



Patient Name:

Patient Date of Birth:

Today's Date:

MALE HEALTH INVENTORY

Please answer the following questions regarding URINARY SYMPTOMS and ERECTILE FUNCTION by circling the appropriate answer below:

URINARY INVENTORY

Table with 6 columns: Never, < 1 time in 5, < half the time, About half the time, > half the time, Almost always. Row 1: 0, 1, 2, 3, 4, 5

Using the above guideline, please circle the number below that best relates to you.

1. Incomplete Emptying: Sensation of not emptying your bladder completely after you have finished urinating

Table with 6 columns: 0, 1, 2, 3, 4, 5

2. Frequency: Urinating again < 2 hrs after urination

Table with 6 columns: 0, 1, 2, 3, 4, 5

3. Intermittency: How often have you found you stopped and started again several times when you urinated?

Table with 6 columns: 0, 1, 2, 3, 4, 5

4. Urgency: Difficulty postponing urination

Table with 6 columns: 0, 1, 2, 3, 4, 5

5. Weak Urinary Stream:

Table with 6 columns: 0, 1, 2, 3, 4, 5

6. Straining: Pushing or straining to begin urination

Table with 6 columns: 0, 1, 2, 3, 4, 5

7. Nocturia: How many times do you get up to urinate from the time you go to bed at night until the time you get up in the morning? (circle the # of times/night)

Table with 6 columns: 0, 1, 2, 3, 4, 5

SEXUAL INVENTORY

I have been using

Table with columns for Viagra, Cialis, Levitra, Muse, Vacuum Device, Penile Injection. Each has Yes/No checkboxes.

Please circle the number of the response that best describes your own situation over the past 3 months.

1. Rate your confidence that you can get & keep an erection

Table with 5 columns: Very Low, Low, Moderate, High, Very High. Row 1: 1, 2, 3, 4, 5

2. When you have erections with sexual stimulation, how often are your erections hard enough for penetration (entering your partner)?

Table with 6 columns: No sexual activity, Almost never, A few times, Sometimes, Most times, Almost always. Row 1: 0, 1, 2, 3, 4, 5

3. During sexual intercourse, how often are you able to maintain your erection after you have penetrated (entered) your partner?

Table with 6 columns: No sexual activity, Almost never, A few times, Sometimes, Most times, Almost Always. Row 1: 0, 1, 2, 3, 4, 5

4. During sexual intercourse, how difficult is it to maintain your erection to completion of intercourse?

Table with 6 columns: No sexual activity, Extremely difficult, Very difficult, Difficult, Slightly difficult, Not difficult. Row 1: 0, 1, 2, 3, 4, 5

5. When you attempt sexual intercourse, how often is it satisfactory to you?

Table with 6 columns: No sexual activity, Almost never, A few times, Sometimes, Most times, Almost Always. Row 1: 0, 1, 2, 3, 4, 5

Total of 7 items above: _____

Total of 5 items above: _____

Have you had your prostate surgically removed for prostate cancer? [Yes/No] If yes, date of operation: _____ If yes, do you leak any urine? [Yes/No] If yes, how many pads per day do you wear to keep dry? _____