Men's Health Profile/Questionnaire

Patient Information

Name: _____ Date: _____

Address: _____

Phone: _____

Date of Birth: _____ Height: _____ Weight: _____

BMI (Pharmacist will calculate): _____ (BMI= Wt. in Kg/Ht. in meters²)

BMI Results for Adults Over 35:

19-26.9	Recommended	30-39.9	Obese
27-29.9	Overweight	40 (+)	Morbidly Obese

Waist Circumference:_____ **Waist:Hip Ratio:_____(waist/hip)**

Medical & Social History: Please check the following that apply to you.

___High Blood Pressure
___High Cholesterol
___Cardiovascular Disease
___Diabetes Mellitus
___Osteoporosis
___Benign Prostatic Hyperplasia
___Tobacco Use
___Asthma/COPD
___Alcohol Use
___Erectile Dysfunction
___Insomnia
___Malnutrition
___Depression
___Cancer: _____
___Other: _____

Medication History: List all prescription and non-prescription medications that you are taking. (Include vitamins, herbals and supplements.)

_____

_____

_____

_____

_____

_____

_____

_____

Drug Allergies: _____

_____

_____

Circle Yes or No to the following questions. If yes, indicate if Mild, Moderate or Severe.

1. Do you feel more fatigued and/or tired than usual? **Yes** **No**
   If yes, circle: **Mild** **Moderate** **Severe**

2. Have you noticed a decrease in your muscle mass? **Yes** **No**
   If yes, circle: **Mild** **Moderate** **Severe**

3. Have you experienced a loss in muscle strength? **Yes** **No**
   If yes, circle: **Mild** **Moderate** **Severe**

4. Have you experienced an increase in joint and/or muscle pains? **Yes** **No**
   If yes, circle: **Mild** **Moderate** **Severe**

5. Have you noticed an increase in your waist size? **Yes** **No**
   If yes, circle: **Mild** **Moderate** **Severe**

6. Do you have trouble losing weight? **Yes** **No**
   If yes, circle: **Mild** **Moderate** **Severe**

7. Have you experienced a loss in height? **Yes** **No**
   If yes, circle: **Mild** **Moderate** **Severe**

8. Do you have a decrease in your sex drive? **Yes** **No**
   If yes, circle: **Mild** **Moderate** **Severe**

9. Have you experienced difficulty in establishing and/or maintaining full erections? **Yes** **No**
   If yes, circle: **Mild** **Moderate** **Severe**

10. Do you have a decrease in spontaneous early morning erections? **Yes** **No**
    If yes, circle: **Mild** **Moderate** **Severe**

11. Have you experienced changes in your usual sleep pattern? **Yes** **No**
    If yes, circle: **Mild** **Moderate** **Severe**

12. Do you feel a decrease in your mental sharpness? **Yes** **No**
    If yes, circle: **Mild** **Moderate** **Severe**

13. Have you had trouble concentrating? **Yes** **No**
    If yes, circle: **Mild** **Moderate** **Severe**

14. Do you experience less enjoyment in personal interests and hobbies? **Yes** **No**
    If yes, circle: **Mild** **Moderate** **Severe**

15. I am _____ years old. I feel _____ years old.

Men's Health Profile/Questionnaire
Points to Consider

1. Symptoms #8, #9, & #10 are more diagnostic than others associated with andropause. However, the patient should receive a complete exam and all symptoms should be considered. These symptoms combined with pertinent lab values will aid diagnosis.

2. A waist circumference ≥ 40 inches increases the risk for men to develop metabolic complications.

3. BMI and waist circumference are very important to the patient's general health. However, new evidence suggests WHR (waist to hip ratio) is more consistently a predictor of metabolic complications.

   General waist to hip ratio guidelines:

Age	Low Risk *	Moderate Risk *	High Risk *	Very High Risk *
20-29	< 0.8	0.8 - 0.9	0.9 - 0.94	> 0.95
30-39	< 0.85	0.85 - 0.9	0.9 - 0.95	> 0.96
40-49	< 0.87	0.87 - 0.93	0.93 - 1.0	> 1.0
50-59	< 0.9	0.9 - 0.95	0.95 - 1.0	> 1.0
60-69	< 0.9	0.9 - 0.97	0.97 - 1.1	> 1.1

* risk of developing metabolic complications