



THE PHOENIX PRO



# *Accountability Journal*

"YOUR ERECTIONS WILL NEVER BE THE SAME"

[www.phoenixproxx.com](http://www.phoenixproxx.com)

# CONGRATULATIONS ON PURCHASING THE PHOENIX PRO!

This device will help you unleash abilities that you never imagined possible, and we want to help you unlock them A.S.A.P. That's why we've created this Accountability Journal. It's designed to keep you on track, help you establish an action plan and develop healthier habits.

## **How to Use the Accountability Journal:**

You should have received a recommended routine protocol with your **Phoenix Pro** device. The amount of treatments you have been recommended per week is based on your SHIM Score, and in order to optimize your results, it's best that you follow the suggested protocol.

We encourage you to keep this journal handy, and use it to monitor your progress by filling out two sections per week - one section every Sunday, and the other on Fridays.

### **On Sundays: Establishing Your Weekly Action Plan!**

Start each Sunday morning by writing down your goals for the week. This will include the number of treatments you're committed to completing and the amount of pumping sessions you've promised yourself you would complete within the week.

### **On Fridays: Reviewing Your Wins and Losses**

Start each Friday morning by reviewing your progress over the last five days. Take a look at the goals you set for yourself on Sunday, and measure how you did. Use the dedicated sections to jot down any obstacles that prevented you from reaching your goals, and list a solution that will help you overcome them the following week. You'll also be able to calculate your SHIM Score to track your progress week-by-week.

## **STEP 1:**

It all starts with you! The next page will ask you to make a promise to yourself, as well as list your overall goals. Before you begin your weekly routines, please take a moment to fill in the following section.

*"Accountability breeds response-ability."*

- Stephen R. Covey

## ***Making A Commitment to Myself***

I, \_\_\_\_\_, promise to do everything in my power to exceed the goals I have created for myself. My goal over the next three months is to \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_.

By following the recommended routine maintenance protocols I have been provided, I will be able to accomplish my goals by (date) \_\_\_\_\_. As recommended, I will complete \_\_\_\_\_ Pheonix Pro treatments per week and \_\_\_\_\_ pumping sessions as well.

By signing below, I am making a promise to myself that will allow me to live not just a better, more satisfied life, but the life I deserve!

\_\_\_\_\_  
(Signature)

# CALCULATE YOUR SHIM SCORE

**PATIENT INSTRUCTIONS:** This questionnaire is designed to help you and your doctor identify if you may be experiencing erectile dysfunction. Each question has several possible responses. Circle the number of the response that best describes your own situation. Please be sure that you select one and only one response for each question.

**1. How do you rate your confidence that you could get and keep an erection?**

<b>Very Low</b>	<b>Low</b>	<b>Moderate</b>	<b>High</b>	<b>Very High</b>
<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>

**2. When you had erections with sexual stimulation, how often were your erections hard enough for penetration (entering your partner)?**

<b>Very Low</b>	<b>Low</b>	<b>Moderate</b>	<b>High</b>	<b>Very High</b>
<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>

**3. During sexual intercourse, how often were you able to maintain your erection after you had penetrated (entered) your partner?**

<b>Very Low</b>	<b>Low</b>	<b>Moderate</b>	<b>High</b>	<b>Very High</b>
<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>

**4. During sexual intercourse how difficult was it to maintain your erection to completion of intercourse?**

<b>Very Low</b>	<b>Low</b>	<b>Moderate</b>	<b>High</b>	<b>Very High</b>
<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>

**5. When you attempted sexual intercourse, how often was it satisfactory for you?**

<b>Very Low</b>	<b>Low</b>	<b>Moderate</b>	<b>High</b>	<b>Very High</b>
<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>

