

HEALTH RESTORATION

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Androgen deficiency in the aging Male Adam Questionnaire

1. Do you have a decrease in libido (sex drive)?
2. Do you have a lack of energy?
3. Do you have a decrease in strength or endurance?
4. Have you lost height?
5. Have you notice a decrease in the enjoyment of life?
6. Are you sad or grumpy?
7. Are your erections less strong?
8. Have you noticed a recent deterioration in your ability to play sports?
9. Are you falling asleep after dinner?
10. Has there been a recent deterioration in your work performance?

If you answered yes to 4 or more questions, you are probably in Andropause or Hypogonadism. Contact our office immediately 816-210-6913/813-985-5190 for an evaluation and possible natural solutions.

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