



**ADAM QUESTIONNAIRE ABOUT SYMPTOMS OF LOW TESTOSTERONE
(ANDROGEN DEFICIENCY IN THE AGING MALE)**

PATIENT NAME: _____ DOB: _____

This basic questionnaire can be very useful for men to describe the kind and severity of their low testosterone symptoms.

- | | Circle Yes or No | |
|--|------------------|-----------|
| 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. Have you noticed a recent deterioration in your ability to play sports? | 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 Answer Yes to number 1 or 7 or if you answer Yes to more than 3 questions, you may have low Testosterone.



SEXUAL HEALTH INVENTORY FOR MEN (SHIM)

PATIENT NAME: _____ DOB: _____

PATIENT INSTRUCTIONS

This questionnaire is designed to help you and your doctor identify if you may be experiencing erectile dysfunction. If you are, you may choose to discuss treatment options with your doctor. Each question has several possible responses. Circle the number of the response that best describes your own situation. Please be sure that you select one and only one response for each question.

1. How do you rate your confidence that you could get and keep an erection?		VERY LOW	LOW	MODERATE	HIGH	VERY HIGH
		1	2	3	4	5
2. When you had erections with sexual stimulation, how often were your erections hard enough for penetration (entering your partner)?	NO SEXUAL ACTIVITY	ALMOST NEVER OR NEVER	A FEW TIMES (MUCH LESS THAN HALF THE TIME)	SOMETIMES (ABOUT HALF THE TIME)	MOST TIMES (MUCH MORE THAN, HALF THE TIME)	ALMOST ALWAYS OR ALWAYS
	0	1	2	3	4	5
3. During sexual intercourse, how often were you able to maintain your erection after you had penetrated (entered) your partner?	DID NOT ATTEMPT INTERCOURSE	ALMOST NEVER OR NEVER	A FEW TIMES (MUCH LESS THAN HALF THE TIME)	SOMETIMES (ABOUT HALF THE TIME)	MOST TIMES (MUCH MORE THAN, HALF THE TIME)	ALMOST ALWAYS OR ALWAYS
	0	1	2	3	4	5
4. During sexual intercourse, how difficult was it to maintain your erection to completion of intercourse?	DID NOT ATTEMPT INTERCOURSE	EXTREMELY DIFFICULT	VERY DIFFICULT	DIFFICULT	SLIGHTLY DIFFICULT	NOT DIFFICULT
	0	1	2	3	4	5
5. When you attempted sexual intercourse, how often was it satisfactory for you?	DID NOT ATTEMPT INTERCOURSE	ALMOST NEVER OR NEVER	A FEW TIMES (MUCH LESS THAN HALF THE TIME)	SOMETIMES (ABOUT HALF THE TIME)	MOST TIMES (MUCH MORE THAN, HALF THE TIME)	ALMOST ALWAYS OR ALWAYS
	0	1	2	3	4	5

Add the numbers corresponding to questions 1-5. TOTAL: _____

The Sexual Health Inventory for Men further classifies ED severity with the following breakpoints:

1-7 Severe ED 8-11 Moderate ED 12-16 Mild to Moderate ED 17-21 Mild ED