DR LOVE
UROLOGICAL SURGEON

ERECTILE DYSFUNCTION QUESTIONNAIRE

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SPECIALIST IN:
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In order to understand the exact nature of your problem, we ask that you complete the questionnaire

Name: _____ Date of Birth: / /

Age: _____

Marital Status: _____

1. Do you have problems obtaining, maintaining an erection or both?

   _____

2. When did you first notice a change in your sexual function

   (approximate year/month)? _____

3. Do you recall any significant events that occurred around the same time?

   Y N

   ☐ Marital/sexual partner problems ☐ Death in the family

   ☐ Illness or injury ☐ Loss of job ☐ Financial problems

Use this scale to describe the quality (grade) of your erections for questions 4 - 5

1 - penis is larger than normal, but not hard

2 - penis is hard, but not hard enough for penetration

3 - penis is hard enough for penetration but not completely hard,

4 - penis is completely hard and fully rigid.

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

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

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 Y N

If yes, please circle treatment type and dates of treatment

Treatment	*Date(s)*
Oral medication	
Vacuum device	
Testosterone patches or injections	
Urethral Pellet (MUSE) or gel	
Penile injections	
Surgery/implants	

Are you currently using medications prescribed for erectile dysfunction? Y N
If yes, what: _____

17. Do you have any problems with urination? Y N

If yes, please circle the problem(s) and frequency of problem(s)

Frequency during	☐ day ☐ evening		
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? Y N

If so, please check those that apply and please indicate approximate dates of surgery:

Surgery	*Date(s)*
Back/spine	
Prostate	
Heart/blood vessels	
Penis	
Bowel	
Organ transplants	

20. Do you have problems with?

Shortness of breath or leg pain	*Y N*
Climbing 1 or 2 flights of stairs	*Y N*
Walking 5 or 6 blocks	*Y N*

21. Tobacco use: ☐ Never smoked ☐ Currently smoke ☐ Smoked in the past

If you smoke, how many 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? Y N

☐ Beer ☐ Wine ☐ Spirits

How much _____per day _____week

How long for ? _____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: _____