

ADAM Questionnaire (Androgen Deficiency in the Aging Male)

Answer YES or NO to each of the following questions:

| 1. Do you have a decrease in libido (sex drive)? | □Yes □No |
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| 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 answered YES to questions 1 or 7 or any 3 other questions, you may be experiencing androgen deficiency (low testosterone level).

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