

	Participant ID: _____	Pin # _____
	Discovery Site: _____	Clinical Center _____
	CRF Date: ____/____/____	Visit #: _____

University of Washington - Ejaculatory Function Scale

Male Participant completes at Baseline, Bi-monthly, Six-month, and Twelve-month Contacts.

INSTRUCTIONS: The following three (3) questions ask about your ejaculatory function and responses during the past 4 weeks because many patients have ejaculatory problems. Please answer the following questions as honestly and clearly as possible. Your responses will be kept completely confidential.

During the past 4 weeks:

1. Pain with ejaculation:
- ₄ Extremely
 - ₃ Quite a bit
 - ₂ Moderately
 - ₁ A little bit
 - ₀ Not at all

2. Premature ejaculation:
- ₄ Extremely
 - ₃ Quite a bit
 - ₂ Moderately
 - ₁ A little bit
 - ₀ Not at all

3. Difficulty in reaching ejaculation:
- ₄ Extremely
 - ₃ Quite a bit
 - ₂ Moderately
 - ₁ A little bit
 - ₀ Not at all