



Patient Name _____ Date _____

Date of Birth _____ Age _____

ADAM Questionnaire for Symptoms of Low Testosterone
(Androgen Deficiency in Males)

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

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

If you answer Yes to number 1 or 7 or if you answer Yes to more than 3 questions, you may be suffering with low Testosterone.