OFFICE MEDICAL RECORD # _____ NAME_____

I.   PREOPERATIVE DATA (to be completed by patient)

Name   _____

Date of Birth   _____ Age _____

Occupation   _____

Home Phone Number

II   BASELINE URINARY FUNCTION ASSESSMENT (to be completed by patient)

Over the past month, how often have you had a sensation of not emptying your bladder completely after you finished urinating?

    ____not at all
    ____less than 1 time in 5
    ____less than half the time
    ____about half the time
    ____more than half the time
    ____almost always

Over the past month, how often have you had to urinate again less than two hours after you finished urinating?

    ____not at all
    ____less than 1 time in 5
    ____less than half the time
    ____about half the time
    ____more than half the time
    ____almost always

Over the past month, how often have you found you stopped and started again several times when you urinated?

    ____not at all
    ____less than 1 time in 5
    ____less than half the time
    ____about half the time
    ____more than half the time
    ____almost always

Over the past month, how often have you found it difficult to postpone urination?

    ____not at all
    ____less than 1 time in 5
    ____less than half the time
    ____about half the time
    ____more than half the time
    ____almost always

Over the past month, how often have you had a weak urinary stream?

    ____not at all
    ____less than 1 time in 5
    ____less than half the time
    ____about half the time
    ____more than half the time
    ____almost always

Over the past month, how often have you had to push or strain to begin urination?

    ____not at all
    ____less than 1 time in 5
    ____less than half the time

If you were to spend the rest of your life with your urinary condition just the way it is now, how would you feel about that?

_____delighted

_____pleased

_____mostly satisfied

_____mixed (about equally satisfied and dissatisfied)

_____mostly dissatisfied

_____unhappy

_____terrible

Over the past 4 weeks, how often have you leaked urine?

_____every day

_____about once a week

_____less than once a week

_____not at all

Which of the following best describes your urinary control

Do you have Diabetes**?**

    ____yes

    ____no

Do you have Hypercholesterolemia **(high cholesterol level)?**

    ____yes

    ____no

Do you have Coronary Artery Disease**?**

    ____yes

    ____no

Do you have a history of constipation**?**

    ____yes

    ____no

Do you have a history of chronic cough**?**

    ____yes

    ____no

Have you ever had an inguinal hernia **repair?**

    ____yes

    ____no

If yes**, was the hernia repair on the**

    ____left   ____right   ____bilateral

If you had the inguinal hernia repair, when was it?

    _____ / _____ (mm/yy)

III   BASELINE ERECTILE FUNCTION ASSESSMENT (to be completed by patient)

How would you rate each of the following during the last 4 weeks?

Your level of sexual desire?

    ____very poor

    ____poor

    ____fair

    ____good

    ____very good

Your ability to have an erection?	**Your ability to reach orgasm (climax)?**
____very poor	____very poor
____poor	____poor
____fair	____fair
____good	____good
____very good	____very good

How would you describe the FREQUENCY of your erections?

_____I NEVER had an erection when I wanted one

_____I had an erection LESS THAN HALF the time I wanted one

_____I had an erection ABOUT HALF the time I wanted one

_____I had an erection MORE THAN HALF the time I wanted one

_____I had an erection WHENEVER I wanted one

How often have you awakened in the morning or night with an erection?

_____never

_____seldom (less than 25% of the time)

_____not often (less than half of the time)

_____often (more than half of the time)

_____very often (more than 75% of the time)

During the last 4 weeks, did you have vaginal or anal intercourse?

_____no

_____yes

_____once

_____more than once

Overall, how would you rate your ability to function sexually during the last 4 weeks?

_____very poor

_____poor

_____fair

_____good

_____very good

Overall, how big a problem has getting and maintaining an erection been for you during the last 4 weeks?

_____no problem

_____very small problem

_____small problem

_____moderate problem

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