

North Hills Integrative Medicine Associates

Name _____ Date _____

Do You Have Low Testosterone? ADAM, Androgen Deficiency in Aging Men

- | | | |
|---|-----|----|
| 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. During sexual intercourse, has it been more difficult
to maintain your erection to completion of intercourse? | 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 question 1 or 7, or at least three of the other questions you may have low testosterone levels. Fortunately there is something your doctor can do to help. **Be sure to discuss the results of this quiz with your doctor.**