

ERECTILE DYSFUNCTION QUESTIONNAIRE

An estimated 10 to 20 million American men suffer from erectile impotence. To aid us in understanding your particular problem we request that you fill out this questionnaire prior to meeting with the doctor. This will not only facilitate the evaluation of your problem it will help in formulating a treatment plan.

How long has it been since you had an adequate erection for intercourse? ____Years

Are you able to ever obtain an erection by any means? Yes No occasionally

Do you have a climax ? Yes no occasionally

Do you have an erection with a full bladder or have erections at night? Yes No occasionally

Do you have a good relationship with you partner? Yes No

Are you currently married or have a regular partner? Yes No occasionally

Do your erections ever disappear before reaching a climax? Yes No usually

Do you have a difficult time obtaining an erection? Yes No occasionally

Please answer those questions not already answered on other forms :

Please list all your prior surgeries

Please list all your medications

Please list any medical illnesses you have such as diabetes, vascular disease, strokes ect.

Please list any mental illnesses such as depression, anxiety, and alcoholism, ect.

Have you noted any night sweats, unusual tiredness or weakness, breast tenderness, muscle aching or any other general symptoms _____

Do you drink alcohol? Yes No Please include amount and quantity_____

Do you smoke? Yes No Please include amount and quantity_____

Do have neurological diseases such as previous stroke numbness or weakness in the legs, back or spine pain, ect ? _____

Do you have any pain or curvature of the penis with erections? Yes No

Are you aware of current options for treating erectile failure? Yes No