

NAME: _____ AGE: _____

DATE OF BIRTH: _____ APPOINTMENT DATE: _____

QUESTIONNAIRE

An appointment has been made for you to discuss a personal health issue with the Doctor. In this regard we ask that at your visit, your spouse/sexual partner accompany you. If you are not comfortable with her being present, that is perfectly acceptable and in that case you should come to our office alone.

This questionnaire is designed to help the Doctor assess your situation and thereby expedite any treatment that would be beneficial.

This is *confidential* and between you and the Doctor. Do not mail it in; rather, bring it in with you at the time of your visit.

To the following questions you should check "other" if you feel that your situation requires additional discussion with the Doctor to be clarified.

How were you referred to our office?

- Family or friend Family physician Yellow Pages
 Hospital Health line Advertisement Other

In general, the Doctor completes a consultation after seeing you and mails a copy of this consultation to you as well as to your referring physician. In your particular case, do you:

- Wish us to do as usual, that is, send a complete consultation summary to you and your doctor?
 Send a complete summary to you only?
 Send only an acknowledgment of your visit with us to your regular doctor?
 Send neither an acknowledgment nor a summary to you or your doctor?
 Other

What best describes your situation?

- I have interest in sex but have difficulty getting or maintaining an erection.
 My interest in sex is diminished but my erections remain adequate.
 My interest in sex is low and my erections are poor.
 My interest in sex and my erections are okay, but I am climaxing too quickly.
 Other

On a scale of 0 - 10, where 0 represents no interest in sex and 10 represents an incredibly high interest in sex, please rate you sexual desire: (circle one) 0 1 2 3 4 5 6 7 8 9 10

Please rate your spouse/partner's sexual desire: (circle one) 0 1 2 3 4 5 6 7 8 9 10

Regarding your relationship with your spouse/partner, what would be most accurate?

- We have an excellent sex life, but we would both be interested in improving my performance.
- We have a good sex life, but it is primarily myself that desires better erectile performance.
- My erectile performance is adversely affecting our relationship, and I/we are seeking improvement.
- My spouse/partner has little interest in sex, but I still desire to improve my performance.
- Other

What would you say is your primary goal in working with the Doctor?

- I just want to have information about my condition, its causes, and available remedies.
- I am interested in obtaining a diagnosis of my condition and would like to pursue treatment of my choosing to improve my performance.
- I want to have erections like a 25-year-old again.
- Other

Sexual difficulties can sometimes be related to medications. Please list all of the medications you take (or bring a list with you) and include the dosages that you take:

Erection performance is often affected by nicotine. Do you smoke cigarettes? Yes No

If yes, how many packs per day do you smoke? _____

Erection performance is also affected by alcohol ingestion. Do you drink alcohol? Yes No

If yes, how many drinks/beer equivalents do you have in a typical day? _____

When do you get your best erections?

- Early in the morning when I have to urinate.
- When I have penile-vaginal intercourse with my wife/partner.
- When my wife/partner and I perform other sexual activities.
- When I masturbate.
- When I view sexually explicit materials.
- I never get erections anymore.
- Other

Please list any treatments you have already had for this condition:

Please list any tests or treatments that you may have heard or read about that you feel may be appropriate in your situation:

Thank you for filling out this questionnaire, and remember to bring it with you at your visit.

Cadillac Urology Practice
Stephen B. Reznicek, M.D.
Brian R. Drabik, D.O.