

**"Print the form, affix your signature and bring these forms with you upon coming to the clinic."**

**ADAM questionnaire about symptoms of low testosterone (Androgen Deficiency in the Aging Male)**

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

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_

- |  | 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 lost 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 your 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 have low Testosterone.**