**SCORE:** \_\_\_\_\_ Add the numbers corresponding to questions 1 - 5.

**Results:**

<b>22-25</b>	<b>17-21</b>	<b>12-16</b>	<b>8-11</b>	<b>5-7</b>
<b>No ED</b>	<b>Mild ED</b>	<b>Mild to Moderate ED</b>	<b>Moderate ED</b>	<b>Severe ED</b>

## *Week 1: Sunday*

*"Quality is not an act, it is habit."*

- Aristotle

I am grateful for:

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I will use the Phoenix Pro on the following days this week:

- |                                    |                                   |
|------------------------------------|-----------------------------------|
| <input type="checkbox"/> Monday    | <input type="checkbox"/> Friday   |
| <input type="checkbox"/> Tuesday   | <input type="checkbox"/> Saturday |
| <input type="checkbox"/> Wednesday | <input type="checkbox"/> Sunday   |
| <input type="checkbox"/> Thursday  |                                   |

I will use the vacuum pump on the following days this week:

- |                                    |                                   |
|------------------------------------|-----------------------------------|
| <input type="checkbox"/> Monday    | <input type="checkbox"/> Friday   |
| <input type="checkbox"/> Tuesday   | <input type="checkbox"/> Saturday |
| <input type="checkbox"/> Wednesday | <input type="checkbox"/> Sunday   |
| <input type="checkbox"/> Thursday  |                                   |

Thoughts and ideas:

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## *On Fridays: Reviewing Your Wins and Losses*

Start each Friday morning by reviewing your progress over the last five days. Take a look at the goals you set for yourself on Sunday, and measure how you did. Use the dedicated sections to jot down any obstacles that prevented you from reaching your goals, and list a solution that will help you overcome them the following week. You'll also be able to calculate your SHIM Score to track your progress week-by-week.

One struggle I encountered:

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Possible solution for latest struggle:

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I completed Phoenix Pro treatments on following days this week:

- |                                    |                                   |
|------------------------------------|-----------------------------------|
| <input type="checkbox"/> Monday    | <input type="checkbox"/> Friday   |
| <input type="checkbox"/> Tuesday   | <input type="checkbox"/> Saturday |
| <input type="checkbox"/> Wednesday | <input type="checkbox"/> Sunday   |
| <input type="checkbox"/> Thursday  |                                   |

I used vacuum pump on the following days this week:

- |                                    |                                   |
|------------------------------------|-----------------------------------|
| <input type="checkbox"/> Monday    | <input type="checkbox"/> Friday   |
| <input type="checkbox"/> Tuesday   | <input type="checkbox"/> Saturday |
| <input type="checkbox"/> Wednesday | <input type="checkbox"/> Sunday   |
| <input type="checkbox"/> Thursday  |                                   |

Next week is going to be even better because:

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## *Track Your Weekly Progress*

**PATIENT INSTRUCTIONS:** This questionnaire is designed to help you and your doctor identify if you may be experiencing erectile dysfunction. Each question has several possible responses. Circle the number of the response that best describes your own situation. Please be sure that you select one and only one response for each question. **OVER THE PAST WEEK:**

**1. How do you rate your confidence that you could get and keep an erection?**

<b>Very Low</b>	<b>Low</b>	<b>Moderate</b>	<b>High</b>	<b>Very High</b>
<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>

**2. When you had erections with sexual stimulation, how often were your erections hard enough for penetration (entering your partner)?**

<b>Very Low</b>	<b>Low</b>	<b>Moderate</b>	<b>High</b>	<b>Very High</b>
<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>

**3. During sexual intercourse, how often were you able to maintain your erection after you had penetrated (entered) your partner?**

<b>Very Low</b>	<b>Low</b>	<b>Moderate</b>	<b>High</b>	<b>Very High</b>
<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>

**4. During sexual intercourse how difficult was it to maintain your erection to completion of intercourse?**

<b>Very Low</b>	<b>Low</b>	<b>Moderate</b>	<b>High</b>	<b>Very High</b>
<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>

