



Código de aluna:

INITIAL QUESTIONNAIRE ANTI-STRESS AND ANDROPAUSE

Name:.....
 Age..... phone number Date / /
 Adress.....town.....country.....
 - e-mail:
 Profession:.....

How many days of practice a week ?[] (Just for the 2nd questionnaire)

Weight [kg] hight []

Active sex life? [] If not, have you had active sex life in the past? []

Neuropaties [] Circulation problems ?... []

Problems in the cervicalvertebras[] Slipped disk ?..... []

Scholiosis..... [] Lordosis.....[]

Rynitis..... [] High Cholesterol..... []

Hypothyroidism..... [] Tendinitis..... []

Hypertihyroidism?..... [] Hypertension..... []

Osteoporosis [] Osteopeny []

Diabetes [] Enlarged Prostate [] prostate CA?. []

Smoke ? [] How much a day[. ...] Alcoholism? []

Drugs?...[] In the past did you use drugs?...[] Which ?

Diabetes..... [] Sight problems..... []

Renal problems ?..... [] Hearing[] Are you stressed ?[]

Why did you come to hormone yoga

What is your problem ?.....

Do you have a medical diagnose of your problem ?.....

What Medication do you take for your problem ?

Do you take other medicaments ?.....

Do you have a hormone blood test ?..... Testosterone level ?.....

If so, please write down the result

Evaluate your sesual performance /: 1 to 10.

What symptoms you have ?.....

Please answer this evaluation of symptoms intensity 0, 1, 2 ou 3

Irritability. [] Emotional instability..... []

Insomnia..... [] Anguish..... []

Anciety [] Fear or phobias ? []

Insecurity [] Panic syndrome..... []

Tyredness..... [] Apathy..... []

Discouragement [] Depression..... []

Headake..... [] Palpitations..... []

Migraine [] Decreased libido []

Decreased sense of smell?..... [] Premature ejaculation..... []

Bad memory..... [] Difficult erection []

Slow reasoning? [] Less body hairs []

Pessimism [] Bad auto esteem []

The identity of the student will be kept secret even if data may be used in research.

The results will be identified by numbers, not names.