

Severity of Symptoms

None mild moderate severe Extremely severe

- 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 had any other major symptoms? Yes No
If yes, please describe:

Name _____

Date of Birth _____

Evaluation Form

This form explains how the total score and the scores of the subscales are determined.

Question number	Score	Psychological subscale	Somatic subscale	Sexual subscale
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				
16				
17				
Total Sum of all subscales = Total Score				

Scores	Severity of complaints
17-26	no
27-36	little
37-49	moderate
50 +	severe