

El Camino Urology Medical Group, Inc.

A.D.A.M Questionnaire
Androgen Deficiency in the Aging Male

Please Answer All of the Following Questions:

	YES	NO
1. Do you have a decrease in libido (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. Have you noticed a recent deterioration in your ability to play sports?	<input type="checkbox"/>	<input type="checkbox"/>
9. Are you falling asleep after dinner?	<input type="checkbox"/>	<input type="checkbox"/>
10. Has there been a recent deterioration in your work performance?	<input type="checkbox"/>	<input type="checkbox"/>