

OFFICE MEDICAL RECORD # \_\_\_\_\_ NAME \_\_\_\_\_

**I. PREOPERATIVE DATA (to be completed by patient)**

Name \_\_\_\_\_

Date of Birth \_\_\_\_\_ Age \_\_\_\_\_

Occupation \_\_\_\_\_

Home Phone Number \_\_\_\_\_ Work Phone Number \_\_\_\_\_

Fax Number \_\_\_\_\_

Email Address \_\_\_\_\_

Home Address Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Height \_\_\_\_\_

Weight \_\_\_\_\_

How may the office correspond with you regarding confidential medical information?  
(if applicable, check more than one option)

Phone \_\_\_\_\_  
Mail \_\_\_\_\_  
Fax \_\_\_\_\_  
Email \_\_\_\_\_

Marital Status:

Single \_\_\_\_\_  
Married \_\_\_\_\_  
Widower \_\_\_\_\_  
Separated \_\_\_\_\_  
Divorced \_\_\_\_\_

Race:

Caucasian \_\_\_\_\_  
Hispanic \_\_\_\_\_  
African American \_\_\_\_\_  
Asian \_\_\_\_\_  
Other \_\_\_\_\_

Number of first degree relatives (brother, father, grandfather) with prostate cancer

0 \_\_\_\_\_  
1 \_\_\_\_\_  
2 \_\_\_\_\_  
≥ 3 \_\_\_\_\_

**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
- about half the time
- more than half the time
- almost always

Over the past month, how many times did you most typically get up to urinate from the time you went to bed at night until the time you got up in the morning?

- not at all
- 1 time
- 2 times
- 3 times
- 4 times
- 5 or more times

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 **during the last 4 weeks?**

- no control whatsoever
- frequent dribbling
- occasional dribbling
- total control

How many pads or adult diapers per day did you usually use to control leakage **during the last 4 weeks?**

- 3 or more pads per day
- 2 pads per day
- 1 pad per day
- No pads

How big a problem, if any, has each of the following been for you **during the last 4 weeks?**

- no problem
- very small problem
- small problem
- moderate problem
- big problem

Dripping urine or wetting your pants:

- no problem
- very small problem
- small problem
- moderate problem
- big problem

Urine leakage interfering with your sexual activity:

- no problem
- very small problem
- small problem
- moderate problem
- big problem

Overall, how big a problem has your urinary function been for you **during the last 4 weeks?**

- no problem
- very small problem
- small problem
- moderate problem
- big problem

Do you consider yourself continent? **(must select one of the following):**

- continent
- incontinent

Do you have **High Blood Pressure?**

- yes
- no

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?

very poor  
 poor  
 fair  
 good  
 very good

Your ability to reach orgasm (climax)?

very poor  
 poor  
 fair  
 good  
 very good

Rate your erection **without** the use of Viagra or Cialis

(a score of 100% represents an erection satisfactory for intercourse and a score of 0% represents a total absence of erection or fullness)

0%  
 25%  
 50%  
 75%  
 100%

Rate your erection **with** use of Viagra or Cialis (a score of 100% represents an erection satisfactory for intercourse and a score of 0% represents a total absence of erection or fullness)

none  
 25%  
 50%  
 75%  
 100%

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
- big problem