

Androgen Deficiency in Aging Male (ADAM) Questionnaire

This basic questionnaire can be very useful for men to describe the kind and severity of low testosterone

- | | 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"/> |

Your score

If you answered YES to # 1 or # 7 or if you answer YES to more than 3 questions, you may have low Testosterone.

Patient (print)

Date