

Reproductive Hormone – Male Assessment Scorecard

Name				
Based upon your health profile for the past 30 days, please select the appropriate number, from '0 - 3' on all questions (0 as least/never/no and 3 as most/always/yes). Circle the number you feel best applies, then add the numbers to create your score.				
Point Scale: (Please adjust your understanding as needed for health questions that are NOT symptom related.) 0 = NEVER (also: least, no, never tried/experienced) 1 = MILD (also: occasionally; symptom occurs rarely - i.e. a couple of times a month at most) 2 = MODERATE (also: some severity/intensity, and/or frequency, often; symptom occurs weekly) 3 = SEVERE/ABSOLUTE (also: frequent, intense, most, always, yes) For all yes/no questions, 0 = No and 3 = Yes				
Prostate	0	1	2	3
Do you have prostate problems?	0	1	2	3
Do you have difficulty with urination, dribbling?	0	1	2	3
Is it difficult to start and stop your urine stream?	0	1	2	3
Do you have pain or burning with urination?	0	1	2	3
Do you wake to urinate at night?	0	1	2	3
Do you notice interruption of stream during urination?	0	1	2	3
Do you ever have scanty blood flow during periods?	0	1	2	3
Do you feel the need to urinate frequently?	0	1	2	3
Do you experience leg nervousness at night?	0	1	2	3
Do you have pain on the inside of your legs or heels?	0	1	2	3
Do you ever have a feeling of incomplete bowel evacuation?	0	1	2	3




Total for Each Column (number of checkmarks x value)				
Subtotal /33				
Male Hormones	0	1	2	3
Have you noticed a decrease in libido?	0	1	2	3
Have you noticed a decrease in sexual function?	0	1	2	3
Have you noticed a decrease in spontaneous morning erections?	0	1	2	3
Have you noticed a decrease in fullness of erections?	0	1	2	3
Do you have spells of mental fatigue?	0	1	2	3
Do you notice an inability to concentrate?	0	1	2	3
Do you have episodes of depression?	0	1	2	3
Do you experience muscle soreness?	0	1	2	3
Are your breasts shrinking? Have you noticed a decrease in physical stamina?	0	1	2	3
Have you noticed unexplained weight gain?	0	1	2	3
Have you noticed an increase in fat distribution around your chest and hips?	0	1	2	3
Do you ever have sweating attacks?	0	1	2	3
Have you noticed that you're more emotional than in the past?	0	1	2	3
Total for Each Column (number of checkmarks x value)				
Subtotal /39				
Grand Total /72				


Calcucate Score


Grand Total: ____ x 100 = ____ %




What Your Score Means:

 **0 - 10%** - Overall good balance. Sound nutrition and healthy habits will maintain good balance.

 **11 - 20%** - In need of a tune up to restore balance before serious illness sets in. Diet and lifestyle improvements should shift to normal.

 **21 - 35%** - Things are out of balance and need attention.

 **36 - 50%** - Very compromised and likely to significantly affect your state of health, well-being and energy level.

 **51 - 100%** - Severely compromised and requires immediate attention.