

Androgen Deficiency in Aging Male  
(ADAM ) Questionnaire

Question	Yes	No
1. Do you have a decrease in sex drive	<input type="checkbox"/>	<input type="checkbox"/>
2. Do you have a lack of energy?	<input type="checkbox"/>	<input type="checkbox"/>
3. Do you have a decrease in strength and/or endurance?	<input type="checkbox"/>	<input type="checkbox"/>
4. Have you lost height?	<input type="checkbox"/>	<input type="checkbox"/>
5. Have you noticed a decreased enjoyment of life?	<input type="checkbox"/>	<input type="checkbox"/>
6. Are you sad and or/grumpy?	<input type="checkbox"/>	<input type="checkbox"/>
7. Are your erections less strong?	<input type="checkbox"/>	<input type="checkbox"/>
8. Has it been more difficult to maintain your erection throughout sexual intercourse?	<input type="checkbox"/>	<input type="checkbox"/>
9. Are you falling asleep after dinner?	<input type="checkbox"/>	<input type="checkbox"/>
10. Has your work performance deteriorated recently?	<input type="checkbox"/>	<input type="checkbox"/>