

Do not write, stamp,  
punch holes or affix a  
sticker in this area.

◆ Direction of Feed ◆

## Sexual Health

Please answer every question

To reproduce, follow the  
printing instructions.  
Do not fold this form.

### Marking Instructions

Please use a # 2 pencil  
Fill in the complete oval as shown...



PLEASE PRINT PATIENT'S LAST NAME

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PLEASE PRINT PATIENT'S FIRST NAME

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PATIENT'S DATE OF BIRTH

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Month Day Year

**Each question has several possible responses.**  
**Please fill in the oval that *best describes* your own situation.**  
**Select only one response for each question.**

### Over the past 6 months:

	Very low	Low	Moderate	High	Very high
How do you rate your confidence that you could get and keep an erection?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

	No sexual activity	Almost never or never	A few times (much less than half the time)	Sometimes (about half the time)	Most times (much more than half the time)	Almost always or always
When you had erections with sexual stimulation, how often were your erections hard enough for penetration (entering your partner)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

	Did not attempt intercourse	Almost never or never	A few times (much less than half the time)	Sometimes (about half the time)	Most times (much more than half the time)	Almost always or always
During sexual intercourse, how often were you able to maintain your erection after you had penetrated (entered) your partner)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

	Did not attempt intercourse	Extremely difficult	Very difficult	Difficult	Slightly difficult	Not difficult
During sexual intercourse, how difficult was it to maintain your erection to completion of intercourse?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

	Did not attempt intercourse	Almost never or never	A few times (much less than half the time)	Sometimes (about half the time)	Most times (much more than half the time)	Almost always or always
When you attempted sexual intercourse, how often was it satisfactory to you?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>