

ERECTILE DYSFUNCTION – PATIENT ASSESSMENT

Name _____ DOB _____ Date of Surgery _____

The Erection Hardness Score (EHS)

<input type="checkbox"/> 0	Penis does not enlarge
<input type="checkbox"/> 1	Penis is larger, but not hard
<input type="checkbox"/> 2	Penis is hard, but not hard enough for penetration
<input type="checkbox"/> 3	Penis is hard enough for penetration, but not completely hard
<input type="checkbox"/> 4	Penis is completely hard and fully rigid

Please indicate your pre surgical function score _____ Please indicate your current function score _____

Relationship Status

- Single
- Married
- In a relationship
- Sexually active
- Not sexually active

Goals of treatment

- Positive sense of self / perception of manhood
- Maintaining Intimacy
- Penetrative intercourse
- Tissue preservation / preventing fibrosis and scarring
- Maintaining penile length
- Pleasuring your partner
- Orgasm / self-sexual satisfaction
- Other _____

Do you have any of the following conditions

- Diabetes
- High blood pressure
- High cholesterol
- Peripheral Vascular Disease
- Any neurological disease eg: Parkinsons / Multiple Sclerosis
- Depression or Anxiety
- Low testosterone
- Low libido

Please indicate if you are on any of the following medications

- Antihypertensive eg: Prazocin / Nifedipine / Bisoprolol / Perindopril / Atenolol
- Antipsychotics eg: Quetiapine / Olanzapine
- Nitrates eg: GTN / Nitroglycerin spray

Do you

- Smoke Years _____ Amount _____
- Drink Alcohol How often _____ How much _____
- Exercise How often _____ Activity _____

Have you previously used any of the following

- PDE5i such as Viagra or Cialis Was it successful _____
- Vacuum Erection Device Was it successful _____
- ICI Was it successful _____