

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 _____

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?

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: _____

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.
