

NIH - BPH TRIAL

SEXUAL FUNCTION QUESTIONNAIRE

This form is to be completed at Screening Visit 1, Major Follow-up Visits and End of Study Visit.
The patient should complete pages 2 through 4.

Part I / IDENTIFICATION

A. Patient Identification

1. Clinic number (CLINIC)

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2. Patient Identification Number (Complete a OR b)

a. If before randomization, Screening number (SCREEN)

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b. If after randomization, Patient number (PATID)

clinic		patient		

3. Patient's initials (INITS)

first		last	

4. Patient's date of birth (DOB)

month	day	year

B. Visit Information

1. Date of visit (XVSTDT)

month	day	year

2. Type of visit (XVITYP)

¹	Screening
²	Major Follow-up
³	End of Study

3. If Major Follow-up or End-of Study Visit, week of visit (XVIWK)

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Part II / SEXUAL FUNCTION QUESTIONNAIRE

The patient should complete the questionnaire on the following 3 pages.

Initials of person completing form (FORMIN)

first		last	

Form entered in computer?

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Patient number

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Date of visit

month	day	year

This questionnaire covers material that is sensitive and personal. There are no "right" or "wrong" answers, but rather a recall of your experience. It is important that you read each question carefully, and answer accurately and honestly. Responses will be used for research and are strictly confidential.

Please check one box per question and initial each page.

Let's define sexual drive as a feeling that may include wanting to have a sexual experience (masturbation or intercourse), thinking about having sex, or feeling frustrated due to lack of sex.

1. During the past 30 days, on how many days have you felt sexual drive? (XQDAYSD)

- ☐ 0 no days
- ☐ 1 only a few days
- ☐ 2 some days
- ☐ 3 most days
- ☐ 4 almost every day

2. During the past 30 days, how would you rate your level of sexual drive? (XQRATSD)

- ☐ 0 none at all
- ☐ 1 low
- ☐ 2 medium
- ☐ 3 medium high
- ☐ 4 high

3. Over the past 30 days, how often have you had partial or full sexual erections when you were sexually stimulated in any way? (XQPFER)

- ☐ 0 not at all
- ☐ 1 a few times
- ☐ 2 fairly often
- ☐ 3 usually
- ☐ 4 always

Please initial here _____

Patient number

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Date of visit

month	day	year

BPH FORM Q02.2

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Page 3 of 4

4. Over the past 30 days, when you had erections, how often were they firm enough to have sexual intercourse? **(XQFIRM)**

- ☐ 0 not at all
- ☐ 1 a few times
- ☐ 2 fairly often
- ☐ 3 usually
- ☐ 4 always

5. How much difficulty did you have getting an erection during the past 30 days? **(XQDIFER)**

- ☐ 0 no difficulty
- ☐ 1 little difficulty
- ☐ 2 some difficulty
- ☐ 3 a lot of difficulty
- ☐ 4 did not get erections at all

6. In the past 30 days, how much difficulty have you had ejaculating when you have been sexually stimulated? **(XQDIFEJ)**

- ☐ 0 no difficulty
- ☐ 1 little difficulty
- ☐ 2 some difficulty
- ☐ 3 a lot of difficulty
- ☐ 4 have had no sexual stimulation in past month

7. In the past 30 days, how much did you consider the amount of semen you ejaculate to be a problem for you? **(XQSEMEN)**

- ☐ 0 no problem
- ☐ 1 small problem
- ☐ 2 medium problem
- ☐ 3 big problem
- ☐ 4 did not climax

Please initial here _____

Patient number

Date of visit
month day year

8. In the past 30 days, to what extent have you considered a lack of sex drive to be a problem? (XQLACSD)

- ☐ 0 big problem
- ☐ 1 medium problem
- ☐ 2 small problem
- ☐ 3 very small problem
- ☐ 4 no problem

9. In the past 30 days, to what extent have you considered your ability to get and keep erections to be a problem? (XQERPRB)

- ☐ 0 big problem
- ☐ 1 medium problem
- ☐ 2 small problem
- ☐ 3 very small problem
- ☐ 4 no problem

10. In the past 30 days, to what extent have you considered your ejaculation to be a problem? (XQEJPRB)

- ☐ 0 big problem
- ☐ 1 medium problem
- ☐ 2 small problem
- ☐ 3 very small problem
- ☐ 4 no problem

11. Overall, during the past 30 days, how satisfied have you been with your sex life? (XQSATSL)

- ☐ 0 very dissatisfied
- ☐ 1 mostly dissatisfied
- ☐ 2 neutral or mixed (about equally satisfied and dissatisfied)
- ☐ 3 mostly satisfied
- ☐ 4 very satisfied

12. In the past 30 days, have you had someone you consider to be a regular sexual partner? (XQSXPAR)

- ☐ 0 yes
- ☐ 1 no

Please initial here _____