



Health Assessment for Men

Name: \_\_\_\_\_ Date: \_\_\_\_\_

E-Mail: \_\_\_\_\_

Severity

Symptom N/A Slight>>>>>>>>>Moderate>>>>>>>>>Severe

Table with 11 columns (Symptom, 1-10) and 25 rows of symptoms including 'Decline in General Well Being', 'Fatigue', 'Joint pain/muscle ache', etc.



Health Assessment for Women

Name: \_\_\_\_\_ Date: \_\_\_\_\_

E-Mail: \_\_\_\_\_

Severity

Symptom	N/A	Slight>>>>>>>	Moderate>>>>>>>	Severe						
Depressive mood	1	2	3	4	5	6	7	8	9	10
Fatigue	1	2	3	4	5	6	7	8	9	10
Memory Loss	1	2	3	4	5	6	7	8	9	10
Mental Confusion	1	2	3	4	5	6	7	8	9	10
Decreased libido/sex drive	1	2	3	4	5	6	7	8	9	10
Sleep problems	1	2	3	4	5	6	7	8	9	10
Irritability/Mood changes	1	2	3	4	5	6	7	8	9	10
Tension	1	2	3	4	5	6	7	8	9	10
Difficult to climax sexually	1	2	3	4	5	6	7	8	9	10
Bloating	1	2	3	4	5	6	7	8	9	10
Vaginal dryness	1	2	3	4	5	6	7	8	9	10
Hot flashes	1	2	3	4	5	6	7	8	9	10
Night sweats	1	2	3	4	5	6	7	8	9	10
Dry wrinkled skin	1	2	3	4	5	6	7	8	9	10
Hair is falling out	1	2	3	4	5	6	7	8	9	10
Weight gain/inability to lose	1	2	3	4	5	6	7	8	9	10
Breast tenderness	1	2	3	4	5	6	7	8	9	10
Cold all of the time	1	2	3	4	5	6	7	8	9	10
Joint pain	1	2	3	4	5	6	7	8	9	10