Supplementary material

Patients consulting for a sexual, urogenital or psychological reason GET UP study

DATA COLLECTION

Center:
☐ Bretagne - 01
☐ Auvergne - 02
☐ Aquitaine - 03
☐ Languedoc Roussillon - 04

Date of birth: ____________

Marital status:
☐ Single  ☐ Union  ☐ Cohabitation  ☐ Married  ☐ Widow

Profession: .........................................................

Reason for encounter: ...........................................

Please select one or several troubles tackled during the consultation:

**Genital trouble**

Sexual disorder:
Yes ☐ No ☐

Erectile insufficiency Yes ☐ No ☐

Early ejaculation (rapid ejaculation - lack of control - suffering) Yes ☐ No ☐

**Urinary disorder**

Dysuria Yes ☐ No ☐

Urinary incontinence Yes ☐ No ☐

**Psychic Disorder**

Feeling anxiety, nervousness, tension Yes ☐ No ☐

Feeling of depression Yes ☐ No ☐