

ADAM Questionnaire (Androgen Deficiency in the Aging Male)

Answer YES or NO to each of the following questions:

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

If you answered YES to questions 1 or 7 or any 3 other questions, you may be experiencing androgen deficiency (low testosterone level).

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