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”.

<table>
<thead>
<tr>
<th>Symptoms</th>
<th>none</th>
<th>mild</th>
<th>moderate</th>
<th>severe</th>
<th>extremely severe</th>
</tr>
</thead>
<tbody>
<tr>
<td>Score = 1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td></td>
</tr>
</tbody>
</table>

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 back ache)
3. **Excessive sweating** (unexpected/sudden episodes of sweating, hot flushes 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, of achieving less, of having to force oneself 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 perform sexually**
16. **Decrease in the number of morning erections**
17. **Decrease in sexual desire/libido** (lacking pleasure in sex, lacking desire for sexual intercourse)

Have you got any other major symptoms? **Yes** □ **No** □
If Yes, please describe: ____________________________________________________________
_____________________________________________________________________________

THANK YOU VERY MUCH FOR YOUR COOPERATION