

# ADAM Questionnaire

Fill in the answers below and create a PDF to print out and take to your doctor.

The Androgen Deficiency in Aging Male Questionnaire is a series of questions that can reliably lead clinicians to the possible diagnosis of low testosterone. If the answers to this questionnaire indicate that a low testosterone level is a possibility, the next step is to arrange a blood test for the patient to measure the testosterone level in the morning.

Patient details

Patient Name

Patient Age

## ADAM Questions

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

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