

Andropause Check List (ACL)

	None	Slight	Medium	Severe	Extreme
1. Fatigue, tiredness or loss of energy	_____	_____	_____	_____	_____
2. Depression, low or negative mood	_____	_____	_____	_____	_____
3. Irritability, anger or bad temper	_____	_____	_____	_____	_____
4. Anxiety or nervousness	_____	_____	_____	_____	_____
5. Loss of memory or concentration	_____	_____	_____	_____	_____
6. Relationship problem with partner	_____	_____	_____	_____	_____
7. Loss of sex drive or libido	_____	_____	_____	_____	_____
8. Erection or potency problems	_____	_____	_____	_____	_____
9. Dry skin on face or hands	_____	_____	_____	_____	_____
10. Excessive sweating, day or night	_____	_____	_____	_____	_____
11. Backache, joint pains or stiffness	_____	_____	_____	_____	_____
12. Heavy drinking, past or present	_____	_____	_____	_____	_____
13. Loss of fitness	_____	_____	_____	_____	_____
14. Feeling overstressed	_____	_____	_____	_____	_____
	30s	40s	50s	60s	70s+
15. The age you feel	_____	_____	_____	_____	_____
TOTAL CHECKS	_____	_____	_____	_____	_____
Multiply checks in each column by:	0	1	2	3	4
TOTAL SCORES	_____	_____	_____	_____	_____

If there has been adult mumps, orchitis or other testicular problems, a prostate operation or inflammation, persistent urinary infection or vasectomy, each adds four points to the total scores.

TOTAL ANDROPAUSE SCORE _____

ANDROPAUSE RATING: 0-9 UNLIKELY, 10-19 POSSIBLE,
20-29 LIKELY, 30-39 VERY LIKELY, 40+ SEVERE