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ADDICTION COUNSELLOR

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
	I-----I	I-----I	I-----I	I-----I	I
Score =	1	2	3	4	5
1. Decline in your feeling of general well-being (general state of health, subjective feeling)	<input type="checkbox"/>				
2. Joint pain and muscular ache (lower back pain, joint pain, pain in a limb, general back ache)	<input type="checkbox"/>				
3. Excessive sweating (unexpected/sudden episodes of sweating, hot flushes independent of strain)	<input type="checkbox"/>				
4. Sleep problems (difficulty in falling asleep, difficulty in sleeping through, waking up early and feeling tired, poor sleep, sleeplessness)	<input type="checkbox"/>				
5. Increased need for sleep, often feeling tired	<input type="checkbox"/>				
6. Irritability (feeling aggressive, easily upset about little things, moody)	<input type="checkbox"/>				
7. Nervousness (inner tension, restlessness, feeling fidgety).....	<input type="checkbox"/>				
8. Anxiety (feeling panicky)	<input type="checkbox"/>				
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)	<input type="checkbox"/>				
10. Decrease in muscular strength (feeling of weakness)	<input type="checkbox"/>				
11. Depressive mood (feeling down, sad, on the verge of tears, lack of drive, mood swings, feeling nothing is of any use)	<input type="checkbox"/>				
12. Feeling that you have passed your peak	<input type="checkbox"/>				
13. Feeling burnt out, having hit rock-bottom	<input type="checkbox"/>				
14. Decrease in beard growth	<input type="checkbox"/>				
15. Decrease in ability/frequency to perform sexually	<input type="checkbox"/>				
16. Decrease in the number of morning erections	<input type="checkbox"/>				
17. Decrease in sexual desire/libido (lacking pleasure in sex, lacking desire for sexual intercourse).....	<input type="checkbox"/>				
Have you got any other major symptoms?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	

If Yes, please describe: _____

THANK YOU VERY MUCH FOR YOUR COOPERATION

Aging Males' Symptoms (AMS) rating scale: Evaluation Form

Once the AMS questionnaire is completed by the respondent, the following form can be used if a evaluation on paper is intended. However, we recommend a computerized evaluation.

The scoring scheme of the AMS scale is simple: The questionnaire has for each of the 17 item an option to check one of 5 degrees of severity (severity 1...5 points at the questionnaire). Put the severity points of each of the items into the form below.

The composite scores for each of the three dimensions (sub-scales) is based on adding up the scores of the items of the respective dimensions. The composite score (total score) is the sum of the three dimension scores. The three dimensions, i.e. psychological, somatic, and sexual subscale, and their corresponding question numbers are detailed in the form.

This form explains how the total sum-score and the sum-scores of the subscales are determined: Add up the severity points from each of items belonging to one of the subscales (indicated by an arrow into a blank field) to get the sum-score for the respective subscale.

The "total score" is the sum of the sum-scores of the three subscales.

Question Number	Score	Psychological Subscale	Somatic Subscale	Sexual Subscale
1	—		→	
2	—		→	
3	—		→	
4	—		→	
5	—		→	
6	—	→		
7	—	→		
8	—	→		
9	—		→	
10	—		→	
11	—	→		
12	—			→
13	—	→		
14	—			→
15	—			→
16	—			→
17	—			→
Sum of scores in subscales		Sum-score PSYCH	Sum-score SOMAT	Sum-score SEXUAL
Total sum of scores of all subscales = Total score:				