



BODY SYMMETRYMD

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

First and Last Name: \_\_\_\_\_

Age: \_\_\_\_\_ Weight: \_\_\_\_\_ Height: \_\_\_\_\_ Today's Date: \_\_\_\_\_

**PLEASE ANSWER EACH OF THE QUESTIONS BELOW BY CHECKING 'YES' OR 'NO.'**

		YES	NO
1.	Do you have a decrease in libido (sex drive)?		
2.	Do you have a lack of energy?		
3.	Do you have a decrease in strength and/or endurance?		
4.	Have you lost height?		
5.	Have you noticed a decreased "enjoyment of life?"		
6.	Are you sad and/or grumpy?		
7.	Are your erections less strong?		
8.	Have you noticed a recent deterioration in your ability to play sports?		
9.	Are you falling asleep after dinner?		
10.	Has there been a recent deterioration in your work performance?		

**Reviewed by (Physician/NP/PA signature):** \_\_\_\_\_ **Date:** \_\_\_\_\_

The standard ADAM questionnaire consists of 10 'yes or no' questions concerning symptoms of androgen deficiency. These 'yes' or 'no' questions, though effective at identifying symptoms associated with androgen deficiency, offer no information about the severity of symptoms. We believe this questionnaire will allow our Body SymmetryMD practitioners to more accurately screen for earlier unrecognized androgen deficiency, as well as monitor patients' responses to treatment.

Reference: <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC2834355/>