

AMS Questionnaire for the Diagnostic and Therapeutic Compass in Men's Health

Which of the following symptoms are you currently experiencing? Please mark each symptom and indicate how severely you are affected. If you do not have a symptom, please mark "none."

	none 1	mild 2	moderate 3	severe 4	very severe 5
Deterioration of general well-being (overall health status, subjective perception of health)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Joint and muscle complaints (lower back, joint, limb and/or back pain)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Excessive sweating (sudden sweating episodes, hot flashes independent of exertion)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sleep disturbances (difficulty falling asleep or staying asleep, waking too early and feeling tired, poor sleep, insomnia)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Increased need for sleep, frequent fatigue	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Physical exhaustion, reduced drive and initiative (general decline in performance, lack of motivation; feeling of accomplishing and achieving less)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Decrease in muscle strength, feeling of weakness	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Irritability (aggressiveness, easily upset by minor things, bad mood)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Nervousness (inner tension, inner restlessness, inability to sit still)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Anxiety, panic feelings	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Depressive mood (lack of motivation, sadness, tearfulness, low drive, mood swings, feeling of meaninglessness)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Feeling discouraged, having reached a low point	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Feeling that the peak of life has passed	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Reduced beard growth	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Decrease in potency	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Reduction in the number of morning erections	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Decrease in libido (less enjoyment of sex, little desire for sexual intercourse)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



This questionnaire was evaluated by Dr. Bernhardt, specialist in bioidentical hormone therapy, Better Aging, and longevity –
c/o Gesundheitszentrum Kapf, Kapfstr. 1, CH-6020 Emmenbrücke.

Please send your completed evaluation in advance to info@biohormontherapie.ch or bring it with you to your first consultation appointment.

Please list your chronic illnesses here (medical diagnoses according to your family doctor), if applicable:

Please list any long-term medications and nutraceuticals you are taking, including dosages and administration schedules, if applicable:

Here is space for comments that you consider relevant:



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