Live Agelessly
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Las Vegas, NV 89123
Ph: 702-546-5483

NAME: _____ DOB: _____ DATE: _____

AMS QUESTIONNAIRE

Which of the following symptoms apply to you at this time? Please mark the appropriate box for each symptom. For symptoms that do not apply please mark 'NONE"

Symptoms:	NONE	MILD	MODERATE	SERVERE	EXTRMELY SEVERE
SCORE =	1	2	3	4	5
1. Decline in your feeling of general well being (General state of health, subjective feeling)	☐	☐	☐	☐	☐
2. Joint pain and muscular ache (lower back pain, Joint pain, pain in a limb, general backache)	☐	☐	☐	☐	☐
3. Excessive sweating (unexpected/sudden episodes of Sweating, hot flashed independent of strain)	☐	☐	☐	☐	☐
4. Sleep problems (difficulty in falling asleep, difficulty in Sleeping through, waking up early and feeling tired, poor Sleep, sleeplessness)	☐	☐	☐	☐	☐
5. Increased need for sleep, often feeling tired	☐	☐	☐	☐	☐
6. Irritability (feeling aggressive, easily upset about little Things, moody)	☐	☐	☐	☐	☐
7. Nervousness (inner tension, restlessness, feeling fidgety)	☐	☐	☐	☐	☐
8. Anxiety (feeling panicky)	☐	☐	☐	☐	☐
9. Physical exhaustion/lacking vitality (general decrease in performance, reduced activity, lacking interest in leisure activities, feeling of getting less done or achieving less of having to force one self to undertake activities)	☐	☐	☐	☐	☐
10. Decrease in muscular strength (feeling of weakness.)	☐	☐	☐	☐	☐
11. Depressive mood (Feeling down, sad, on the verge of tears, Lack of drive, mood swings, feeling nothing is of any use)	☐	☐	☐	☐	☐
12. Feeling that you have passed your peak	☐	☐	☐	☐	☐
13. Feeling burnt out, having hit rock bottom	☐	☐	☐	☐	☐
14. Decrease in beard growth	☐	☐	☐	☐	☐
15. Decrease in ability/frequency to preform sexually	☐	☐	☐	☐	☐
16. Decrease in the number or morning erections	☐	☐	☐	☐	☐
17. Decrease in sexual desire/libido (lacking please of sex, lacking Desire for sexual intercourse)	☐	☐	☐	☐	☐

Do you have any other major symptoms? Yes…….☐ No…….☐
If yes, please descirbe:_____

Recent PSA: _____ Date_____ Digital rectal exam, date: _____

PRIOR PSA's DATE:_____ Please list all history or prostate problems_____

Baseline_____ Week4_____