

Luea Pharmacy  
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### Menopause / Andropause Symptom Checklist

Please check the appropriate box next to each symptom indicating the level you are currently experiencing  
0 = None 1 = Very Mild 2 = Moderate 3 = Severe 4 = Very Severe

|   | 0                        | 1                        | 2                        | 3                        | 4                        |
|---|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Hot flushes, sweating (episodes of sweating)  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Heart discomfort (unusual awareness of heart beat, heart skipping, heart racing, tightness)                                 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Sleep problems (difficulty in falling or staying asleep, waking up early)   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Depressive mood (feeling down, sad, on the verge of tears, lack of drive, mood swings)                                      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Irritability (feeling nervous, inner tension, feeling aggressive)   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Anxiety (inner restlessness, feeling panicky)   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Physical and mental exhaustion (general decrease in performance, impaired memory, decrease in concentration, forgetfulness) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Sexual problems (change in sexual desire, in sexual activity or satisfaction)   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Bladder problems (difficulty in urinating, increased need to urinate, bladder incontinence)                                 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Joint and muscular discomfort (pain in the joints, rheumatoid complaints)   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <b><u>WOMEN ONLY</u></b>  |                          |                          |                          |                          |                          |
| Dryness of vagina (sensation of dryness or burning in the vagina, difficulty with sexual intercourse)                       | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Acne, hair loss and/or hair growth on face  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Menstrual irregularities (pre-menopausal women) (e.g. skipped or no periods, heavy bleedings, spotting)                     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Sore, swollen breasts   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <b><u>MEN ONLY</u></b>  |                          |                          |                          |                          |                          |
| Erectile dysfunction and/or fewer morning erections   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Decrease in beard growth and/or head hair   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |