



Male Health History Form

Name _____ Prefer to be called _____

Birthday _____ SSN _____ Phone Days _____

Phone Evenings _____ Email _____

PCP _____ PCP Phone Number _____

How did you hear about our practice _____

Family History

Father Alive? Y/N, if no please list age at time of death. Please list medical conditions.

Mother Alive? Y/N, if no please list age at time of death. Please list medical conditions.

Brothers: # ___ alive/medical conditions _____

Sisters: # ___ alive/medical conditions _____

Children: # alive/medical conditions _____

Any unusual or rare diseases in your family or history we should know?

Personal History

Do you smoke? ___ Y ___ N If Yes, age of onset: _____ # of packs per day: _____ Date Quit _____

Do you drink alcohol? ___ Y ___ N # of drinks per week _____

Have you used recreational drugs? ___ Y ___ N If yes, what have you used _____

Do you feel safe in your home? ___ Y ___ N Any history of abusive relationship ___ Y ___ N

Have you been sexually assaulted ___ Y ___ N, If yes when: _____

Male Personal History

Last prostate exam: _____ PSA Blood test: _____ Results: _____

Are you currently under the care of a urologist: Y / N Name: _____

History of prostate cancer: Y / N If yes, date diagnosed: _____

Have you ever had a testosterone blood level: Y / N Date/Results: _____

History of testosterone therapy: _____

Do you have symptoms of low testosterone: Y/N If yes please fill out hrt questionnaire.

Do you do self-testicular exams: Y /N, If yes how often: _____

Are you currently sexually active: Y /N, If yes how often: _____

Do you have a history of erectile dysfunction: Y/N, If yes what age did it start?: _____

- If you answered yes to history of erectile dysfunction please fill out IIEF and SHIM score handouts attached.

Do you have a history of peyronies disease (curvature of the penis): Y /N Age started: _____

Male Medical History

Do you have a history of any of the following:

___ Diabetes ___ Heart Disease ___ Neurological Disease/Disorder

___ Spinal cord injury/surgery ___ Brain injury ___ Sleep apnea

Patient Signature

Date

Printed Name

Reviewed By

Date

Male Questionnaire

Patient Name _____ **DOB** _____

Please circle one of the following categories below to let us know how you are feeling at today's appointment.

0-means you have **no symptoms** .1 means you have very **mild symptoms**.5 means you have **moderate symptoms** and 10 is **severe symptoms** of this type.

Male	Low	Moderate	Severe	Comments
Sleep disturbances	0 1 2 3 4 5 6 7 8 9 10			_____
Depression	0 1 2 3 4 5 6 7 8 9 10			_____
Irritability	0 1 2 3 4 5 6 7 8 9 10			_____
Anxiety	0 1 2 3 4 5 6 7 8 9 10			_____
Hair Loss	0 1 2 3 4 5 6 7 8 9 10			_____
Fatigue/Tiring easily	0 1 2 3 4 5 6 7 8 9 10			_____
Low sex drive	0 1 2 3 4 5 6 7 8 9 10			_____
Erectile Dysfunction	0 1 2 3 4 5 6 7 8 9 10			_____
Poor focus	0 1 2 3 4 5 6 7 8 9 10			_____
Body-Joint pain	0 1 2 3 4 5 6 7 8 9 10			_____
Memory lapse	0 1 2 3 4 5 6 7 8 9 10			_____
Loss of muscle tone	0 1 2 3 4 5 6 7 8 9 10			_____

Please circle Yes or No to the following:

Nausea/Vomiting?	Yes or No	Rashes/Sores?	Yes or No
Shortness of breath?	Yes or No	Easily Bruised?	Yes or No
Difficulty with urination?	Yes or No		

Patient Signature: _____

Date: _____

Male Erectile Dysfunction

Over the past six months.....

