



Intake Questionnaire: ED

Name: _____

Date of birth: _____

How long have you had problems with erectile dysfunction? _____

	Yes	No
Do you experience nocturnal erections?		
Do you experience an erection during masturbation or with alternate pattersers?		
Do you have feelings of performance anxiety around sexual activity?		
Is there situational variability of erectile dysfunction (e.g. improved while on vacation)?		
Do you have problems with ejaculation (e.g. premature ejaculation, anorgasmia)?		
Do you have problems with your libido?		
Do you have anatomical problems with your penis (e.g. Peyronie's disease)?		

What treatments have you tried so far? _____

How effective were these treatments? _____

What is your medical history? _____

Have you previously had surgery? _____

What medications do you take? _____

What medication allergies do you have? _____

Do you smoke? _____

How many alcoholic beverages do you have in a week? _____

How often do you use recreational substances, including cannabis? _____

Do you/have you had any of the following?

	Yes
• Previous radical prostatectomy?	
• Prior pelvic surgery or radiation therapy to the pelvis within twelve months?	
• Neurological conditions such as spinal cord injury, Parkinson's Disease, Multiple Sclerosis?	
• Severe anxiety, depression or other psychiatric condition?	
• Do you suffer from nerve damage depriving your penis of sensation?	
• Have an implanted medical device (including pacemakers, heart valves and nerve stimulators)?	
• Do you have a malignant tumour, infection or skin abrasion present at or near the penis?	
• Do you have a clinically significant hematological disorder, including coagulation disorders (haemophilia)?	
• Do you use anticoagulant medications (excluding Aspirin 81mg)?	
• Do you have a penile anatomical abnormality?	
• Have you been advised not to undertake sexual intercourse, e.g. following a heart attack and/or cardiac surgery.	

The IIEF-5 questionnaire

Over the past six months:					
	Very low	Low	Moderate	High	Very high
1. How do you rate your confidence that you could get and keep an erection?	1	2	3	4	5
2. When you had erections with sexual stimulation, how often were your erections hard enough for penetration?	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
	1	2	3	4	5
3. During sexual intercourse, how often were you able to maintain your erection after you had penetrated your partner?	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
	1	2	3	4	5
4. During sexual intercourse, how difficult was it to maintain your erection to completion of intercourse?	Extremely difficult	Very difficult	Difficult	Slightly difficult	Not difficult
	1	2	3	4	5
5. When you attempted sexual intercourse, how often was it satisfactory for you?	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
	1	2	3	4	5

“How would you rate the hardness of your erection?”

Select one of the options

0	Penis does not enlarge
1	Penis is larger, 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