**Corneal Confocal Microscopy (CCM)**

By completing and returning this form, I agree to my anonymised data from the corneal confocal microscopy (CCM) investigation being written up and published in a medical journal.

Please return this form to david.healy54@gmail.com

**SECTION 1 - YOUR DETAILS**

Name:

Country:

Email address:

Sex (male/female):

Age:

Suspect drug including the start and stop dates:

Any other drugs you were taking at the same time and their start and stop dates:

Any drugs you are currently taking and their start dates:

Any current medical conditions:

Prior to taking the suspect drug, have you ever experienced the same kind of sexual dysfunction?

Describe any current or historical alcohol/smoking/recreational drug use?

Have you had laser eye surgery?

**SECTION 2 - SYMPTOMS**

Put an ‘x’ in the boxes that describe your current symptoms.

**Sexual**

[ ] Reduced genital sensation

[ ] Decreased libido

[ ] Unable to achieve orgasm

[ ] Decreased sensation of pleasure during orgasm

[ ] Genital pain

[ ] Reduced nipple sensitivity

[ ] Decreased vaginal lubrication (female)

[ ] Erectile dysfunction (male)

[ ] Decreased or loss of nocturnal erections (male)

[ ] Reduced ejaculatory force (male)

[ ] Flaccid glans during erection (male)

[ ] Change in seminal volume and/or quality (male)

[ ] Reduced penis size (male)

[ ] Testicular atrophy (male)

[ ] Premature ejaculation (male)

[ ] Penile curvature (male)

**Vision**

[ ] Blurred vision

[ ] Double vision

[ ] Night blindness (difficulty seeing in low light)

[ ] Afterimages

[ ] Oversensitive to light

[ ] Visual snow

**Hearing**

[ ] Tinnitus

[ ] Difficulty hearing as well as before

[ ] Oversensitive hearing

**Skin**

[ ] Skin numbness elsewhere in the body (apart from genitals/nipples)

[ ] Skin that has become blotchy, swollen, discoloured, allergic, etc.

[ ] Unexplained itching

[ ] Changes in sweating

**Gastrointestinal**

[ ] Bloating

[ ] Constipation

[ ] Diarrhea

[ ] Nausea

[ ] Food intolerances

**Urinary**

[ ] Weaker stream

[ ] Incontinence

[ ] Frequent urination

[ ] A feeling that your bladder isn't completely empty after urinating

[ ] Post micturition dribbling (a small amount of urine leaks out after you've finished urinating)

**Other**

[ ] Emotional blunting
[ ] Reduced sense of smell

[ ] Reduced sense of taste

[ ] Difficulty thinking clearly – “brain fog”

[ ] Fatigue

[ ] Headaches

[ ] Palpitations

[ ] Muscle weakness

[ ] Feeling dizzy upon standing

[ ] Restlessness

**SECTION 3 - DESCRIPTION**

Describe your problem in as much detail as possible including when and how it developed, plus any further information about your symptoms: