

MALE SEXUAL FUNCTIONING and CONCERNS INVENTORY

The following inventory will help your doctor assess your current sexual functioning and understand various concerns you may have regarding sexual aspects of your life. This may help (1) to evaluate any sexual functioning difficulties or other concerns either secondary to a psychiatric condition (an anxiety disorder, depression, OCD, substance abuse, etc) or as a separate issue; and (2) to establish a baseline in terms of your sexual functioning to assess any desirable or undesirable change in the course of your treatment, such as sexual side effects that certain medications (which the doctor could prescribe) may later cause in some men.

Your Initials: _____ Date: _____

Note: For the purposes of this inventory, *Sexual Drive* includes desires, fantasies, impulses or feelings of a need or urge for (or a readiness toward) some form of sexual excitement, enjoyment, or release, whether through masturbation or with a partner. *Sexual Activity or Stimulation* includes masturbation unless specified otherwise.

The time interval to consider when answering questions in this inventory is typically the past 30 days.

However, your doctor may instruct you to answer the questions using a different time frame instead, such as past 2 weeks, past 90 days, or past 6 months.

A. SEXUAL DRIVE (libido)

1) On average, on how many days of a week have you felt sexual drive?

No Days	1 or 2 Days	3-4 Days	5-6 Days	Daily	Numerous Times Daily	Almost Constantly
0	1	2	3	4	5	6

2) How has been your level of sexual drive?

None At All	Very Low	Low	Medium	High	Very High	Extremely High
0	1	2	3	4	5	6

B. ERECTIONS

3) Approximately what percentage of the time have you had *some degree* of hard-on (partial or full erections) upon seeing, reading, or imagining something, or by touching or being touched in a way that was sexually exciting or stimulating for you?

Never or <5%	5-20%	20-40%	40-60%	60-80%	80-95%	>95% or always
0	1	2	3	4	5	6

4) Upon sufficient sexual excitement or stimulation of some kind, approximately what percent of the time have you had erections that were (or that would be) firm enough to have some form of penetrative sex from start to finish? _Regardless of whether you actually penetrated a partner or not.

Never or <5%	5-20%	20-40%	40-60%	60-80%	80-95%	>95% or always
0	1	2	3	4	5	6

5) How often (in what percent of the occasions) were you *not* able to *maintain* an erection long enough (i.e., until a satisfactory conclusion of some form of sexual activity) after initially getting it? (Please note: Here you report the frequency of *difficulty* in keeping an erection for a sufficiently long duration of time.)

If you had no erections at all, skip this question after checking this box:

Never had difficulty or <5%	5-20%	20-40%	40-60%	60-80%	80-95%	always or >95% of the time
0	1	2	3	4	5	6

C. EJACULATION / ORGASM

6) Considering all forms of sexual activity you had, on what percent of the occasions were you *unable to ejaculate or orgasm (or had undue difficulty in doing so)* despite effective sexual stimulation for a long duration?

If you experienced no sexual stimulation or erections at all during this interval, skip this question and check this box:

Never had difficulty or <5%	5-20%	20-40%	40-60%	60-80%	80-95%	Always or >95% of the time
0	1	2	3	4	5	6

7) Approximately, with what average frequency have you had an orgasm through any means?

None	Less Than Once a Month	1-3 times a Month	1-3 times a Week	4-5 times a Week
0	1	2	3	4
6-9 Times a Week	About Twice a Day	About 3 Times a Day	More Than 3 Times a Day	
5	6	7	8	

8) On what percent of the occasions have you had the problem of ejaculating too quickly for a fulfilling experience?

If you experienced no sexual stimulation or erections at all during this interval, skip this question and check this box:

Never or <5%	5-20%	20-40%	40-60%	60-80%	80-95%	Every time or >95% of the time
0	1	2	3	4	5	6

9) What percent of the time have you had the problem of not being able to ejaculate and reach orgasm despite trying hard and continuing for a long time *in masturbation*?

If you have not masturbated at all during this interval, skip this question and check this box:

Never or <5%	5-20%	20-40%	40-60%	60-80%	80-95%	Every time or >95% of the time
0	1	2	3	4	5	6

10) What percent of the time have you had the problem of not being able to ejaculate and reach orgasm despite trying hard and continuing (with an erection) for a long time *during insertive intercourse*?

If you have not engaged in any insertive intercourse at all during this interval, skip this question and check this box:

Never or <5%	5-20%	20-40%	40-60%	60-80%	80-95%	Every time or >95% of the time
0	1	2	3	4	5	6

11) Estimate the amount of time it took for you typically to reach orgasm or ejaculate during masturbation after you start rhythmically stimulating your hard penis (e.g., stroking.)
(in seconds or minutes): _____

12) Estimate the amount of time it typically took for you to ejaculate after you penetrate your partner in sexual intercourse (in seconds or minutes): _____

13) How would you rate the quality and intensity of your orgasms?

If you have not been engaged in any sexual activity at all during this interval, skip this question and check this box:

Unable to climax	Very Poor	Poor	Mediocre/ So-So	Good	Very Good	Excellent
0	1	2	3	4	5	6

D. PERSONAL PROBLEM ASSESMENT Regarding Primary Sexual Functions

14) To what extent does the current level of your sex drive constitute a problem for you?

No Problem	Very Small Problem	Small Problem	Medium Problem	Big Problem	Very Big Problem
0	1	2	3	4	5

15) To what extent is your ability to get and keep an erection a problem for you?

