

**SELF ANDROPAUSE SYMPTOM CHECK LIST**

KEEP THIS AS A DIARY OF EVIDENCE TO SHOW YOUR DOCTOR.

<b>SYMPTOM</b>	<b>YES</b>	<b>NO</b>	<b>DETAILS/FREQUENCY</b>
DEPRESSION			
LOSS OF SEX DRIVE			
ERECTILE DISFUNCTION			
MOOD SWINGS			
LOSS OF MUSCLE MASS			
IRRITABILITY			
WEIGHT GAIN			
LACK OF ENERGY			
INSOMNIA			

OTHER NOTES