	Bisexual	Unde	fined	
Marrie	d Divorc	ed	Widov	ved
gether? _				
		Partı	ner's age	:
		Yes	No	
		Yes	No	
		Yes	No	
libido				
		Gradu	 ıal	
			-	
ation?		Yes	Nο	 N/A
				,
		Yes	No.	
to be?				
	he?			
. useu to				
		. 03		
	Pain Deform	mitv	Nodul	ρ
	. am Belon	•		
None	Minimal		_	Severe
				Severe
				Severe
None	William	IVIOGC	iacc	Severe
n a scale	from 0 – 10 wi	thout m	edicatio	n
i a scarc	1101110 10, 111	tilout III	carcació	'',
, but not	completely hard.			
, but not	completely hard. mpletely hard.			
, but not				
, but not	npletely hard.			
, but not out not out not cor	mpletely hard.  with your part			
, but not out not out not cor	mpletely hard.  with your part  with masturba	ntion		
, but not ut not cor ently	mpletely hard.  with your part	<b>ition</b> Rare	None	
	gether?	gether?	Married Divorced  gether?	Married Divorced Widov  gether?

Climax or Orgasm							
Are you able to have a climax or orgasm?			Y	es l	No		
If so, do you have pain with climax or orgasm?			Υ	es l	No		
Has there been a change in your org	Unchang	ed I	Reduced	Increased			
Does semen (fluid/cum) come out of your p	enis when	you hav	e orgasm?	Yes I	No		
If yes, is the amount the same as us	ual?		Υ	es l	No		
Do you usually ejaculate prior to penetratio	n for inter	course?	Y	es l	No		
About how long does intercourse last before	e you orga	sm (clim	ax)?			minutes	
Do you have premature ejaculation? Yes	No						
If yes, when did this start?							
How well are you able to co	ntrol it?	Poor	F	air	Good	d	
How much does it bother yo	ou?	None	Minima	al I	Moderate	Severe	
How much does it bother yo	our partne	r? None	Minima	al I	Moderate	Severe	
Have you noticed any change in the sensitiv	ity of your	penis?	Y	es l	No		
Is intercourse ever painful for you?					No		
If yes, where is the pain located?		H	low long do	oes the	pain last?		
Rate the pain on a scale from $0-10$	:		_/10				
Is intercourse ever painful for your partner?		No					
Do you leak urine with sexual stimulation or	arousal?	Yes No	Do you l	eak urin	e with a clim	ax or orgasi	m? Yes No
Past Evaluation of Sexual Function							
Did you ever see a doctor(s) for this probler	n before?		Y	es l	No		
If yes, were there any diagnostic tes	ts perform	ned?	Y	es l	No		
If yes, which ones?							
<ol> <li>Hormone Blood Levels</li> </ol>		Yes	No				
2. Penile Injection Test		Yes	No				
<ol><li>Penile Ultrasound (Duple</li></ol>	x)	Yes	No				
4. Other							
Past Treatment of Sexual Dysfunction							
Were you ever treated with pills?		Yes	No				
If yes, which ones and doses?							
1. Viagra (sildenafil) 20	25	50	100 mg				
Frequency	Rate curre	ent best h	nardness us	sing scal	e on previou	s page	_/10
Side effects					_		
2. Cialis (tadalafil) 2.5			_				
Frequency	_ Rate curi	rent best	hardness ι	using sca	ale on previo	us page	/10
Side effects					_		
3. Levitra (vardenafil) 2.5			20 mg				
Frequency	_ Rate curi	rent best	hardness ι	using sca	ale on previo	us page	/10
Side effects					_		
4. Stendra (avanafil) 50			•				
Frequency	_ Rate curi	rent best	hardness ι	using sca	ale on previo	us page	/10
Side effects					_		
Were you treated with any of the following							
<ol> <li>Urethral suppositories (MUSE)?</li> </ol>		Yes	No				_
Frequency				using sca	ale on previo	us page	/10
Side effects					_		
2. Penis Injections?		Yes					
Medication	Dose_				_		
Frequency					ale on previo	us page	/10
Side effects					•		
3. External vacuum device?		Yes	No				

Frequency \_\_\_\_\_\_ Happy \_\_\_\_\_ Unhappy\_\_\_\_\_