



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.

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



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Reference: 1. Morley JE, Charlton E, Patrick P, Kaiser FE, Cadeau P, McCready D, et al. *Metabolism*. 2000;49:1239-1242.