**5. When you attempted sexual intercourse, how often was it satisfactory for you?**

<b>Very Low</b>	<b>Low</b>	<b>Moderate</b>	<b>High</b>	<b>Very High</b>
<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>

**SCORE:** \_\_\_\_\_ **Add the numbers corresponding to questions 1 - 5.**

**Results:**

<b>22-25</b>	<b>17-21</b>	<b>12-16</b>	<b>8-11</b>	<b>5-7</b>
<b>No ED</b>	<b>Mild ED</b>	<b>Mild to Moderate ED</b>	<b>Moderate ED</b>	<b>Severe ED</b>

## *Week 2: Sunday*

*"Action springs not from thought, but from a readiness for responsibility."*

- Dietrich Bonhoeffer

I am grateful for:

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I will use the Phoenix Pro on the following days this week:

- |                                    |                                   |
|------------------------------------|-----------------------------------|
| <input type="checkbox"/> Monday    | <input type="checkbox"/> Friday   |
| <input type="checkbox"/> Tuesday   | <input type="checkbox"/> Saturday |
| <input type="checkbox"/> Wednesday | <input type="checkbox"/> Sunday   |
| <input type="checkbox"/> Thursday  |                                   |

I will use the vacuum pump on the following days this week:

- |                                    |                                   |
|------------------------------------|-----------------------------------|
| <input type="checkbox"/> Monday    | <input type="checkbox"/> Friday   |
| <input type="checkbox"/> Tuesday   | <input type="checkbox"/> Saturday |
| <input type="checkbox"/> Wednesday | <input type="checkbox"/> Sunday   |
| <input type="checkbox"/> Thursday  |                                   |

Thoughts and ideas:

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# *On Fridays: Reviewing Your Wins and Losses*

*"Accountability is the measure of a leaders height."*

- Jeffrey Benjamin

One struggle I encountered:

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Possible solution for latest struggle:

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I completed Phoenix Pro treatments on following days this week:

- |                                    |                                   |
|------------------------------------|-----------------------------------|
| <input type="checkbox"/> Monday    | <input type="checkbox"/> Friday   |
| <input type="checkbox"/> Tuesday   | <input type="checkbox"/> Saturday |
| <input type="checkbox"/> Wednesday | <input type="checkbox"/> Sunday   |
| <input type="checkbox"/> Thursday  |                                   |

I used vacuum pump on the following days this week:

- |                                    |                                   |
|------------------------------------|-----------------------------------|
| <input type="checkbox"/> Monday    | <input type="checkbox"/> Friday   |
| <input type="checkbox"/> Tuesday   | <input type="checkbox"/> Saturday |
| <input type="checkbox"/> Wednesday | <input type="checkbox"/> Sunday   |
| <input type="checkbox"/> Thursday  |                                   |

Next week is going to be even better because:

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# Track Your Weekly Progress

**PATIENT INSTRUCTIONS:** This questionnaire is designed to help you and your doctor identify if you may be experiencing erectile dysfunction. Each question has several possible responses. Circle the number of the response that best describes your own situation. Please be sure that you select one and only one response for each question. **OVER THE PAST WEEK:**

**1. How do you rate your confidence that you could get and keep an erection?**

<b>Very Low</b>	<b>Low</b>	<b>Moderate</b>	<b>High</b>	<b>Very High</b>
<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>

**2. When you had erections with sexual stimulation, how often were your erections hard enough for penetration (entering your partner)?**

<b>Very Low</b>	<b>Low</b>	<b>Moderate</b>	<b>High</b>	<b>Very High</b>
<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>

**3. During sexual intercourse, how often were you able to maintain your erection after you had penetrated (entered) your partner?**

<b>Very Low</b>	<b>Low</b>	<b>Moderate</b>	<b>High</b>	<b>Very High</b>
<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>

**4. During sexual intercourse how difficult was it to maintain your erection to completion of intercourse?**

<b>Very Low</b>	<b>Low</b>	<b>Moderate</b>	<b>High</b>	<b>Very High</b>
<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>

