Decrease in the number of morning erections.**	☐	☐	☐	☐	☐
17. **Decrease in sexual desire/libido** – lacking pleasure in sex, lacking desire for sexual intercourse.	☐	☐	☐	☐	☐
Score =	**0**	**1**	**2**	**3**	**4**

Do you have any other symptoms or concerns _____

Thank You for Your Cooperation

Office Use

Recent PSA _____ Date _____ Digital rectal exam, Date _____ Prior PSA's/Date _____

Prostate history _____

Prior hormone use _____ Baseline _____ Week 4 _____