



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.

- | | |
|---|---|
| <input type="checkbox"/> High Blood Pressure | <input type="checkbox"/> Alcohol Use |
| <input type="checkbox"/> High Cholesterol | <input type="checkbox"/> Erectile Dysfunction |
| <input type="checkbox"/> Cardiovascular Disease | <input type="checkbox"/> Insomnia |
| <input type="checkbox"/> Diabetes Mellitus | <input type="checkbox"/> Malnutrition |
| <input type="checkbox"/> Osteoporosis | <input type="checkbox"/> Depression |
| <input type="checkbox"/> Benign Prostatic Hyperplasia | <input type="checkbox"/> Cancer: _____ |
| <input type="checkbox"/> Tobacco Use | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Asthma/COPD | |

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?
If yes, circle: Mild Moderate Severe | Yes | No |
| 2. Have you noticed a decrease in your muscle mass?
If yes, circle: Mild Moderate Severe | Yes | No |
| 3. Have you experienced a loss in muscle strength?
If yes, circle: Mild Moderate Severe | Yes | No |
| 4. Have you experienced an increase in joint and/or muscle pains?
If yes, circle: Mild Moderate Severe | Yes | No |
| 5. Have you noticed an increase in your waist size?
If yes, circle: Mild Moderate Severe | Yes | No |
| 6. Do you have trouble losing weight?
If yes, circle: Mild Moderate Severe | Yes | No |
| 7. Have you experienced a loss in height?
If yes, circle: Mild Moderate Severe | Yes | No |
| 8. Do you have a decrease in your sex drive?
If yes, circle: Mild Moderate Severe | Yes | No |
| 9. Have you experienced difficulty in establishing and/or maintaining full erections?
If yes, circle: Mild Moderate Severe | Yes | No |
| 10. Do you have a decrease in spontaneous early morning erections?
If yes, circle: Mild Moderate Severe | Yes | No |
| 11. Have you experienced changes in your usual sleep pattern?
If yes, circle: Mild Moderate Severe | Yes | No |
| 12. Do you feel a decrease in your mental sharpness?
If yes, circle: Mild Moderate Severe | Yes | No |
| 13. Have you had trouble concentrating?
If yes, circle: Mild Moderate Severe | Yes | No |
| 14. Do you experience less enjoyment in personal interests and hobbies?
If yes, circle: Mild Moderate Severe | Yes | No |
| 15. I am _____ years old. I feel _____ years old. | | |

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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 \geq 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