

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

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| 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. | | |