

Name: _____ Date: _____
 Date of Birth: ____ / ____ / ____ Age: _____ Marital Status: _____

ERECTILE DYSFUNCTION QUESTIONNAIRE

In order to understand the exact nature of your problem, we ask that you complete the questionnaire.

1. Do you have problems obtaining, maintaining an erection or both? _____
2. When did you notice a change in your sexual function (approximate year/month)? _____
3. Do you recall any significant events which occurred around the same time? **Y** **N**
 - Marital/sexual partner problems Death in the family Illness or injury
 - Loss of job Financial problems

	Circle the number that best describes the quality of your erections for questions 4 - 6.										
No Erection							Stuffable				Full Erection
0	1	2	3	4	5	6	7	8	9	10	

4. Do you have an erection or semi erection in the morning before you urinate? **Y** **N**
 How often: _____ Grade: _____
5. Do you ever awaken at night and notice an erection or semi erection? **Y** **N**
 How often: _____ Grade: _____
6. Do other types of stimulus improve your erections such as masturbation, oral sex, erotic films, reading material? **Y** **N**
 How often: _____ Grade: _____
7. Are your erections ever firm enough for vaginal penetration? **Y** **N**
8. Do you ever notice any increase or decrease in your erections with position changes? **Y** **N**
9. Are you concerned about the appearance of your penis such as:
 - Bend or curvature Lumps Loss of length
10. When was the last time you had successful intercourse? _____
11. Do you consider your desire for sex normal? **Y** **N**
12. Are you able to ejaculate? **Y** **N**

By what method: <input type="checkbox"/> Intercourse <input type="checkbox"/> Masturbation <input type="checkbox"/> Oral sex	Does the semen: <input type="checkbox"/> Spurt out <input type="checkbox"/> Flow out slowly <input type="checkbox"/> Goes backward into the bladder
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13. Do you have premature ejaculation? **Y** **N**
 If yes, occasionally or every time? _____
 Lifelong
 Recent onset
14. Have you noticed any change in the sensation of your penis? **Y** **N**
 - Decreased
 - Increased
 - Numbness
 Date first noticed change in sensation: _____
15. Has your problem with sexual dysfunction affected your relationship with your partner? **Y** **N**
 Do you have a sexual partner at this time? **Y** **N**
16. In the past have you received treatment for erectile dysfunction and/or premature ejaculation? **Y** **N**
 Which one: _____

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If yes, please circle treatment type and dates of treatment

Treatment	Date(s)	Treatment	Date(s)
Oral medication	_____	Urethral Pellet (MUSE)	_____
Vacuum device	_____	Penile injections	_____
Testosterone patches or injections	_____	Surgery/implants	_____

Are you currently using medications prescribed for erectile dysfunction or a vacuum device? **Y** **N**

If yes, please explain: _____

17. Do you have any problems with urination? **Y** **N**
 Frequency during day evening
 If yes, please circle the problem(s) and frequency of problem(s):
 Urgency or leakage of urine rarely sometimes almost always
 Difficulty starting stream: rarely sometimes almost always

18. Are you taking any prescription medications including aspirin and vitamins? **Y** **N**
 Please list all medications:

19. In the past, have you had **major** surgery?
 If so, please check those that apply and please indicate approximate dates of surgery:

Surgery	Date(s)
Back/spine	_____
Prostate	_____
Heart/blood vessels	_____
Penis	_____
Organ transplant	_____

20. Do you have problems with:
 Shortness of breath or leg pain **Y** **N**
 Climbing 1 or 2 flights of stairs **Y** **N** **Please circle problem if yes**
 Walking 5 or 6 blocks **Y** **N**

21. Tobacco use: Never smoked Currently smoke Smoked in the past
 Check the tobacco product you use or have used: Cigarettes Cigars Pipes
 How much per: Day _____ Week _____ Month _____
 Have you quit? **Y** **N** If yes, when? _____

22. Alcohol consumption: do you currently consume alcoholic beverages? **Y** **N**
 Have you consumed alcohol in the past? Beer Wine Spirits
 How much _____ per day _____ week _____ month
 How long? _____ When did you quit? _____

23. Do you have a history of depression? **Y** **N**
 If yes, please explain: _____
 Are you currently receiving therapy for your depression? **Y** **N**
 Are you currently taking prescribed medication for depression? **Y** **N**
 If yes, please list medication(s): _____