**5. When you attempted sexual intercourse, how often was it satisfactory for you?**

<b>Very Low</b>	<b>Low</b>	<b>Moderate</b>	<b>High</b>	<b>Very High</b>
<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>

**SCORE:** \_\_\_\_\_ **Add the numbers corresponding to questions 1 - 5.**

**Results:**

<b>22-25</b>	<b>17-21</b>	<b>12-16</b>	<b>8-11</b>	<b>5-7</b>
<b>No ED</b>	<b>Mild ED</b>	<b>Mild to Moderate ED</b>	<b>Moderate ED</b>	<b>Severe ED</b>

## ***Week 3: Sunday***

*"The price of greatness is responsibility."*

- Winston Churchill

I am grateful for:

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I will use the Phoenix Pro on the following days this week:

Monday

Friday

Tuesday

Saturday

Wednesday

Sunday

Thursday

I will use the vacuum pump on the following days this week:

Monday

Friday

Tuesday

Saturday

Wednesday

Sunday

Thursday

Thoughts and ideas:

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# *On Fridays: Reviewing Your Wins and Losses*

*"Ninety-nine percent of all failures come from people who have a habit of making excuses."*

- George Washington Carver

One struggle I encountered:

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Possible solution for latest struggle:

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I completed Phoenix Pro treatments on following days this week:

- |                                    |                                   |
|------------------------------------|-----------------------------------|
| <input type="checkbox"/> Monday    | <input type="checkbox"/> Friday   |
| <input type="checkbox"/> Tuesday   | <input type="checkbox"/> Saturday |
| <input type="checkbox"/> Wednesday | <input type="checkbox"/> Sunday   |
| <input type="checkbox"/> Thursday  |                                   |

I used vacuum pump on the following days this week:

- |                                    |                                   |
|------------------------------------|-----------------------------------|
| <input type="checkbox"/> Monday    | <input type="checkbox"/> Friday   |
| <input type="checkbox"/> Tuesday   | <input type="checkbox"/> Saturday |
| <input type="checkbox"/> Wednesday | <input type="checkbox"/> Sunday   |
| <input type="checkbox"/> Thursday  |                                   |

Next week is going to be even better because:

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## *Track Your Weekly Progress*

**PATIENT INSTRUCTIONS:** This questionnaire is designed to help you and your doctor identify if you may be experiencing erectile dysfunction. Each question has several possible responses. Circle the number of the response that best describes your own situation. Please be sure that you select one and only one response for each question. **OVER THE PAST WEEK:**

**1. How do you rate your confidence that you could get and keep an erection?**

<b>Very Low</b>	<b>Low</b>	<b>Moderate</b>	<b>High</b>	<b>Very High</b>
<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>

**2. When you had erections with sexual stimulation, how often were your erections hard enough for penetration (entering your partner)?**

<b>Very Low</b>	<b>Low</b>	<b>Moderate</b>	<b>High</b>	<b>Very High</b>
<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>

**3. During sexual intercourse, how often were you able to maintain your erection after you had penetrated (entered) your partner?**

<b>Very Low</b>	<b>Low</b>	<b>Moderate</b>	<b>High</b>	<b>Very High</b>
<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>

**4. During sexual intercourse how difficult was it to maintain your erection to completion of intercourse?**

<b>Very Low</b>	<b>Low</b>	<b>Moderate</b>	<b>High</b>	<b>Very High</b>
<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>

**5. When you attempted sexual intercourse, how often was it satisfactory for you?**

<b>Very Low</b>	<b>Low</b>	<b>Moderate</b>	<b>High</b>	<b>Very High</b>
<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>

**SCORE:** \_\_\_\_\_ **Add the numbers corresponding to questions 1 - 5.**

**Results:**

<b>22-25</b>	<b>17-21</b>	<b>12-16</b>	<b>8-11</b>	<b>5-7</b>
<b>No ED</b>	<b>Mild ED</b>	<b>Mild to Moderate ED</b>	<b>Moderate ED</b>	<b>Severe ED</b>

