



Name: \_\_\_\_\_ Date: \_\_\_\_\_ Age \_\_\_\_\_

**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)?	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.**