

# Chesapeake

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# UROLOGY

## Chesapeake Urology

Low Testosterone Patient Questionnaire

Date: \_\_\_\_\_ Doctor: \_\_\_\_\_

Name: \_\_\_\_\_ Patient Num.: \_\_\_\_\_

### ADAM Questionnaire (Androgen Deficiency in the Aging Male)

*Please circle your answer to each question and return this questionnaire to your urologist for further Low T evaluation.*

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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 had 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 |