

AMS Questionnaire = Aging Male Symptom Scale

Last Name	First Name	Date of Birth	Date
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Which of the following symptoms apply to you this time? Please, mark the appropriate box for each symptom. For symptom that do not apply please mark none

1 = None 2 = Mild 3 = Moderate 4 = Severe 5 = Extremely severe

1	Feeling that you have passed your peak	1	2	3	4	5
2	Decrease in beard growth	1	2	3	4	5
3	Decrease in ability/frequency to perform sexually	1	2	3	4	5
4	Decrease in the number of morning erections	1	2	3	4	5
5	Decrease in sexual desire/libido (lacking pleasure in sex, lacking desire for sexual intercourse)	1	2	3	4	5

AMS Sexual Domain

Total score.....

1	Decline in your feeling of general well-being (general state of health, subjective feeling)	1	2	3	4	5
2	Joint pain and muscular ache (lower back pain, joint pain, pain in a limb, general back ache)	1	2	3	4	5
3	Excessive sweating (unexpected/sudden episodes of sweating, hot flushes independent of strain)	1	2	3	4	5
4	Sleep problems (difficulty in falling asleep or sleeping through, waking up early and feeling tired, poor sleep, sleeplessness)	1	2	3	4	5
5	Increased need for sleep, often feeling tired	1	2	3	4	5
6	Physical exhaustion / lacking vitality (general decrease in performance, reduced activity, lacking interest in leisure activities, feeling of getting less done, of achieving less, of having to force oneself to undertake activities)	1	2	3	4	5
7	Decrease in muscular strength (feeling of weakness)	1	2	3	4	5

AMS Somatic Domain

Total score.....

1	Irritability (feeling aggressive, easily upset about little things, moody)	1	2	3	4	5
2	Nervousness (inner tension, restlessness, feeling fidgety)	1	2	3	4	5
3	Anxiety (feeling panicky)	1	2	3	4	5
4	Depressive mood (feeling down, sad, on the verge of tears, lack of drive, mood swings, feeling nothing is of any use)	1	2	3	4	5
5	Feeling burnt out, having hit rock-bottom	1	2	3	4	5

AMS Psychological Domain

Total score.....