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Date: _____ Doctor: _____

Name: _____ Patient Num.: _____

ADAM Questionnaire (Androgen Deficiency in the Aging Male)

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 Answer Yes to number 1 or 7 or if you answer Yes to more than 3 questions,
you may have low Testosterone.**

**Adapted from Morley JE, et al. Validation of a screening questionnaire for androgen deficiency in aging males. *Metabolism*. 2000;49(9):1239-1242.