

Initial number

ICIQ-MLUTSsex 0705

**CONFIDENTIAL**

DAY

MONTH

YEAR

**Today's date**

## Sexual matters

We would be grateful if you could answer the following questions, thinking about how you have been, on average, over the PAST FOUR WEEKS.

1. Please write in your date of birth:

DAY

MONTH

YEAR

2a. Do you get erections? (Tick one box)

yes, with normal rigidity  0

yes, with reduced rigidity  1

yes, with severely reduced rigidity  2

no, erection not possible  3

2b. How much of a problem is this for you?

Please ring a number between 0 (not a problem) and 10 (a serious problem)

0 1 2 3 4 5 6 7 8 9 10  
not a problem a serious problem

3a. Do you have an ejaculation of semen?

yes, normal quantity  0

yes, reduced quantity  1

yes, significantly reduced quantity  2

no ejaculation  3

3b. How much of a problem is this for you?

Please ring a number between 0 (not a problem) and 10 (a serious problem)

0 1 2 3 4 5 6 7 8 9 10  
not a problem a serious problem

4a. Do you have pain or discomfort during ejaculation?

no  0

yes, slight pain/discomfort  1

yes, moderate pain/discomfort  2

yes, severe pain/discomfort  3

4b. How much of a problem is this for you?

Please ring a number between 0 (not a problem) and 10 (a serious problem)

0 1 2 3 4 5 6 7 8 9 10  
not a problem a serious problem

**5a. To what extent do you feel that your sex life has been spoilt by your urinary symptoms?**

not at all  0

a little  1

somewhat  2

a lot  3

**5b. How much of a problem is this for you?**

*Please ring a number between 0 (not a problem) and 10 (a serious problem)*

0 1 2 3 4 5 6 7 8 9 10

not a problem

a serious problem

**5c. If you have no sex life, how long ago did this stop?**

years

months

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**Thank you very much for answering these questions.**