

FOR MEN ONLY

Do you feel less confident and more hesitant?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Does your beard grow more slowly now?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are your breasts getting fatty?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you have hot flashes and night sweats?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you lack sexual desire?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you lost attraction towards your partner?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you feel like making love less often than you used to?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is sexual intercourse as pleasurable as it used to be?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you feel your sexual performance is poorer than it used to be?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Does your penis seem less sensitive?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Has your penis changed in dimension?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are you able to obtain an erection?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are your erections firm enough?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are you able to achieve orgasm?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you or do you use medication for erectile dysfunction, ex, Viagra?	<input type="checkbox"/> Yes	<input type="checkbox"/> No