

What is your age?

- Younger than 60 Older than 60

Do you have diabetes?

- Yes No

Do you have asthma?

- Yes No

Do you have prostate problems?

- Yes No

Do you take medications for any of these problems?

- Yes No

How much do you usually sleep?

- Less than 5 hours More than 5 hours

Do you smoke cigarettes?

- Currently In Past Never

Have you recently been bothered by headaches

- Yes No

Find the column for your height and weight. Mark your weight. Check only one square

5' or under

- less than 135 lbs
 135-150 lbs
 over 150 lbs

5'4" to 5'8"

- less than 160 lbs
 160-180 lbs
 over 180 lbs

5'10" to 6'

- less than 195 lbs
 195-215 lbs
 over 215 lbs

6'4" to 6'6"

- less than 230 lbs
 230-255 lbs
 over 255 lbs

5'1" to 5'3"

- less than 150 lbs
 150-165 lbs
 over 165 lbs

5'7" to 5'9"

- less than 180 lbs
 180-195 lbs
 over 195 lbs

6'1" to 6'3"

- less than 210 lbs
 210-235 lbs
 over 235 lbs

6'7" or taller

- less than 245 lbs
 245-275 lbs
 over 275 lbs

Part 1

Check statements or symptoms that describe you:

- | | |
|--|--|
| <input type="checkbox"/> Decreased sex drive or libido | <input type="checkbox"/> Decreased sex drive or libido |
| <input type="checkbox"/> Softness and/or decrease of muscle size | <input type="checkbox"/> Softness and/or decrease of muscle size |
| <input type="checkbox"/> Changes in muscle tone | <input type="checkbox"/> Changes in muscle tone |
| <input type="checkbox"/> Decrease in muscle strength and endurance | <input type="checkbox"/> Decrease in muscle strength and endurance |
| <input type="checkbox"/> Erections less strong | <input type="checkbox"/> Erections less strong |
| <input type="checkbox"/> Less frequent nocturnal erections | <input type="checkbox"/> Less frequent nocturnal erections |
| | <input type="checkbox"/> Loss of height |

Part 2

Check statements or symptoms that describe you:

- | | |
|--|---|
| <input type="checkbox"/> Tend to tire easily | <input type="checkbox"/> Low tolerance for stress and otherwise ordinary problems |
| <input type="checkbox"/> Grumpy, sad or moody | <input type="checkbox"/> More volatile than usual- "easy to anger" |
| <input type="checkbox"/> Recent deterioration in your ability to play sports | <input type="checkbox"/> Feel hostile |
| <input type="checkbox"/> Falling asleep after dinner | <input type="checkbox"/> Anxious |
| <input type="checkbox"/> Lack of energy | <input type="checkbox"/> Nervous and tense |
| | <input type="checkbox"/> Loss of confidence |

Part 3

Check statements or symptoms that describe you:

- | | |
|--|--|
| <input type="checkbox"/> Difficulty absorbing information | <input type="checkbox"/> Trouble thinking or concentrating |
| <input type="checkbox"/> Tend to forget things | <input type="checkbox"/> Have more trouble solving problems or managing your time than usual |
| <input type="checkbox"/> Recent deterioration in your work performance | |

Part 4

Check statements or symptoms that describe you:

- | | |
|--|--|
| <input type="checkbox"/> Sensation of not emptying your bladder completely | <input type="checkbox"/> Have a weak urinary stream |
| <input type="checkbox"/> Need to urinate less than 2 hours after you have finished urinating | <input type="checkbox"/> Need to push or strain to begin urinating |
| <input type="checkbox"/> Find it difficult to postpone urination | <input type="checkbox"/> Dripping after urination |
| | <input type="checkbox"/> Urge to urinate several times a night |

The MHS is designed to identify those men who are experiencing a decline in sexual function and loss of energy, strength and endurance. The MHS helps to identify common lifestyle choices and illnesses that disrupt male androgen balance and may accelerate testosterone decline. Although testosterone and other androgens naturally begin declining in the late third decade, the impact on sexual function, body composition, mental function and emotional stability need not appear until advancing years.

- | | | |
|--|--|---|
| What is your age? | <input type="checkbox"/> Younger than 60 | <input type="checkbox"/> Older than 60 |
| Do you have diabetes? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Do you have asthma? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Do you have prostate problems? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Do you take medications for any of these problems? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| How much do you usually sleep? | <input type="checkbox"/> Less than 5 hours | <input type="checkbox"/> More than 5 hours |
| Do you smoke cigarettes? | <input type="checkbox"/> Currently | <input type="checkbox"/> In Past <input type="checkbox"/> Never |
| Have you recently been bothered by headaches | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

Height and weight in the middle and lowest categories are associated with the possibility of estrogen dominance

Find the column for your height and weight. Mark your weight. Check only one square

- | | | | |
|--|--|--|--|
| 5' or under | 5'4" to 5'8" | 5'10" to 6' | 6'4" to 6'6" |
| <input type="checkbox"/> less than 135 lbs | <input type="checkbox"/> less than 160 lbs | <input type="checkbox"/> less than 195 lbs | <input type="checkbox"/> less than 230 lbs |
| <input type="checkbox"/> 135-150 lbs | <input type="checkbox"/> 160-180 lbs | <input type="checkbox"/> 195-215 lbs | <input type="checkbox"/> 230-255 lbs |
| <input type="checkbox"/> over 150 lbs | <input type="checkbox"/> over 180 lbs | <input type="checkbox"/> over 215 lbs | <input type="checkbox"/> over 255 lbs |
| 5'1" to 5'3" | 5'7" to 5'9" | 6'1" to 6'3" | 6'7" or taller |
| <input type="checkbox"/> less than 150 lbs | <input type="checkbox"/> less than 180 lbs | <input type="checkbox"/> less than 210 lbs | <input type="checkbox"/> less than 245 lbs |
| <input type="checkbox"/> 150-165 lbs | <input type="checkbox"/> 180-195 lbs | <input type="checkbox"/> 210-235 lbs | <input type="checkbox"/> 245-275 lbs |
| <input type="checkbox"/> over 165 lbs | <input type="checkbox"/> over 195 lbs | <input type="checkbox"/> over 235 lbs | <input type="checkbox"/> over 275 lbs |

Part 1-3 - italicised symptoms in Part 1 suggest low normal testosterone (T) or androgen imbalance.

Androgen Deficiency in the Aging Man (ADAM) includes these symptoms plus others.

Part 4 - symptoms associated with Benign Prostatatic Hypertrophy (BPH)

Part 1

Check statements or symptoms that describe you:

- | | |
|--|---|
| <input type="checkbox"/> <i>Decreased sex drive or libido</i> | <input type="checkbox"/> Growth of breast tissue |
| <input type="checkbox"/> Softness and/or decrease of muscle size | <input type="checkbox"/> Tender nipples |
| <input type="checkbox"/> Changes in muscle tone | <input type="checkbox"/> Loss of pubic or armpit hair |
| <input type="checkbox"/> Decrease in muscle strength and endurance | <input type="checkbox"/> Slow or no facial hair growth |
| <input type="checkbox"/> <i>Erections less strong</i> | <input type="checkbox"/> Diminished normal "pungent" body odour |
| <input type="checkbox"/> <i>Less frequent nocturnal erections</i> | <input type="checkbox"/> Increased waist size |
| | <input type="checkbox"/> Loss of height |