- 1) How do you rate your confidence that you could get and keep an erection?
 1. Very Low
 2. Low
 3. Moderate
 4. High
 5. Very high
- 2) When you had erections with sexual stimulation, how often were your erections hard enough for penetration (entering your partner)?
 1. No sexual activity
 2. Almost never or never
 3. A few times (much less than half the time)
 4. Sometimes (about half the time)
 5. Most times (much more than half the time)
 6. Almost always or always
- 3) During sexual intercourse, how often were you able to maintain your erection after you had penetrated (entered) your partner?
 1. Did not attempt intercourse
 2. Almost never or never
 3. A few times (much less than half the time)
 4. Sometimes (about half the time)
 5. Most times (much more than half the time)
 6. Almost always or always
- 4) During sexual intercourse, how difficult was it to maintain your erection to completion of intercourse?
 1. Did not attempt intercourse
 2. Extremely difficult
 3. Very difficult
 4. Difficult
 5. Slightly difficult
 6. Not difficult
- 5) When you attempted sexual intercourse, how often was it satisfactory for you?
 1. Did not attempt intercourse
 2. Almost never or never
 3. A few times (much less than half the time)
 4. Sometimes (about half the time)
 5. Most times (much more than half the time)
 6. Almost always or always

Total: _____

SHIM Scores

You may have

1-7

Severe ED

8-11

Moderate ED

12-16

Mild to moderate ED

17-21

Mild ED

22-25

No signs of ED

INTERNATIONAL INDEX OF ERECTILE FUNCTION

Patient Questionnaire

HOSPITAL NUMBER (IF KNOWN)

NAME

.....

DATE OF BIRTH

AGE

ADDRESS

.....

.....

.....

TELEPHONE

.....

These questions ask about the effects that your erection problems have had on your sex life over the last four weeks. Please try to answer the questions as honestly and as clearly as you are able. Your answers will help your doctor to choose the most effective treatment suited to your condition. In answering the questions, the following definitions apply:

- sexual activity includes intercourse, caressing, foreplay & masturbation
- sexual intercourse is defined as sexual penetration of your partner
- sexual stimulation includes situation such as foreplay, erotic pictures etc.
- ejaculation is the ejection of semen from the penis (or the feeling of this)
- orgasm is the fulfilment or climax following sexual stimulation or intercourse

OVER THE PAST 4 WEEKS CHECK ONE BOX ONLY

- | | | |
|-----------------------------|--|---|
| <input type="checkbox"/> Q1 | How often were you able to get an erection during sexual activity? | 0 No sexual activity
1 Almost never or never
2 A few times (less than half the time)
3 Sometimes (about half the time)
4 Most times (more than half the time)
5 Almost always or always |
| <input type="checkbox"/> Q2 | When you had erections with sexual stimulation, how often were your erections hard enough for penetration? | 0 No sexual activity
1 Almost never or never
2 A few times (less than half the time)
3 Sometimes (about half the time)
4 Most times (more than half the time)
5 Almost always or always |
| <input type="checkbox"/> Q3 | When you attempted intercourse, how often were you able to penetrate (enter) your partner? | 0 Did not attempt intercourse
1 Almost never or never
2 A few times (less than half the time)
3 Sometimes (about half the time)
4 Most times (more than half the time)
5 Almost always or always |
| <input type="checkbox"/> Q4 | During sexual intercourse, <u>how often</u> were you able to maintain your erection after you had penetrated (entered) your partner? | 0 Did not attempt intercourse
1 Almost never or never
2 A few times (less than half the time)
3 Sometimes (about half the time)
4 Most times (more than half the time)
5 Almost always or always |
| <input type="checkbox"/> Q5 | During sexual intercourse, <u>how difficult</u> was it to maintain your erection to completion of intercourse? | 0 Did not attempt intercourse
1 Extremely difficult
2 Very difficult
3 Difficult
4 Slightly difficult
5 Not difficult |

