12. Sexual Function

PATIENT SECTION	GP/NURSE SECTION
12.1 Do you have a satisfying sexual relationship? ☐ Yes ☐ No	
12.2 Do any of the following interfere with your sexual function[13]? Difficulty maintaining an erection? ☐ Yes ☐ No Decreased lubrication? (for females) ☐ Yes ☐ No Altered (eg. Painful or decreased) sensation? ☐ Yes ☐ No Loss of ejaculation or trickling emission? ☐ Yes ☐ No Autonomic dysreflexia (mainly during ejaculation)? ☐ Yes ☐ No Practical difficulty with positioning or incontinence? ☐ Yes ☐ No Sad or anxious mood ☐ Yes ☐ No ☐ Other _____ Please provide details _____ _____	
12.3 If male, do you achieve an erection by: Reflex erection without medication? ☐ Yes ☐ No Psychogenic erection (in absence of reflex)? ☐ Yes ☐ No Oral medication (eg. Viagra, Levitra or Cialis)? ☐ Yes ☐ No Vacuum device with penile ring? ☐ Yes ☐ No Intracavernosal injection (eg. Cavaject, Papaverine)? ☐ Yes ☐ No ☐ Other _____ Please provide details _____ _____	
12.4 If female, do you use a contraceptive/method? ☐ Yes ☐ No Please provide details _____ _____	
12.5 Are you planning to have children? ☐ Yes ☐ No Have either of you been unsuccessful in having children in the past? ☐ Yes ☐ No Have you or your partner attended a fertility clinic or had an assistive procedure such as electro/vibroejeculation performed previously? ☐ Yes ☐ No Please provide details_____	If person would like to explore this issue further, refer to: ☐ Nearest spinal unit for electro/vibroejaculation ☐ Nearest fertility clinic

[13] Consider possible impact of taking medications that may impair erection, lubrication or ejaculation (eg. anticholinergics, tricyclic antidepressants, antispasmodics). Consider possible psychological concerns (eg. depression, drug & alcohol misuse).

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