

Patient number

Date of visit
month day year

NIH - BPH CLINICAL TRIAL: PILOT STUDY

SEXUAL FUNCTION QUESTIONNAIRE

This form is to be completed at Screening Visit 1 and End of Study Visit. The patient should complete pages 2 through 7.

Part I / IDENTIFICATION

A. Patient Identification

1. Clinic number (CLINIC)

2. Patient Identification Number

a. If before randomization, Screening number (SCREEN) S

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) Screening Visit 1
 End of Study Visit

3. If End of Study Visit, week of visit (XVIWK)

Part II / SEXUAL FUNCTION QUESTIONNAIRE

The patient should complete the questionnaire on the following 6 pages.

Initials of person completing form (FORMIN)
first last

Date form completed (FORMDT)
month day year

Signature

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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.

1. In general, how would you rate your health? **(XQGENH)**

- 0 Excellent 1 Very Good 2 Good 3 Fair 4 Poor

2. How would you rate your overall health-related quality of life the PAST YEAR? **(XQOOL)**

- 0 Excellent 1 Very Good 2 Good 3 Fair 4 Poor

3. How frequently have you felt sexual drive during the past month? This feeling may include wanting to have sexual experience (masturbation or intercourse), planning to have sex, etc. **(XQFSD)**

- | | |
|--|--|
| <input type="checkbox"/> 0 More than once a day | <input type="checkbox"/> 4 2 or 3 times this month |
| <input type="checkbox"/> 1 Once a day | <input type="checkbox"/> 5 Once this month |
| <input type="checkbox"/> 2 2 or 3 times per week | <input type="checkbox"/> 6 Not at all |
| <input type="checkbox"/> 3 Once a week | |

4. Have you felt your sexual drive during the past month to be: **(XQSDRIV)**

- | | |
|---|---|
| <input type="checkbox"/> 0 Much more than usual | <input type="checkbox"/> 3 Somewhat less than usual |
| <input type="checkbox"/> 1 Somewhat more than usual | <input type="checkbox"/> 4 Much less than usual |
| <input type="checkbox"/> 2 Usual | |

5. How frequently have you engaged in sexual activities such as solitary masturbation, petting and foreplay, oral sex, and/or sexual intercourse during the past month? **(XQFSXAC)**

- | | |
|--|---|
| <input type="checkbox"/> 0 Once or more per day | <input type="checkbox"/> 4 2 or 3 times this month |
| <input type="checkbox"/> 1 4-6 times per week | <input type="checkbox"/> 5 Once this month |
| <input type="checkbox"/> 2 2 or 3 times per week | <input type="checkbox"/> 6 Have not engaged in these activities during the past month |
| <input type="checkbox"/> 3 Once a week | |

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6. Have you felt your sexual activity during the past month to be: **(XQSXACT)**

- 0 Much more than usual
- 1 Somewhat more than usual
- 2 Usual
- 3 Somewhat less than usual
- 4 Much less than usual

7. How frequently have you ejaculated during activities such as sexual activity with a partner, wet dreams, and/or masturbation during the past month? **(XQFEJAC)**

- 0 More than once a day
- 1 Once a day
- 2 2 or 3 times per week
- 3 Once a week
- 4 2 or 3 times this month
- 5 Once this month
- 6 Not at all
- 7 Have not tried to ejaculate during the past month

8. How frequently have you ejaculated before you would like to while engaged in activities such as solitary masturbation, petting and foreplay, oral sex, attempting to insert penis, and/or thrusting after insertion of penis during the past month? **(XQJBEF)**

- 0 I never ejaculate before I would like to
- 1 Rarely, about 10% of the time
- 2 Seldom, about 25% of the time
- 3 Sometimes, about 50% of the time
- 4 Usually, about 75% of the time
- 5 Almost always, about 90% of the time
- 6 Always ejaculate before I would like to
- 7 Have not engaged in these activities during the past month

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9. How frequently have you had a problem ejaculating even when erect and aroused while engaged in activities such as solitary masturbation, oral sex, and/or sexual intercourse during the past month? **(XQPROEJ)**