- Q6 How many times have you attempted sexual intercourse?
- Q7 When you attempted sexual intercourse, how often was it satisfactory for you?
- Q8 How much have you enjoyed sexual intercourse?
- Q9 When you had sexual stimulation or intercourse, how often did you ejaculate?
- Q10 When you had sexual stimulation or intercourse, how often did you have the feeling of orgasm or climax?
- Q11 How often have you felt sexual desire?
- Q12 How would you rate your level of sexual desire?
- Q13 How satisfied have you been with your overall sex life?
- Q14 How satisfied have you been with your sexual relationship with your partner?
- Q15 How do you rate your confidence that you could get and keep an erection?
- 0 No attempts
1 One to two attempts
2 Three to four attempts
3 Five to six attempts
4 Seven to ten attempts
5 Eleven or more attempts
- 0 Did not attempt intercourse
1 Almost never or never
2 A few times (less than half the time)
3 Sometimes (about half the time)
4 Most times (more than half the time)
5 Almost always or always
- 0 No intercourse
1 No enjoyment at all
2 Not very enjoyable
3 Fairly enjoyable
4 Highly enjoyable
5 Very highly enjoyable
- 0 No sexual stimulation or intercourse
1 Almost never or never
2 A few times (less than half the time)
3 Sometimes (about half the time)
4 Most times (more than half the time)
5 Almost always or always
- 1 Almost never or never
2 A few times (less than half the time)
3 Sometimes (about half the time)
4 Most times (more than half the time)
5 Almost always or always
- 1 Almost never or never
2 A few times (less than half the time)
3 Sometimes (about half the time)
4 Most times (more than half the time)
5 Almost always or always
- 1 Very low or none at all
2 Low
3 Moderate
4 High
5 Very high
- 1 Very dissatisfied
2 Moderately dissatisfied
3 Equally satisfied & dissatisfied
4 Moderately satisfied
5 Very satisfied
- 1 Very dissatisfied
2 Moderately dissatisfied
3 Equally satisfied & dissatisfied
4 Moderately satisfied
5 Very satisfied
- 1 Very low
2 Low
3 Moderate
4 High
5 Very high

INTERNATIONAL INDEX OF ERECTILE FUNCTION (IIEF)

Guidelines on Clinical Application of IIEF Patient Questionnaire

Background

The 15-question International Index of Erectile Function (IIEF) Questionnaire is a validated, multi-dimensional, self-administered investigation that has been found useful in the clinical assessment of erectile dysfunction and treatment outcomes in clinical trials. A score of 0-5 is awarded to each of the 15 questions that examine the 4 main domains of male sexual function: erectile function, orgasmic function, sexual desire and intercourse satisfaction.

In a recent study⁽¹⁾, the IIEF Questionnaire was tested in a series of 111 men with sexual dysfunction and 109 age-matched, normal volunteers. The following mean scores were recorded:

FUNCTION DOMAIN	MAX SCORE	CONTROLS	PATIENTS
A. Erectile Function (Q1,2,3,4,5,15)	30	25.8	10.7
B. Orgasmic Function (Q9,10)	10	9.8	5.3
C. Sexual Desire (Q11,12)	10	7.0	6.3
D. Intercourse Satisfaction (Q6,7,8)	15	10.6	5.5
E. Overall Satisfaction (Q13,14)	10	8.6	4.4

Clinical Application

IIEF assessment is limited by the superficial assessment of psychosexual background and the very limited assessment of partner relationship, both important factors in the presentation of male sexual dysfunction. Analysis of the questionnaire should, therefore, be viewed as an adjunct to, rather than a substitute for, a detailed sexual history and examination. The following guide-lines may be applied:

1. Patients with low IIEF scores (<14 out of 30) in Domain A (Erectile Function) may be considered for a trial course of therapy with Sildenafil unless contraindicated. Specialist referral is indicated if this is unsuccessful.
2. Patients demonstrating primary orgasmic or ejaculatory dysfunction (Domain B) should be referred for specialist investigation.
3. Patients with reduced sexual desire (Domain C) require testing of blood levels of androgen and prolactin.
4. Psychosexual counselling should be considered if low scores are recorded in Domains D and E but there is only a moderately lowered score (14 to 25) in Domain A.

Reference

1. Rosen R, Riley A, Wagner G, et al. The International Index of Erectile Function (IIEF): A multidimensional scale for assessment of erectile dysfunction. *Urology*, 1997, 49: 822-830.
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