

## YOUR PATIENT HISTORY – A QUESTIONNAIRE FOR NEW ED PATIENTS

Evaluating erectile dysfunction (ED) begins with your patient history. By going over this questionnaire, you will be more prepared to discuss your problem if and when you decide to visit with Dr. Grossman (you can print it out if you choose to bring it with you).

<b>Your Physical Health</b>		
<b>Illnesses, Injuries, or Surgery</b>	<b>Yes</b>	<b>No</b>
Has a doctor ever diagnosed you with:		
• High blood pressure?	<input type="checkbox"/>	<input type="checkbox"/>
• Heart disease?	<input type="checkbox"/>	<input type="checkbox"/>
• Stroke or vascular disease	<input type="checkbox"/>	<input type="checkbox"/>
• Diabetes?	<input type="checkbox"/>	<input type="checkbox"/>
• Alcoholism?	<input type="checkbox"/>	<input type="checkbox"/>
• Kidney disease?	<input type="checkbox"/>	<input type="checkbox"/>
• A disease of the nervous system?	<input type="checkbox"/>	<input type="checkbox"/>
Do you have a family history of any of the diseases listed above?	<input type="checkbox"/>	<input type="checkbox"/>
Have you been injured in your pelvis, genitals, or rectal area?	<input type="checkbox"/>	<input type="checkbox"/>
Have you had surgery of the prostate, bladder or rectum?	<input type="checkbox"/>	<input type="checkbox"/>
Have you tried Viagra ?	<input type="checkbox"/>	<input type="checkbox"/>
Did it work for you?	<input type="checkbox"/>	<input type="checkbox"/>
<b>Drugs and Alcohol</b>		
In the last five years, have you used any drugs, such as:		
• Prescription (antidepressants, blood pressure medications, sedatives or hormones)?	<input type="checkbox"/>	<input type="checkbox"/>
• Over-the-counter (hormonal or herbal preparations)?	<input type="checkbox"/>	<input type="checkbox"/>
• Recreational (marijuana, cocaine, or amphetamine)?	<input type="checkbox"/>	<input type="checkbox"/>
• Tobacco?	<input type="checkbox"/>	<input type="checkbox"/>
• Alcohol (other than the occasional social drink)?	<input type="checkbox"/>	<input type="checkbox"/>

<b>Your Sexual Health</b>		
	<b>Yes</b>	<b>No</b>
Did your erection problem begin suddenly?	<input type="checkbox"/>	<input type="checkbox"/>
Do you get erections but have problems keeping them?	<input type="checkbox"/>	<input type="checkbox"/>
Do you ever wake up in the morning with an erection?	<input type="checkbox"/>	<input type="checkbox"/>
Is your erection rigid enough for intercourse?	<input type="checkbox"/>	<input type="checkbox"/>
Can you get an erection by fantasizing or masturbating?	<input type="checkbox"/>	<input type="checkbox"/>
Do you have any problems climaxing or ejaculating?	<input type="checkbox"/>	<input type="checkbox"/>
Is your interest in sex (libido) decreased?	<input type="checkbox"/>	<input type="checkbox"/>
Has a partner made disparaging remarks about your sexual performance?	<input type="checkbox"/>	<input type="checkbox"/>

### Your Relationship

	Yes	No
Are you and your partner sexually attracted to each other?	<input type="checkbox"/>	<input type="checkbox"/>
Are you emotionally attracted to each other?	<input type="checkbox"/>	<input type="checkbox"/>
Are there any ways you feel rejected by each other?	<input type="checkbox"/>	<input type="checkbox"/>
Do you talk things over with your partner?	<input type="checkbox"/>	<input type="checkbox"/>
Will your partner take part in your treatment with you?	<input type="checkbox"/>	<input type="checkbox"/>

### Your Emotional Health

#### Causes of Erectile Dysfunction

	Yes	No
When you first began to have ED, were you:		
• Under a lot of stress (job, relationship, money)?	<input type="checkbox"/>	<input type="checkbox"/>
• Using drugs or alcohol?	<input type="checkbox"/>	<input type="checkbox"/>
• Frequently feeling tired?	<input type="checkbox"/>	<input type="checkbox"/>
• Becoming involved with a new partner?	<input type="checkbox"/>	<input type="checkbox"/>
• Having other emotional problems?	<input type="checkbox"/>	<input type="checkbox"/>
Have you and your partner:		
• Felt nervous about having sex?	<input type="checkbox"/>	<input type="checkbox"/>
• Decided not to have sex?	<input type="checkbox"/>	<input type="checkbox"/>
Do you feel depressed or reasons other than ED?	<input type="checkbox"/>	<input type="checkbox"/>