

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

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

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:**
    - Intercourse
    - Masturbation
    - Oral sex
  - Does the semen:**
    - Spurt out
    - Flow out slowly
    - Goes backward into the bladder
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