Date:

Affix patient label here



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Department	of	Uro	loav
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This questionnaire is designed to help your urologist to find out if you are experiencing any erectile dysfunction and if so, how severe it is. Each question has several responses, please circle the number of the response that best describes your own situation. Please only select one response per question. You may be asked to complete this form at subsequent visits in order to reassess your symptoms at that time.

Over the past six months:

Add up your total score and write it in the box.					Tot	tal
 When you attempted sexual intercourse, <u>how</u> <u>often</u> was it satisfactory for you? 	Did not attempt intercourse 0	Almost never or never 1	A few times (much less than half the time) 2	Sometimes (about half the time) 3	Most times (much more than half the time) 4	Almost always or always 5
4. During sexual intercourse <u>how difficult</u> was it to maintain your erection to completion of intercourse?	Did not attempt intercourse 0	Extremely difficult 1	Very difficult 2	Difficult 3	Slightly difficult 4	Not difficult
3. When you had an erection <u>how often</u> were you able to maintain your erection after you had penetrated your partner?	Did not attempt intercourse 0	Almost never or never 1	a few times (much less than half the time) 2	Sometimes (about half the time) 3	Most times (much more than half the time) 4	Almost always or always 5
2. When you had erections with sexual stimulation, <u>how often</u> were your erections hard enough for penetration (entering your partner)?	No sexual activity 0	Almost never or never 1	A few times (much less than half the time) 2	Sometimes (about half the time) 3	Most times (much more than half the time) 4	Almost always or always 5
 How do you rate your <u>confidence</u> that you could get and keep an erection? 		Very low	Low 2	Moderate 3	High 4	Very high 5

Quality of life due to loss of sexual function

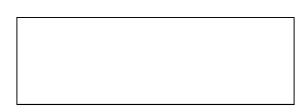
If you were to spend the rest of your life with your condition the way it is today how would you feel about that? (Please tick which best describes how you would feel.)

Delighted	□ 0
Pleased	□ 1
Mostly Satisfied	□2
Mixed - about equally satisfied and dissatisfied	□3
Mostly dissatisfied	□4
Unhappy	□ 5
Terrible	□6

Are you taking any medication to help you with your erections?

🗆 Yes 🗖 No

If yes, please give details below:





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To be completed by clinician		
Type of Treatment	Clinician:	Timing of appointment:
Radical retropubic prostatectomy		Pre-treatment
Radical laporoscopic prostatectomy	MES	3 Months Post treatment
	C Other	6 Months Post treatment
		12 Months Post treatment
EBRT	Batnaghar	>12 months Post treatment
Brachytherapy		\Box Discharged at this appointment
ED Clinic		

Type of treatment Consultant: Timing of appointment: PDE5 Pre treatment Caverject 🗆 PJG □ 3 Months Post treatment 6 Months Post treatment □ Vacuum pump GSM C Other □ 12 Months Post treatment □ MES □ >12 months Post treatment SpR Discharged at this appointment