



**Aging Males' Symptoms Scale (AMS)<sup>1</sup>**

**Name:** .....

**Date of Birth:** .....

**Date:** .....

This questionnaire has been designed to identify the severity of aging males' symptoms and when combined with biochemical tests, such as serum testosterone levels, may be helpful in identifying patients with hypogonadism/testosterone deficiency (TD).

1. Moore C *et al.* *European Urology* 2004;46:80-87  
Provided by Bayer  
UKNEB01180010  
Date of Preparation: February 2018



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



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 .....
<b>Total sum of scores of all subscales = Total score:</b>				



<b>Total Score</b>	
<26	no/little complaints
27-36	mild
37-49	moderate
50+	severe