Blue Ridge Heart & Wellness

Health Assessment for Men

Name: _____ **Date:** _____

E-Mail: _____

	Severity									
Symptom	**N/A Slight>>>>>>>>>Moderate>>>>>>>>Severe**									
Decline in General Well Being	1	2	3	4	5	6	7	8	9	10
Fatigue	1	2	3	4	5	6	7	8	9	10
Joint pain/muscle ache	1	2	3	4	5	6	7	8	9	10
Excessive sweating	1	2	3	4	5	6	7	8	9	10
Sleep problems	1	2	3	4	5	6	7	8	9	10
Increased need for sleep	1	2	3	4	5	6	7	8	9	10
Irritability	1	2	3	4	5	6	7	8	9	10
Nervousness	1	2	3	4	5	6	7	8	9	10
Anxiety	1	2	3	4	5	6	7	8	9	10
Depressed mood	1	2	3	4	5	6	7	8	9	10
Exhaustion/lacking vitality	1	2	3	4	5	6	7	8	9	10
Declining mental ability/Focus	1	2	3	4	5	6	7	8	9	10
Feeling of passed your peak	1	2	3	4	5	6	7	8	9	10
Feeling of burned out	1	2	3	4	5	6	7	8	9	10
Decreased muscle strength	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 Development	1	2	3	4	5	6	7	8	9	10
Shrinking testicles	1	2	3	4	5	6	7	8	9	10
Rapid hair loss	1	2	3	4	5	6	7	8	9	10
Decreased beard growth	1	2	3	4	5	6	7	8	9	10
New migraine headaches	1	2	3	4	5	6	7	8	9	10
Decreased libido/desire	1	2	3	4	5	6	7	8	9	10
Decreased morning erections	1	2	3	4	5	6	7	8	9	10
Decreased sexual performance	1	2	3	4	5	6	7	8	9	10
Infrequent/absent ejaculations	1	2	3	4	5	6	7	8	9	10
No results from E.D. meds	1	2	3	4	5	6	7	8	9	10

Blue Ridge Heart & Wellness

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	