## *Week 4: Sunday*

*"He that is good for making excuses is seldom good for anything else."*

- Benjamin Franklin

I am grateful for:

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I will use the Phoenix Pro on the following days this week:

- |                                    |                                   |
|------------------------------------|-----------------------------------|
| <input type="checkbox"/> Monday    | <input type="checkbox"/> Friday   |
| <input type="checkbox"/> Tuesday   | <input type="checkbox"/> Saturday |
| <input type="checkbox"/> Wednesday | <input type="checkbox"/> Sunday   |
| <input type="checkbox"/> Thursday  |                                   |

I will use the vacuum pump on the following days this week:

- |                                    |                                   |
|------------------------------------|-----------------------------------|
| <input type="checkbox"/> Monday    | <input type="checkbox"/> Friday   |
| <input type="checkbox"/> Tuesday   | <input type="checkbox"/> Saturday |
| <input type="checkbox"/> Wednesday | <input type="checkbox"/> Sunday   |
| <input type="checkbox"/> Thursday  |                                   |

Thoughts and ideas:

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# *On Fridays: Reviewing Your Wins and Losses*

*"Where there is no accountability, there  
will also be no responsibility."*

- Sunday Adelaja

One struggle I encountered:

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Possible solution for latest struggle:

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I completed Phoenix Pro treatments on following days this week:

- |                                    |                                   |
|------------------------------------|-----------------------------------|
| <input type="checkbox"/> Monday    | <input type="checkbox"/> Friday   |
| <input type="checkbox"/> Tuesday   | <input type="checkbox"/> Saturday |
| <input type="checkbox"/> Wednesday | <input type="checkbox"/> Sunday   |
| <input type="checkbox"/> Thursday  |                                   |

I used vacuum pump on the following days this week:

- |                                    |                                   |
|------------------------------------|-----------------------------------|
| <input type="checkbox"/> Monday    | <input type="checkbox"/> Friday   |
| <input type="checkbox"/> Tuesday   | <input type="checkbox"/> Saturday |
| <input type="checkbox"/> Wednesday | <input type="checkbox"/> Sunday   |
| <input type="checkbox"/> Thursday  |                                   |

Next week is going to be even better because:

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## *Track Your Weekly Progress*

**PATIENT INSTRUCTIONS:** This questionnaire is designed to help you and your doctor identify if you may be experiencing erectile dysfunction. Each question has several possible responses. Circle the number of the response that best describes your own situation. Please be sure that you select one and only one response for each question. **OVER THE PAST WEEK:**

### **1. How do you rate your confidence that you could get and keep an erection?**

<b>Very Low</b>	<b>Low</b>	<b>Moderate</b>	<b>High</b>	<b>Very High</b>
<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>

### **2. When you had erections with sexual stimulation, how often were your erections hard enough for penetration (entering your partner)?**

<b>Very Low</b>	<b>Low</b>	<b>Moderate</b>	<b>High</b>	<b>Very High</b>
<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>

### **3. During sexual intercourse, how often were you able to maintain your erection after you had penetrated (entered) your partner?**

<b>Very Low</b>	<b>Low</b>	<b>Moderate</b>	<b>High</b>	<b>Very High</b>
<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>

### **4. During sexual intercourse how difficult was it to maintain your erection to completion of intercourse?**

<b>Very Low</b>	<b>Low</b>	<b>Moderate</b>	<b>High</b>	<b>Very High</b>
<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>

### **5. When you attempted sexual intercourse, how often was it satisfactory for you?**

<b>Very Low</b>	<b>Low</b>	<b>Moderate</b>	<b>High</b>	<b>Very High</b>
<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>