- 0 No problems ejaculating
- 1 Rarely, about 10% of the time
- 2 Seldom, about 25% of the time
- 3 Sometimes, about 50% of the time
- 4 Usually, about 75% of the time
- 5 Almost always, about 90% of the time
- 6 Cannot ejaculate at all during these activities
- 7 Have not engaged in these activities during the past month

10. How erect has your penis become during activities such as solitary masturbation, petting and foreplay, oral sex, attempting to insert penis, and/or thrusting after insertion of penis during the past month? **(XQERECT)**

- 0 Full erection, sufficient for penetration
- 1 Definite elevation but too soft for penetration without manual assistance
- 2 Slight elevation from body
- 3 Barely noticeable enlargement
- 4 No erection
- 5 Have not engaged in these activities during the past month

11. If you lost your erection during any type of sexual activity (including masturbation) during the past month, were you able to regain it? **(XQLOSTE)**

- 0 I have not lost my erection
- 1 Always able to regain erection
- 2 Usually, about 75% of the time
- 3 Sometimes, about 50% of the time
- 4 Seldom, about 25% of the time
- 5 Never able to regain erection
- 6 I am unable to have erection with sexual activity
- 7 I have had no sexual activity during the past month

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12. How frequently have you awakened from sleep with a full erection during the past month? **(XQAWAKE)**

- 0 Daily
- 1 4 or 5 times per week
- 2 2 or 3 times per week
- 3 Once a week
- 4 2 or 3 times this month
- 5 Once this month
- 6 Not at all

13. Have you felt pleasure from any forms of sexual experience during the past month? **(XQPLEAS)**

- 0 Always feel pleasure
- 1 Almost always, about 90% of the time
- 2 Usually, about 75% of the time
- 3 Sometimes, about 50% of the time
- 4 Seldom, about 25% of the time
- 5 Rarely, about 10% of the time
- 6 Have not felt any pleasure
- 7 Have had no sexual experiences during the past month

14. Overall, how satisfied have you been with your sex life during the past month? **(XQSATIS)**

- 0 Completely satisfied
- 1 Moderately satisfied
- 2 Slightly satisfied
- 3 Neither satisfied nor dissatisfied
- 4 Slightly dissatisfied
- 5 Moderately dissatisfied
- 6 Completely dissatisfied

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15. In general, how would you rate your sexual functioning at this time compared to at the beginning of the study? **(XQRATE)**

- 0 Much better
- 1 Somewhat better
- 2 A little better
- 3 About the same
- 4 A little worse
- 5 Somewhat worse
- 6 Much worse

16. Since the beginning of this study, has there been any significant event in your life that is currently affecting your desire, ability or opportunity to have sex? **(XQAFFCT)**

- 0 No
- 1 Yes

If Yes, briefly describe: _____

17. Have you had a sexual partner during the past month? **(XQPRTNR)**

- 0 No
- 1 Yes If Yes, please continue.

18. In sexual activity with your partner, how often have you ejaculated without getting a full erection during the past month? **(XQEFUL)**

- 0 Never ejaculate without a full erection
- 1 Rarely, about 10% of the time
- 2 Seldom, about 25% of the time
- 3 Sometimes, about 50% of the time
- 4 Usually, about 75% of the time
- 5 Almost always, about 90% of the time
- 6 Always ejaculate without a full erection
- 7 Have been unable to ejaculate during sexual activity with my partner
- 8 Have not engaged in sexual activity with my partner during the past month

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How much of a problem was each of the following during the past month?

	Not a problem	Little of a problem	Somewhat of a problem	Very much a problem	Not applicable
19. Lack of sexual interest (XQPINT)	<input type="text"/> 0	<input type="text"/> 1	<input type="text"/> 2	<input type="text"/> 3	<input type="text"/> 4
20. Unable to relax and enjoy (XQPRELX)	<input type="text"/> 0	<input type="text"/> 1	<input type="text"/> 2	<input type="text"/> 3	<input type="text"/> 4
21. Difficulty in becoming sexually aroused (XQPAROU)	<input type="text"/> 0	<input type="text"/> 1	<input type="text"/> 2	<input type="text"/> 3	<input type="text"/> 4
22. Difficulty getting or keeping an erection (XQPKEEP)	<input type="text"/> 0	<input type="text"/> 1	<input type="text"/> 2	<input type="text"/> 3	<input type="text"/> 4

Please initial here _____