

VISIT 2**WEEK - 0****(Baseline Visit)****Premature Ejaculation Profile For Subject**

Instructions: Please answer these questions without discussing them with your partner. There are no right or wrong answers. Answer each of the questions below as honestly and completely as possible. Your responses to these questions will be strictly confidential. Please answer the questions as they related to your current, typical sexual experiences. Please select (tick) only one.

1.	Since your last visit , was your satisfaction with sexual intercourse	
	<input type="checkbox"/> 1 - Very poor	<input type="checkbox"/> 4 - Good
	<input type="checkbox"/> 2 - Poor	<input type="checkbox"/> 5 - Very good
	<input type="checkbox"/> 3 - Fair	
2.	Since your last visit, was your control over ejaculation during sexual intercourse	
	<input type="checkbox"/> 1 - Very poor	<input type="checkbox"/> 4 - Good
	<input type="checkbox"/> 2 - Poor	<input type="checkbox"/> 5 - Very good
	<input type="checkbox"/> 3 - Fair	
3.	Since your last visit, how distressed were you by how fast you ejaculated during sexual intercourse	
	<input type="checkbox"/> 1 - Not at all	<input type="checkbox"/> 4 - Quite a bit
	<input type="checkbox"/> 2 - A little bit	<input type="checkbox"/> 5 - Extremely
	<input type="checkbox"/> 3 - Moderately	
4.	Since your last visit, to what extent did how fast you ejaculated during sexual intercourse cause difficulty in your relationship with your partner?	
	<input type="checkbox"/> 1 - Not at all	<input type="checkbox"/> 4 - Quite a bit
	<input type="checkbox"/> 2 - A little bit	<input type="checkbox"/> 5 - Extremely
	<input type="checkbox"/> 3 - Moderately	