



## New Patient Survey For Patients Visiting The Men's Health Center for UroPlan Rehabilitation

Clinic - (317) 564-5104

This brief questionnaire is for men enrolling in our 'UroPlan' pelvic floor rehabilitation program in anticipation of upcoming pelvic surgery (most commonly prostate or bladder removal). If this does not describe you, please return this questionnaire to our front desk. Thank you!

Name: \_\_\_\_\_

Age and Date of Birth: \_\_\_\_\_

1) What surgery are you scheduled to undergo? (Please circle one)

Prostate removal / Bladder removal

2) Do you currently use any tobacco or nicotine containing products? If yes, please list the product, the amount, and duration of use. (ex. Cigarettes, 1 pack per day for 20 years)

Yes / No

Product / amount / duration? \_\_\_\_\_

3) If do not currently use any tobacco or nicotine containing products, but used to, please list what you used to use, the amount, the duration, and when you stopped using. (ex. Cigarettes, 1 pack per day for 20 years, Quit 5 years ago)

Product / amount / duration? \_\_\_\_\_

4) How many alcoholic beverages do you think you have in an average week? (ex. 4 beers a week)

Amount: \_\_\_\_\_

5) Do you use any other substances that don't come from physician? (ex. marijuana)

Yes / No

If yes, please list: \_\_\_\_\_

6) Do you have diabetes?

Yes / No

If yes, please list medications you take for this and your most recent A1C level:

- \_\_\_\_\_
- \_\_\_\_\_

7) Do you have high blood pressure?

Yes / No

If yes, please list medications you take for this:

- \_\_\_\_\_

8) Do you have any history of heart disease, stroke, or other vascular disease?

Yes / No

If yes, please explain and list any medications you take for this. This should include any blood thinners like Plavix (clopidogrel), Xarelto (rivaroxaban), or Coumadin (warfarin):

- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

9) Have you had any other surgeries in the pelvis or groin? (ex. hernia repair, bladder removal)

Yes / No

If yes, please explain: \_\_\_\_\_

10) Have you ever had your testosterone levels checked? If yes, how long ago and by whom? If yes, do you remember if the results were normal or not?

Yes / No

Explain: \_\_\_\_\_

11) Have you noticed a curvature to your erections that wasn't present when you were younger?

Yes / No

12) Are you taking any nitrate-containing medications? (examples include nitroglycerin for chest pain or the blood pressure medication isosorbide mononitrate)

Yes / No

If yes, please explain: \_\_\_\_\_

13) Are you taking any blood-thinning medication? (examples include aspirin, plavix, clopidogrel, coumadin, warfarin, xarelto, brilinta, ticagrelor)

Yes / No

If yes, please explain: \_\_\_\_\_

14) Do you have any difficulties with your erections currently?

Yes / No

15) What do you do for a living? If retired, what did you used to do?

• \_\_\_\_\_

### The IIEF-5 Questionnaire (SHIM)

**Please encircle the response that best describes you for the following five questions:**

<b>Over the past 6 months:</b>					
1. How do you rate your confidence that you could get and keep an erection?	Very low  1	Low  2	Moderate  3	High  4	Very high  5
2. When you had erections with sexual stimulation, how often were your erections hard enough for penetration?	Almost never or never  1	A few times  (much less than half the time)  2	Sometimes  (about half the time)  3	Most times  (much more than half the time)  4	Almost always or always  5
3. During sexual intercourse, how often were you able to maintain your erection after you had penetrated your partner?	Almost never of never  1	A few times  (much less than half the time)  2	Sometimes  (about half the time)  3	Most times  (much more than half the time)  4	Almost always or always  5
4. During sexual intercourse, how difficult was it to maintain your erection to completion of intercourse?	Extremely difficult  1	Very difficult  2	Difficult  3	Slightly difficult  4	Not difficult  5
5. When you attempted sexual intercourse, how often was it satisfactory for you?	Almost never or never  1	A few times  (much less than half the time)  2	Sometimes  (about half the time)  3	Most times  (much more than half the time)  4	Almost always or always  5

**Total Score:** \_\_\_\_\_