



Bupa Wellbeing Check (ED)

Please complete this questionnaire and bring it with you



Your health check questionnaire

ID number

The Bupa Erectile Dysfunction check has been designed to help you manage erectile problems.

You should complete the blue sections of this confidential questionnaire as fully as possible and bring it with you to your appointment.

- Please leave grey areas of the questionnaire for the doctor or health adviser to add their comments.

Don't worry if there are any questions you can't answer - these can be discussed during your visit.

Please use BLOCK CAPITALS.

Your details

Title Mr Other (please indicate)

First name Surname

Date of birth / / Age

Home address
 Postcode

Home telephone number Work telephone number

Mobile telephone number Email

Are you covered by private medical insurance? Bupa Membership number Other No

Date questionnaire completed / /

If your company is paying for this health check they will be aware of your attendance, please tick to confirm that you are aware of this.

(please tick):

Keeping your GP informed

It is good practice for your GP to be kept informed of all aspects relating to your health. Please complete the information below if you are happy for us to send your results to your GP and advise him or her of any abnormalities or significant results that may require follow-up investigation or treatment.

GP name

GP address
 Postcode

GP telephone number

Monitoring further action

Bupa monitors what happens to customers after certain tests and certain abnormal results. This allows us to check on the quality of these tests and ensure that any necessary action has taken place. Please indicate whether or not you are happy for us to contact the following:

You Yes No Your GP Yes No Your specialist Yes No

Please sign Date / /

This visit date Name of doctor

First visit Yes No Name of health adviser

If no, date of last visit

Please tell us your reason for attending

Clinical findings

Please tell us about yourself and your relationship(s)

Are you:

Single Married Divorced Separated Widowed Cohabiting Other

If married, how long have you been married? years

Partner age years

Partner gender Female Male

Health of partner Good Fair Poor

State of relationship Good Fair Poor

Your lifestyle

Smoking

Do you smoke? Never Given up Yes

Alcohol

How many units of alcohol do you typically drink over the course of a week?

(A bottle of wine typically contains around nine units of alcohol, a pint of standard strength beer around 2.5 units and a pint of cider around three units. Spirits and fortified wines contain one unit of alcohol per pub measure)

Exercise and activity

Are you generally active as part of your daily routine? Yes No

For instance, do you walk a lot, do you use the stairs instead of the lift, are you a keen gardener?

Please give details of other activities such as gardening, DIY and household chores which make you breathe more heavily on a regular basis

Your medical history

Yes No Details

Have you ever had a heart attack?

Have you ever had high blood pressure?

Do you suffer from leg pains after walking a short distance?

Diabetes

Thyroid problems

Psychological problems

Sexually transmitted infection eg chlamydia

Prostate or bladder problems

Vasectomy

Please list any medicines you are taking, either prescribed or bought over the counter

Please give details of any hospital admissions in the past three years

Please give details of any tests or investigations you have had in the past three years

Clinical findings

Your erectile history:

Before you begin:

Keep the following definitions in mind

- **Ejaculation:** The ejection of semen from the penis or the feeling of semen ejecting from the penis
- **Sexual activity:** Activities such as intercourse, caressing, foreplay and masturbation.
- **Sexual desire:** Wanting to have a sexual experience (for example, masturbation or intercourse), thinking about having sex, or feeling frustrated from lack of sex.
- **Sexual intercourse:** Penetration of your partner.
- **Sexual stimulation:** Situations such as foreplay with a partner, looking at erotic pictures, erotic fantasies, or other erotic stimuli.

Over the past six months:

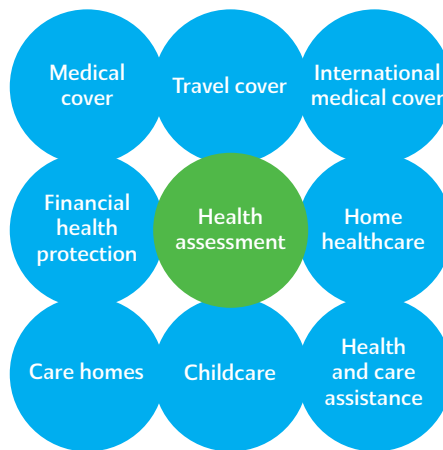
	Please circle as applicable				
	1	2	3	4	5
How do you rate your confidence that you could get and keep an erection?	Very low	Low	Moderate	High	Very high
When you had erections with sexual stimulation, how often were your erections hard enough for penetration?	Almost never or never	Much less than half the time	About half the time	Much more than half the time	Almost always or always
During sexual intercourse, how often were you able to maintain you erection after you had penetrated your partner?	Almost never or never	Much less than half the time	About half the time	Much more than half the time	Almost always or always
During sexual intercourse how difficult was it to maintain your erection to the completion of intercourse?	Extremely difficult	Very difficult	Difficult	Slightly difficult	Not difficult
When you attempted sexual intercourse, how often was it satisfactory for you?	Almost never or never	Much less than half the time	About half the time	Much more than half the time	Almost always or always

Total score

Thank you for completing this questionnaire.
The remaining pages are for your Bupa doctor to complete.

Clinical findings

The score is the sum of questions 1 to 5. The lowest score is 5 and the highest score is 25. The cut off point is determined to be a score of 21.



The world of Bupa

Call 0800 12 34 56

for information on Bupa Wellness

Lines open 8am - 8pm weekdays.
Calls will be recorded and may be monitored.
www.bupa.co.uk/wellness

Bupa Wellness offers you:

Health assessments
Occupational health
Stress management
Dental services
Musculoskeletal services
Private GP services

Call 0800 00 10 10

for information on all other Bupa services

Lines open 24 hours.
Calls will be recorded and may be monitored.
www.bupa.com



Consent

Physical examinations

If you will be undertaking a full examination please ensure you have the customer's agreement to this.

Physical examination has been discussed with the customer and permission obtained Yes No

Chaperone

A chaperone has been offered during the physical examination Yes No

A chaperone has been requested during this examination Yes No

by Doctor Customer

If yes, then record the name of the chaperone in the box below

Clinical findings

	NORMAL	ABNORMAL	
Pulses			
Abdominal palpation			
Hernial orifices			
Rectum			
Prostate			
Male genitalia			

Build/shape:

Weight:

Height:

BMI:

BP:

Clinical findings

Additional tests:

Significant test results/trends:

Action plan:

(including advice literature given)

Comments for GP:

Doctor's signature _____

Date _____