No Problem	Very Small Problem	Small Problem	Medium Problem	Big Problem	Very Big Problem
0	1	2	3	4	5

16) To what extent have you considered your ejaculations or orgasms to be a problem?

No Problem	Very Small Problem	Small Problem	Medium Problem	Big Problem	Very Big Problem
0	1	2	3	4	5

E. OVERALL SATISFACTION WITH SEX LIFE

17) How satisfied have you been with your sex life?

Totally Satisfied	Mostly Satisfied	Somewhat Satisfied	Neutral or Mixed	Somewhat Dissatisfied	Mostly Dissatisfied	Totally Dissatisfied
0	1	2	3	4	5	6

F. ADDITIONAL DETAIL ON SEXUAL FUNCTIONING

18) Was there a difference in the ease of obtaining, maintaining or quality of your erections between masturbation on your own and sex with a partner?

They are better w/ a partner	No significant difference	Somewhat better w/ masturbation	Much better w/ masturbation	Can't tell: had erections w/ only masturbation <i>or</i> partner
0	1	2	3	4

19) Was there a difference in the ease of reaching orgasm or the quality of your orgasms between masturbation on your own and sex with a partner?

They are better w/ a partner	No significant difference	Somewhat better w/ masturbation	Much better w/ masturbation	Can't tell: came only w/ partner <i>or</i> only with masturbation
0	1	2	3	4

20) Have there been any significant differences in your functioning when having sex with one partner versus another one in terms of drive, erections, or orgasms?

Can't tell since I had no sex partner <i>or</i> had sex with only one partner	No changes from one partner to another one	Yes (You may briefly specify this in section "J" below)
0	1	2

21) Did you at times find yourself with a firm hard-on during sleep or upon waking up in the morning?

Yes, very often	Yes, quite often	Yes, occasionally	Rarely	Never
0	1	2	3	4

22) Have you experienced any pain or pain-like discomfort in your genital area or groin during or following sexual activity?

Never	Rarely	Yes, occasionally	Yes, quite often	Yes, very often
0	1	2	3	4

23) Have you ever experienced a state of irritability, anxiety, restlessness, depressed mood or other unpleasant emotional states, or a depleted energy state with fatigue, prolonged mental exhaustion and poor concentration, or conversely, an uncomfortable surge of hyperactivity in a way that starts right after an orgasm and lasts for half an hour or longer?

Never	Rarely	Yes, occasionally	Yes, quite often	Yes, very often
0	1	2	3	4

24) Do you find yourself spending *an excessive or problematic amount of time or mental energy* to the fantasizing, planning, seeking or pursuing of sexual excitement or release, or while engaging in sexually exciting activities (such as involving internet websites, telephone, erotica or porn, certain bars, clubs, or other venues)?

Not at all	Rarely or to a very small extent	Occasionally or to some extent	Quite often or to a considerable extent
0	1	2	3
Frequently or to a major degree		To a seriously excessive, disruptive, out-of-control, or damaging	
	4		5

25) Does the use of a condom affect how long it takes for you to reach the point of ejaculation/orgasm?

No	Yes, a little	Yes, to a considerable extent	Yes, a lot
0	1	2	3

26) Does the use of a condom affect your ability to maintain your erection?

No	Yes, a little	Yes, to a considerable extent	Yes, a lot
0	1	2	3

G. MEDICAL HISTORY REGARDING SEXUAL ORGAN SYSTEMS

27) Have you ever received any form of treatment specifically for an erection, ejaculation, orgasm or sex drive problem with any clinician (e.g., involving medications, Viberect device, sex therapy, injections into penis, a vacuum device, or surgery)?

Yes	No
1	2

28) Have you ever received any form of sexual medicine examination or functional testing, such a type of physical exam or other functional test or procedure for obtaining specific data regarding the functioning of sex organ systems, such as bulbocavernosus reflex testing, penis sensitivity testing, examination of erection produced through a particular method (such as with audiovisual and/or vibratory/tactile stimulation, intracavernosal injection, or REM-sleep induced erectile responses), or an examination of ejaculatory responses?

Yes	No (If Yes, briefly specify _____)
1	2

29) At any point in your life since birth, has there been any diagnosed medical condition involving your penis, prostate or testicles (such as an undescended testicle, infection or inflammation of testicles (orchitis), varicocele, hydrocele, testicular torsion, an STD, testicular cancer, any prostate condition, disorders of the arteries, veins or nerves of penis, penile fracture, Peyronie's disease, a fertility issue, etc)

Yes	No
1	2

If Yes, please briefly specify: _____

30) Have you ever been told that you have low, borderline, or low-normal blood testosterone level?

Yes	No
1	2

I. OTHER

31) Do you have any other past or present difficulties, concerns, or questions regarding other aspects of your sexual life that are not covered in this inventory, such as concerns or worries about sexually transmitted diseases affecting your emotional state or sex life; history of sexual trauma; issues, concerns or questions regarding your sexual attractiveness, sexual fantasies, fetishes, sex partner choices, or sexual orientation; issues, concerns or questions regarding gender identity; or questions about or functioning difficulties in receptive sex?

Yes	No
1	2

(If you answered yes, you may discuss this with your doctor during this session or a later session, if you consider these issues relevant to your psychological, medical, or relational well-being. You may also summarize them below.)

J. NOTES or NARRATIVE

If you have some additional info or further detail that you would like to include regarding sexual aspects of your life, you may use the space below and the back of this sheet for a brief description.