



Dear patient,

Please fill out this form to give me some important information. I will be able to help you in a better way. Thank you!

Kind regards  
Dr. med. Harry Tschebiner

## ADAM - Questionnaire for men (Androgen decline in the Aging Male)

Name: \_\_\_\_\_ Date of birth: \_\_\_\_\_ Age: \_\_\_\_\_

If you have concerns about "Andropause" or that your testosterone levels may be low, this set of ten simple questions is a good place to start.

**Check YES or NO for each of the following questions:**

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

Intensity  
1-10

If you answered YES to questions 1 or 7 or any 3 other questions, you may be experiencing androgen deficiency (low testosterone levels) and follow up testing may be useful.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature