

# MALE QUESTIONNAIRE

Patient Name \_\_\_\_\_ Date \_\_\_\_\_

1. Have you initiated any pregnancies in the past? \_\_\_\_ Yes \_\_\_\_ No
2. Number of pregnancies? \_\_\_\_\_ Number with current partner? \_\_\_\_\_
3. When was the most recent pregnancy? \_\_\_\_\_

**Date of:**

Last prostate check up \_\_\_\_\_ PSA Results \_\_\_\_\_ Manual Prostate Exam Results \_\_\_\_\_

4. Have you been evaluated by an Urologist? \_\_\_\_ Yes \_\_\_\_ No  
If yes, what was the diagnosis? \_\_\_\_\_

5. Have you ever had a semen analysis? \_\_\_\_ Yes \_\_\_\_ No If yes, when (date): \_\_\_\_\_

**Please provide the following results of the analysis:**

Semen Analysis Parameters	Results	Values
Volume		ml
pH		
Sperm Concentration		Mill cell/ml
Motility		%
Morphology		% norm forms
Vitality		%

**Check any of the following symptoms that apply:**

Prostate problems \_\_\_\_ Delayed stream \_\_\_\_ Dribbling \_\_\_\_ Incontinence \_\_\_\_ Retention of urine \_\_\_\_  
 Increased Libido \_\_\_\_ Decreased Libido \_\_\_\_ Erectile Dysfunction \_\_\_\_ Premature Ejaculation \_\_\_\_  
 Impotence \_\_\_\_ Rectal Pain \_\_\_\_ Back Pain \_\_\_\_ Groin Pain \_\_\_\_ Testicular Pain \_\_\_\_ Testicular Swelling \_\_\_\_

6. Do you use tobacco? Yes \_\_\_\_ No \_\_\_\_ # Packs/day \_\_\_\_\_
7. Do you drink alcohol? Yes \_\_\_\_ No \_\_\_\_ # Drinks/wk \_\_\_\_\_
8. Do you use a hot tub? Yes \_\_\_\_ No \_\_\_\_ # Times/wk \_\_\_\_\_
9. How frequently do you have intercourse? \_\_\_\_\_ per week/month

10. Have you ever had any of the following tests or procedures?

	Test/Procedure	Date	Result	Comment
Blood Tests	Testosterone			
	TSH			
	Antisperm Antibodies			
	DQ Alpha			
Surgery	Vasectomy			
	Vasectomy Reversal			
	Testicular Biopsy			
	Varicocele Ligation			
	Hernia Repair			
	Undescended Testicle			
	Removal of Testicle(s)			
	Other			

Signature: \_\_\_\_\_