



Bayer HealthCare
Bayer Schering Pharma

Ageing Male's Symptoms (AMS) Questionnaire

Which of the following symptoms apply to you at this time? Please mark the appropriate box for each symptom. For symptoms that do not apply, please mark "none"

Symptoms	none	mild	moderate	severe	extremely severe
score =	1	2	3	4	5
1. Decline in your feeling of general well-being (general state of health, subjective feeling)	☐	☐	☐	☐	☐
2. Joint pain and muscular ache (lower back pain, joint pain, pain in a limb, general back ache)	☐	☐	☐	☐	☐
3. Excessive sweating (unexpected / sudden episodes of sweating, hot flushes independent of strain)	☐	☐	☐	☐	☐
4. Sleep problems (difficulty in falling asleep, difficulty in sleeping through, waking up early and feeling tired, poor sleep, sleeplessness)	☐	☐	☐	☐	☐
5. Increased need for sleep, often feeling tired	☐	☐	☐	☐	☐
6. Irritability (feeling aggressive, easily upset about little things, moody)	☐	☐	☐	☐	☐
7. Nervousness (inner tension, restlessness, feeling fidgety)	☐	☐	☐	☐	☐
8. Anxiety (feeling panicky)	☐	☐	☐	☐	☐
9. Physical exhaustion / lacking vitality (general decrease in performance, reduced activity, lacking interest in leisure activities, feeling of getting less done, of achieving less, of having to force oneself to undertake activities)	☐	☐	☐	☐	☐
10. Decrease in muscular strength (feeling of weakness)	☐	☐	☐	☐	☐
11. Depressive mood (feeling down, sad, on the verge of tears, lack of drive, mood swings, feeling nothing is of any use)	☐	☐	☐	☐	☐
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 got any other major symptoms?	Yes ☐	No ☐			
If yes, please describe: _____					

Thank you very much for your cooperation



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Ageing Male's Symptoms (AMS) Vraelys

Watter van die volgende simptome is huidiglik van toepassing? Merk asb die toepaslike boks vir elke simptome. Merk asb "geen" vir simptome wat nie van toepassing is nie.

Symptome	geen	effens	matig	ernstig	baie ernstig
telling =	1	2	3	4	5
1. Agteruitgang in jou gevoel van welstand (algemene gesondheidstoestand, subjektiewe gevoel)	☐	☐	☐	☐	☐
2. Gewigs- en spierpyn (laer rugpyn, gewrigspyn, pyn in 'n ledemaat, algemene rugpyn)	☐	☐	☐	☐	☐
3. Oormatige sweet (onverwagte/skielike episodes van sweet, warm gloede onafhanklik van inspanning)	☐	☐	☐	☐	☐
4. Slaap probleme (moeilikhed met aan die slaap te raak, moeilikhed met deurslaap, word vroeg wakker en voel moeg, slaap sleg, slaaploosheid)	☐	☐	☐	☐	☐
5. Al hoe meer behoefte om te slaap, voel dikwels moeg	☐	☐	☐	☐	☐
6. Wrewelrigheid (Voel aggressief, maklik onsteld oor klein dinge, buierig)	☐	☐	☐	☐	☐
7. Senuagtigheid (Gespanne binnekant, rusteloosheid, voel kriewelrig)	☐	☐	☐	☐	☐
8. Angs (voel paniekerig)	☐	☐	☐	☐	☐
9. Fisiese afgematheid/gebrek aan vitaliteit (algemene verlaging in werkverrigting, vermindering van aktiwiteit, gebrek aan belangstelling in ledige tyd altiwiteit, gevoel van minder gedoen kry, van minder bereik, van moet sigself dwing om aktiwiteit te onderneem)	☐	☐	☐	☐	☐
10. Vermindering van spierkrag (gevoel van swaakheid)	☐	☐	☐	☐	☐
11. Depressiewe bui (voel moedeloos, treurig, op die rant van trane, geen aandrywingskrag nie, buierig, gevoel van geesteloosheid)	☐	☐	☐	☐	☐
12. Gevoel dat jy jou piek verby is	☐	☐	☐	☐	☐
13. Voel uitgebrand, het die laagste vlak bereik	☐	☐	☐	☐	☐
14. Vermindering in baardgroei	☐	☐	☐	☐	☐
15. Vermindering in vermoë/frekwensie om seksueel te wees	☐	☐	☐	☐	☐
16. Vermindering in die aantal oggendereksies	☐	☐	☐	☐	☐
17. Afname in seksuele begeerte/ libido (gebrek aan plesier in seks, tekort aan begeerte vir geslagsgemeenskap)	☐	☐	☐	☐	☐
Het u enige ander ernstige simptome?	Ja ☐	Nee ☐			
Indien ja, beskryf asb: _____					

Baie dankie vir u samewerking