24. Do you have a history of other emotional or psychiatric problems? **Y** **N**
 If yes, please explain: _____

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Write the number that best describes your erectile function for the past 4 weeks in the space provided

1. How often were you able to **get** an erection during sexual activity?
 - 0 = No sexual activity
 - 1 = Almost never/never
 - 2 = A few times (much less than half the time)
 - 3 = Sometimes (about half the time)
 - 4 = Most times (much more than half the time)
 - 5 = Almost always/always

2. When you had erections with sexual stimulation, how **often** were your erections hard enough for penetration?
 - 0 = No sexual activity
 - 1 = Almost never/never
 - 2 = A few times (much less than half the time)
 - 3 = Sometimes (about half the time)
 - 4 = Most times (much more than half the time)
 - 5 = Almost always/always

3. When you attempted sexual intercourse, how **often** were you able to penetrate (enter) your partner?
 - 0 = Did not attempt intercourse
 - 1 = Almost never/never
 - 2 = A few times (much less than half the time)
 - 3 = Sometimes (about half the time)
 - 4 = Most times (much more than half the time)
 - 5 = Almost always/always

4. During intercourse, how **often** were you able to **maintain** your erection after you have penetrated (entered) your partner?
 - 0 = Did not attempt
 - 1 = Almost never/never
 - 2 = A few times (much less than half the time)
 - 3 = Sometimes (about half the time)
 - 4 = Most times (much more than half the time)
 - 5 = Almost always/always

5. During sexual intercourse, how **difficult** was it to **maintain** your erection to completion of intercourse?
 - 0 = Did not attempt intercourse
 - 1 = Extremely difficult
 - 2 = Very difficult
 - 3 = Difficult
 - 4 = Slightly difficult
 - 5 = Not difficult

6. How many times have you attempted sexual intercourse?
 - 0 = No attempts
 - 1 = One to two attempts
 - 2 = Three to four attempts
 - 3 = Five to six attempts
 - 4 = Seven to ten attempts
 - 5 = Eleven or more attempts

7. When you attempted sexual intercourse, how often was it **satisfactory** for you?
 - 0 = Did not attempt intercourse
 - 1 = Almost never/never
 - 2 = A few times (much less than half the time)
 - 3 = Sometimes (about half the time)
 - 4 = Most times (much more than half the time)
 - 5 = Almost always/always

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8. How much have you enjoyed sexual intercourse?

- 0 = No intercourse
- 1 = No enjoyment
- 2 = Not very enjoyable
- 3 = Fairly enjoyable
- 4 = Highly enjoyable
- 5 = Very highly enjoyable

9. When you had sexual stimulation or intercourse, how **often** did you ejaculate?

- 0 = No sexual stimulation/intercourse
- 1 = Almost never/never
- 2 = A few times (much less than half the time)
- 3 = Sometimes (about half the time)
- 4 = Most times (much more than half the time)
- 5 = Almost always/always

10. When you had sexual stimulation or intercourse, how **often** did you have the feeling of orgasm or climax?

- 0 = No sexual stimulation/intercourse
- 1 = Almost never/never
- 2 = A few times (much less than half the time)
- 3 = Sometimes (about half the time)
- 4 = Most times (much more than half the time)
- 5 = Almost always/always

11. How often have you felt sexual desire?

- 1 = Almost never/never
- 2 = A few times (much less than half the time)
- 3 = Sometimes (about half the time)
- 4 = Most times (much more than half the time)
- 5 = Almost always/always

12. How would you rate your sexual desire?

- 1 = Very low/none at all
- 2 = Low
- 3 = Moderate
- 4 = High
- 5 = Very High

13. How satisfied have you been with your overall sex life?

- 1 = Very dissatisfied
- 2 = Moderately dissatisfied
- 3 = About equally satisfied & dissatisfied
- 4 = Moderately satisfied
- 5 = Very satisfied

14. How satisfied have you been with your sexual relationship with your partner?

- 1 = Very dissatisfied
- 2 = Moderately dissatisfied
- 3 = About equally satisfied & dissatisfied
- 4 = Moderately satisfied
- 5 = Very satisfied

15. How would you rate your **confidence** that you could get and keep an erection?

- 1 = Very low
- 2 = Low
- 3 = Moderate
- 4 = High
- 5 = Very high