

# MALE PATIENTS/PARTNERS

Center for Sexual Health  
Director, Cathy K. Naughton, MD

Name:		Date of Birth:	
Recent headaches?	NO	YES	
Any visual changes?	NO	YES	
Increased thirst?	NO	YES	
Impaired ability to smell?	NO	YES	
Excessive growth of jaw, hands, or feet?	NO	YES	
Cold or heat intolerance?	NO	YES	
Unwanted weight loss or gain?	NO	YES	
Darkening of the skin?	NO	YES	
Decrease in hair growth (facial/body)?	NO	YES	
Breast changes or discharge?	NO	YES	
Hot flashes?	NO	YES	
Blood in the urine?	NO	YES	
Difficult urinating?	NO	YES	
Pain or burning on urination?	NO	YES	
Incontinence (leakage) of urine?	NO	YES	
Weak urine stream?	NO	YES	
Kidney stones?	NO	YES	
Blood clots in the legs?	NO	YES	
Fainting or blackout spells?	NO	YES	
Easy bruising or bleeding?	NO	YES	
Anxiety or depression?	NO	YES	
Testis pain or lumps in the scrotum?	NO	YES	
Blood in the semen?	NO	YES	
Pain on ejaculation?	NO	YES	
Changes in the semen ejaculated?	NO	YES	
Problems with your sexual drive?	NO	YES	
Problems with your erections?	NO	YES	
Problems with your PARTNER'S sexual function?	NO	YES	

Exposures	NO	YES	Notes
Do you take saunas or hot tub baths regularly?		YES	
Have you had chemotherapy?	NO	YES	
Have you been exposed to radiation?	NO	YES	
Have you been in contact with insecticides?	NO	YES	
Have you been in contact with toxic chemicals?	NO	YES	
Have you or do you use anabolic steroids?	NO	YES	
Are you or have you been on testosterone therapy?	NO	YES	

Have you ever tried any of the following therapies for erectile dysfunction?			Dates of USE
Oral therapy like Viagra, Cialis, and/or Levitra?	NO	YES	
Vacuum Erection Device (VED)?	NO	YES	
Medical Urethral System for Erection (MUSE)?	NO	YES	
Penile Injection Therapy like Caverjet or Trimix?	NO	YES	
Penile Implant Surgery?	NO	YES	
Testosterone Therapy?	NO	YES	
Herbal Remedies?	NO	YES	
Other?	NO	YES	

I have reviewed this information with the Patient/Couple.

## International Index of Erectile Function (IIEF)

INSTRUCTIONS: These questions ask about your sexual feelings and responses during the past 4 weeks. Please answer the following questions as honestly and clearly as possible. Your responses will be kept completely confidential. In answering these questions the following definitions apply:

Sexual activity can include caressing, foreplay, masturbation and vaginal intercourse.

Sexual intercourse is defined as penile penetration (entry) of the vagina.

Sexual stimulation includes situations like foreplay with a partner, self-stimulation (masturbation), or sexual fantasy.

Sexual desire or interest is a feeling that includes wanting to have a sexual experience, feeling receptive to a partner's sexual initiation, and thinking or fantasizing about having sex.

CHECK ONE ANSWER PER QUESTION.

1. How often were you able to get an erection during sexual activity?

- No sexual activity
- Almost never/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/always

2. When you had erections with sexual stimulation, how often were your erections hard enough for penetration?

- No sexual activity
- Almost never/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/always

3. When you attempted sexual intercourse, how often were you able to penetrate (enter) your partner?

- Did not attempt intercourse
- Almost never/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/always

4. 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/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/always

Patient Name \_\_\_\_\_

Today's Date \_\_\_\_\_

5. 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

6. How many times have you attempted sexual intercourse?

- No attempts
- One to two attempts
- Three to four attempts
- Five to six attempts
- Seven to ten attempts
- Eleven + attempts

7. When you attempted sexual intercourse, how often was it satisfactory for you?

- Did not attempt intercourse
- Almost never/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/always

8. How much have you enjoyed sexual intercourse?

- No intercourse
- No enjoyment
- Not very enjoyable
- Fairly enjoyable
- Highly enjoyable
- Very highly enjoyable

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

- No sexual stimulation/intercourse
- Almost never/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/always

Patient Name \_\_\_\_\_

Today's Date \_\_\_\_\_

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

- No sexual stimulation/intercourse
- Almost never/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/always

11. How often have you felt sexual desire?

- Almost never/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/always

12. How would you rate your level of sexual desire?

- Very low/none at all
- Low
- Moderate
- High
- Very high

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

- Very dissatisfied
- Moderately dissatisfied
- About equally satisfied and dissatisfied
- Moderately satisfied
- Very satisfied

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

- Very dissatisfied
- Moderately dissatisfied
- About equally satisfied and dissatisfied
- Moderately satisfied
- Very satisfied

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

- Very low
- Low
- Moderate
- High
- Very high

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Thank you for completing this questionnaire.