Men's Health Questionnaire

Use each of the checklists below to help determine which profile is appropriate for you.

see reverse for Spanish

Profile 1

Do you have or have you experienced the following in the past six months:

- ☐ Autoimmune diseases (Z13.228)
- ☐ Susceptibility to infections (Z00.00)
- ☐ Slow wound healing (T81.30)
- ☐ Decreased stamina (R53.1)
- ☐ Tobacco use (F17.210)
- ☐ Daily alcohol consumption (F10.99)
- ☐ Prescription medication use (Z79.899)
- ☐ Constipation (<1 movement/day) (K59.00)
- ☐ Gas / bloating (R14.0, R14.3)
- ☐ Indigestion / Heartburn (R12)
- ☐ Food cravings (R63.2)
- ☐ Irritable bowels (K58.9)
- ☐ Kidney disease (N18.9)
- ☐ Fatty liver disease (K76.9)
- ☐ Gall bladder attacks (K80.21)
- ☐ Lung disease (R06.02)
- ☐ Snoring while sleeping (R06.83, G47.33)
- ☐ Osteoporosis / brittle bones (M81.0)
- ☐ Osteoarthritis (M15.9)
- ☐ Memory loss (R41.3)
- ☐ Diabetes / pre-diabetes (E11.8, R73.01)
- ☐ Abnormal blood sugar (R73.09)
- ☐ Decreased sweating (E88.9)
- ☐ Recent weight gain (R63.5)
- ☐ Pigmented skinfolds (E88.81)
- ☐ Skin tags (fleshy protrusions) (E88.81)
- ☐ Gout (E79.0)
- ☐ Cancer
- ☐ Varicose veins (I83.90)
- ☐ History of blood clots (I80.299)
- ☐ High blood pressure or medication use (I11.9)
- ☐ Abnormal cholesterol or medication use (E78.5)
- ☐ Heart disease (I70.90)
- ☐ History of stroke / TIA (G45.9, I63.9)
- ☐ Family history of heart disease (Z82.49)
- ☐ Family history of diabetes (Z83.3)
- ☐ Large waist circumference (high risk >40") (E88.81)
- ☐ Recreational drug use (F12.99)
- ☐ Asthma / Wheeze (J45.909, R06.2)
- ☐ Chronic cough (R05)
- ☐ Excessive thirst (R63.1)
- ☐ Dry mouth (R68.2)
- ☐ Sinus congestion (R09.81)

Profile 2

Do you have or have you experienced the following in the past six months:

- ☐ Infrequent morning erections (R68.82)
- ☐ Sexual thoughts (<2-3 times a month) (F52.9)
- ☐ Erectile dysfunction (N52.9)
- ☐ Sadness (R45.2)
- ☐ Low energy (R53.82)
- ☐ Fatigue (R53.82)
- ☐ Inability to walk more than 1 km (R53.81)
- ☐ Decreased flexibility–can't bend or kneel (M25.60)
- ☐ Not able to engage in vigorous activity (R53.1)
- ☐ Low motivation levels (R45.84)
- ☐ Decreased mental sharpness (R41.840)
- ☐ Fertility problems (E29.9)
- ☐ Prostate problems (N40.0)
- ☐ Decreased urine flow (R39.19)
- ☐ Increased urinary urge (R39.19)
- ☐ Decreased muscle mass (R53.1)
- ☐ Feeling burnt out (R53.83)
- ☐ Inability to lose weight (E66.3)
- ☐ Water retention (R60.9)
- ☐ Sleep disturbance (G47.00)
- ☐ Fatigue / drowsiness (R53.83, R40.0)
- ☐ Dark circles / bags under eyes (R53.83)
- ☐ Hypothyroid (E03.9)
- ☐ Cold hands and feet (E88.9)
- ☐ Excess sweating (R61)
- ☐ Heart palpitations (R00.2)
- ☐ Using hormone medication (Z79.3)
- ☐ Increased back hair (L68.0)
- ☐ Excess hair loss (L64.9)
- ☐ Excess body odor (R46.0)
- ☐ Swelling of feet / ankles (R60.9)
- ☐ Migraines (G43.0)
- ☐ Low blood pressure (R03.1)
- ☐ Using antidepressant medications (F32.9, F13.29)

Profile 3

Do you have or have you experienced the following in the past six months:

- ☐ Excessive / chronic stress (R45.7)
- ☐ Mood fluctuations (R45.86)
- ☐ Irritable (R45.1)
- ☐ Anger outbursts (R45.4)
- ☐ Depressed (F32.9)
- ☐ Anxiety (R45.82, F41.1)
- ☐ Foggy thinking / disorientation (R41.840)
- ☐ Need caffeine to get going (R53.83)
- ☐ Morning fatigue (G47.9)
- ☐ Feel run down (R40.0)
- ☐ Feel wired before bed (G47.9)
- ☐ Avoid / lacking a suntan (E55.9)
- ☐ Chronic pain (G89.29)
- ☐ Fibromyalgia (M79.7)
- ☐ Leg pain (M79.609)
- ☐ Back pain (M54.89)
- ☐ Joint pain (M25.50)
- ☐ Numbness / tingling (R20.2)
- ☐ Using steroid medication (E24.9)
- ☐ Purple / pink stretch marks (E24.9)
- ☐ Excess belly hip fat (E28.0, E66.3, E66.0)
- ☐ Headaches (G44.229)
- ☐ Using pain / anxiety medication (F11.99)
- ☐ Eczema (L30.9)
- ☐ Psoriasis (L40.9)
- ☐ Thinning hair (L64.9)
- ☐ Dry / rough skin (R23.4)
- ☐ Thin skin / poor elasticity (R23.9)
- ☐ Food allergies (T78.40)
- ☐ Hives / itchy skin (L50.9)
- ☐ Skin breakouts / flares (R21)
- ☐ Dark skin discolorations around neck (E88.81)
- ☐ Increased wrinkles (R23.9)
- ☐ Acne / oily skin (L70.9)
- ☐ Immune or hormone skin cream use (Z79.3)
- ☐ Sugar cravings (E63.1)
- ☐ Recent / pending surgery/procedure (Z01.818)

Talk to your practitioner about preforming advanced blood testing to:
(1) Find the root cause of your symptoms & concerns (2) Uncover hidden risks (3) Know your baseline

Name: _____ Signature: _____ Date: _____

Potential ICD-10 codes provided for your convenience only. Physician should note diagnosis codes that are most appropriate for their patient.

Standridge Clinic
Well Beyond Chiropractic