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ADAM Questionnaire

(Androgen Deficiency in the Aging Male)

This questionnaire helps describe symptoms commonly associated with low testosterone. Please answer **Yes** or **No** to each question.

#	Question	Yes	No
1	Do you have a decrease in libido (sex drive)?	<input type="checkbox"/>	<input type="checkbox"/>
2	Do you have a lack of energy?	<input type="checkbox"/>	<input type="checkbox"/>
3	Do you have a decrease in strength and/or endurance?	<input type="checkbox"/>	<input type="checkbox"/>
4	Have you lost height?	<input type="checkbox"/>	<input type="checkbox"/>
5	Have you noticed a decreased "enjoyment of life"?	<input type="checkbox"/>	<input type="checkbox"/>
6	Are you sad and/or grumpy?	<input type="checkbox"/>	<input type="checkbox"/>
7	Are your erections less strong?	<input type="checkbox"/>	<input type="checkbox"/>
8	Have you noticed a recent deterioration in your ability to play sports?	<input type="checkbox"/>	<input type="checkbox"/>
9	Are you falling asleep after dinner?	<input type="checkbox"/>	<input type="checkbox"/>
10	Has there been a recent deterioration in your work performance?	<input type="checkbox"/>	<input type="checkbox"/>

Interpretation:

- If you answer **Yes** to **Question 1 or 7**, or **yes** to **more than 3** questions, you may have low testosterone.

Patient Name: _____

Date: _____

Signature: _____