

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