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Date: _____

Doctor: _____

Name: _____

Patient Num.: _____

ADAM Questionnaire (Androgen Deficiency in the Aging Male)

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|--|-----|----|
| 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 answered YES to questions 1 or 7 or any 3 other questions

**Adapted from Morley JE, et al. Validation of a screening questionnaire for androgen deficiency in aging males. *Metabolism*. 2000;49(9):1239-1242.