

# RENOVO AT HEALTHY SUCCESS

## CHECKLIST FOR MEN

Name: \_\_\_\_\_

Date: \_\_\_\_\_

Symptoms	Never	Mild	Moderate	Severe
Decline in general well being	_____	_____	_____	_____
Joint pain/muscle ache	_____	_____	_____	_____
Excessive sweating	_____	_____	_____	_____
Sleep problems	_____	_____	_____	_____
Increased need for sleep	_____	_____	_____	_____
Irritability	_____	_____	_____	_____
Nervousness	_____	_____	_____	_____
Anxiety	_____	_____	_____	_____
Exhaustion/lacking vitality	_____	_____	_____	_____
Decreased muscle strength	_____	_____	_____	_____
Depressed mood	_____	_____	_____	_____
Feeling you have passed your peak	_____	_____	_____	_____
Feeling burned out/hit rock bottom	_____	_____	_____	_____
Decrease in beard growth	_____	_____	_____	_____
Decrease ability to perform sexually	_____	_____	_____	_____
Decrease morning erections	_____	_____	_____	_____
Decrease desire/libido	_____	_____	_____	_____

Other symptoms you would like us to know of:

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