

Climax or Orgasm

Are you able to have a climax or orgasm? Yes No
If so, do you have pain with climax or orgasm? Yes No
Has there been a change in your orgasm intensity? Unchanged Reduced Increased
Does semen (fluid/cum) come out of your penis when you have orgasm? Yes No
If yes, is the amount the same as usual? Yes No
Do you usually ejaculate prior to penetration for intercourse? Yes No
About how long does intercourse last before you orgasm (climax)? _____ minutes
Do you have premature ejaculation? Yes No

If yes, when did this start? _____
How well are you able to control it? Poor Fair Good
How much does it bother you? None Minimal Moderate Severe
How much does it bother your partner? None Minimal Moderate Severe

Have you noticed any change in the sensitivity of your penis? Yes No
Is intercourse ever painful for you? Yes No
If yes, where is the pain located? _____ How long does the pain last? _____
Rate the pain on a scale from 0 – 10: _____/10

Is intercourse ever painful for your partner? Yes No
Do you leak urine with sexual stimulation or arousal? Yes No Do you leak urine with a climax or orgasm? Yes No

Past Evaluation of Sexual Function

Did you ever see a doctor(s) for this problem before? Yes No
If yes, were there any diagnostic tests performed? Yes No
If yes, which ones?
1. Hormone Blood Levels Yes No
2. Penile Injection Test Yes No
3. Penile Ultrasound (Duplex) 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 current best hardness using scale on previous page ____/10
Side effects _____
2. Cialis (tadalafil) 2.5 5 10 20 mg
Frequency _____ Rate current best hardness using scale on previous page ____/10
Side effects _____
3. Levitra (vardenafil) 2.5 5 10 20 mg
Frequency _____ Rate current best hardness using scale on previous page ____/10
Side effects _____
4. Stendra (avanafil) 50 100 200 mg
Frequency _____ Rate current best hardness using scale on previous page ____/10
Side effects _____

Were you treated with any of the following?

1. Urethral suppositories (MUSE)? Yes No
Frequency _____ Rate current best hardness using scale on previous page ____/10
Side effects _____
2. Penis Injections? Yes No
Medication _____ Dose _____
Frequency _____ Rate current best hardness using scale on previous page ____/10
Side effects _____
3. External vacuum device? Yes No
Frequency _____ Happy _____ Unhappy _____