

### **SEXUAL HISTORY:**

<b>Do you have decrease in sexual desire?</b>	
<b>Do you have Erectile Dysfunction? (FOR MEN)</b>	
<b>Do you find it more difficult to achieve orgasm?</b>	
<b>Aren't you able to achieve orgasm?</b>	
<b>Do you feel like making love less often than you used to?</b>	
<b>Is sexual intercourse less pleasurable now?</b>	
<b>Do you have pain during/after intercourse?</b>	
<b>Do you have premature ejaculation?(FOR MEN)</b>	
<b>Is your sexual intercourse frequency gone down?</b>	
<b>Have you ever taken treatment for Infertility?</b>	

**Your Score :**

**If you score  $\geq 5$ ; the its time for you to consult your doctor**