

It's Alimentary Health History Addendum for MEN

Do you feel an exaggerated sense of responsibility? Yes No Maybe

Have you had a vasectomy? Yes No When? _____

Have you had a reverse vasectomy? Yes No When? _____

Have you experienced symptoms related to the vasectomy? Yes No

If yes, please explain:

Do you have to urinate in the middle of the night? Yes No

How many times do you have to get up?

Do you have a sense that the urination is incomplete? Yes No

Do you have any history of prostate problems? Yes No

If yes, please explain:

Date of last prostate exam _____

Do you have any difficulties with libido? Yes No

Do you have a decrease in spontaneous morning erections? Yes No

Do you have pain with ejaculation? Yes No

Have you had a sexually transmitted disease? Yes No

Do you or your partner experience genital herpes? Yes No