

# Andropause?

## ► ADAM Questionnaire

*The following questionnaire has been used popularly for screening for possible Andropause.*

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Select the best answer:

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 #1, #7, or any three others, you may have symptoms associated with andropause; and should be subject to blood screening of an early morning sample of free and total testosterone.

*Reference: Morley JE. Validation of a screening questionnaire for androgen deficiency in aging males. Metabolism. 2000;49(9):1239-42.*

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Available at [www.opalmedical.com](http://www.opalmedical.com)