

NORTHWEST SUBURBAN UROLOGY ASSOCIATES, S.C.
SEXUAL HEALTH ASSESSMENT

Patient Name: _____

Date: _____

INSTRUCTIONS

Sexual health is an important part of an individual's overall physical and emotional well-being. Erectile dysfunction, also known as ED or impotence, is one very common type of medical condition affecting sexual health. Fortunately, there are many different treatment options for erectile dysfunction. This questionnaire is designed to help you and your doctor identify if you may be experiencing erectile dysfunction.

Each question has several possible responses. Answer each question with the response that best describes your own situation. Please be sure that you select **one and only one** response for each question.

OVER THE PAST 6 MONTHS:

1. When you had erections with sexual stimulation, how often were your erections hard enough for penetration (entering your partner)?

- 0 No Sexual Activity 1 Almost Never or Never 2 A Few Times (less than half) 3 Sometimes (about half) 4 Most Times (more than half) 5 Almost Always or Always

2. During sexual intercourse, how often were you able to maintain your erection after you had penetrated (entered) your partner?

- 0 Did Not Attempt 1 Almost Never or Never 2 A Few Times (less than half) 3 Sometimes (about half) 4 Most Times (more than half) 5 Almost Always or Always

3. During sexual intercourse, how difficult was it to maintain your erection to completion of intercourse?

- 0 Did Not Attempt 1 Extremely Difficult 2 Very Difficult 3 Difficult 4 Slightly Difficult 5 Not Difficult

4. When you attempted sexual intercourse, how often was it satisfactory to **you**?

- 0 Did Not Attempt 1 Almost Never or Never 2 A Few Times (less than half) 3 Sometimes (about half) 4 Most Times (more than half) 5 Almost Always or Always

5. When you attempted sexual intercourse, how often was it satisfactory to **your partner**?

- 0 Did Not Attempt 1 Almost Never or Never 2 A Few Times (less than half) 3 Sometimes (about half) 4 Most Times (more than half) 5 Almost Always or Always

Total Score: _____
(max = 30)

Quality of Life Due to Erectile Difficulties

If you were to spend the rest of your life with your erectile difficulties the way that they are right now, how would you feel about that?

- 0 Terrible 1 Unhappy 2 Mostly Dissatisfied 3 Mixed 4 Mostly Satisfied 5 Pleased 6 Delighted