

# IMPOTENCE QUESTIONNAIRE

Please answer these questions by printing them and then faxing back your answers to (407) 332 - 8767. A representative will call or email you back with your results and brief assessment.

NAME: \_\_\_\_\_ AGE \_\_\_\_\_ DATE \_\_\_\_\_  
EMAIL \_\_\_\_\_ PHONE \_\_\_\_\_

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Dear Sir: In order to better evaluate your potential problem please answer the following confidential questions and fax to: (407) 332-8767.

**1. Which best described your situation in terms of a full erection?**

- a) never get a full rigid erection
- b) get a full rigid erection in some situations.

**2. Which best describes your situation in terms of a partial erection?**

- a) never get at least a partial erection
- b) get a partial erection in some situations
- c) can almost always get at least a partial erection

**3. Is this partial erection sufficient for intercourse?**

- Always
- Usually
- Sometimes
- Rarely
- Never

**4. How would you rate the best of the erections you have gotten in the recent past?**

soft

- 1
- 2
- 3
- 4
- 5 Full Rigid

**5. Are you ever aware of night-time or early morning erections?**

- yes
- no

**If yes then please answer the following question-**

**6. How would you rate most of these erections?**

soft

- 1
- 2
- 3
- 4
- 5 Full Rigid

**7. Can you masturbate or ejaculate with a firm penis?**

yes

no

**8. Have you ever had a heart attack or are you fearful of dying during intercourse?**

yes

no

**9. Please list any surgical procedures you have had?**

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**10. Have you ever seen blood in the urine?**

yes

no

**11. Have you ever seen or your partner noticed blood in the semen?**

yes

no

**12. Please circle if you have any of the following conditions:**

Diabetes

High Blood Pressure

Arthritis

Peptic Ulcer (stomach ulcer)

**13. Do you take any medications:**

yes

no

If yes please list: \_\_\_\_\_

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**14 Do you use any tobacco products?**

yes

no

If yes cigarettes \_\_\_\_\_ packs per day.

cigars \_\_\_\_\_ per day.

**14. Do you drink alcoholic beverages?**

yes

no

**If yes, how often?**

once or twice a year \_\_\_\_\_

once or twice a month \_\_\_\_\_

every weekend \_\_\_\_\_

several times a week \_\_\_\_\_

every day \_\_\_\_\_

**16. Can you reach climax with intercourse?**

yes

sometimes

never

**17. Do you get partial or full erections with oral sex?**

yes

sometimes

never

do not practice it

**18. Are there any other medical or sexual factors in your history that we did not ask and you would like for us to evaluate? If so please mention them here.**

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