Men's Sexual Health Screening Tool

For each symptom listed below, please indicate if you are experiencing the symptom. For those symptoms marked yes, please indicate how much it bothers you.

Select one box per question.

	Question 1: Do you currently experience this symptom? If no, skip Question 2 for that row.		**Question 2: If yes, how much does it bother you?**		
	Yes	**No**	**Not at all**	**A little**	**A lot**
A lump, bump, or curve in my penis	☐	☐	☐	☐	☐
Difficulty getting an erection	☐	☐	☐	☐	☐
Difficulty keeping an erection	☐	☐	☐	☐	☐
Erections are not hard enough	☐	☐	☐	☐	☐
Low energy overall	☐	☐	☐	☐	☐
Low libido (ie, decreased desire for or interest in sex)	☐	☐	☐	☐	☐

This tool was developed as part of the screening for Peyronie's disease, erectile dysfunction, and low testosterone. This is not a diagnostic tool.

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