**SCORE:** \_\_\_\_\_ **Add the numbers corresponding to questions 1 - 5.**

### **Results:**

<b>22-25</b>	<b>17-21</b>	<b>12-16</b>	<b>8-11</b>	<b>5-7</b>
<b>No ED</b>	<b>Mild ED</b>	<b>Mild to Moderate ED</b>	<b>Moderate ED</b>	<b>Severe ED</b>

## *Week 5: Sunday*

*"On one side of accountability is courage,  
on the other is freedom."*

- Jean Hamilton-Ford

I am grateful for:

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I will use the Phoenix Pro on the following days this week:

- |                                    |                                   |
|------------------------------------|-----------------------------------|
| <input type="checkbox"/> Monday    | <input type="checkbox"/> Friday   |
| <input type="checkbox"/> Tuesday   | <input type="checkbox"/> Saturday |
| <input type="checkbox"/> Wednesday | <input type="checkbox"/> Sunday   |
| <input type="checkbox"/> Thursday  |                                   |

I will use the vacuum pump on the following days this week:

- |                                    |                                   |
|------------------------------------|-----------------------------------|
| <input type="checkbox"/> Monday    | <input type="checkbox"/> Friday   |
| <input type="checkbox"/> Tuesday   | <input type="checkbox"/> Saturday |
| <input type="checkbox"/> Wednesday | <input type="checkbox"/> Sunday   |
| <input type="checkbox"/> Thursday  |                                   |

Thoughts and ideas:

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# *On Fridays: Reviewing Your Wins and Losses*

*"Accountability is the measure of a leaders height."*

- Jeffrey Benjamin

One struggle I encountered:

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Possible solution for latest struggle:

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I completed Phoenix Pro treatments on following days this week:

- |                                    |                                   |
|------------------------------------|-----------------------------------|
| <input type="checkbox"/> Monday    | <input type="checkbox"/> Friday   |
| <input type="checkbox"/> Tuesday   | <input type="checkbox"/> Saturday |
| <input type="checkbox"/> Wednesday | <input type="checkbox"/> Sunday   |
| <input type="checkbox"/> Thursday  |                                   |

I used vacuum pump on the following days this week:

- |                                    |                                   |
|------------------------------------|-----------------------------------|
| <input type="checkbox"/> Monday    | <input type="checkbox"/> Friday   |
| <input type="checkbox"/> Tuesday   | <input type="checkbox"/> Saturday |
| <input type="checkbox"/> Wednesday | <input type="checkbox"/> Sunday   |
| <input type="checkbox"/> Thursday  |                                   |

Next week is going to be even better because:

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## *Track Your Weekly Progress*

**PATIENT INSTRUCTIONS:** This questionnaire is designed to help you and your doctor identify if you may be experiencing erectile dysfunction. Each question has several possible responses. Circle the number of the response that best describes your own situation. Please be sure that you select one and only one response for each question. **OVER THE PAST WEEK:**

**1. How do you rate your confidence that you could get and keep an erection?**

<b>Very Low</b>	<b>Low</b>	<b>Moderate</b>	<b>High</b>	<b>Very High</b>
<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>

**2. When you had erections with sexual stimulation, how often were your erections hard enough for penetration (entering your partner)?**

<b>Very Low</b>	<b>Low</b>	<b>Moderate</b>	<b>High</b>	<b>Very High</b>
<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>

**3. During sexual intercourse, how often were you able to maintain your erection after you had penetrated (entered) your partner?**

<b>Very Low</b>	<b>Low</b>	<b>Moderate</b>	<b>High</b>	<b>Very High</b>
<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>

**4. During sexual intercourse how difficult was it to maintain your erection to completion of intercourse?**

<b>Very Low</b>	<b>Low</b>	<b>Moderate</b>	<b>High</b>	<b>Very High</b>
<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>

**5. When you attempted sexual intercourse, how often was it satisfactory for you?**

<b>Very Low</b>	<b>Low</b>	<b>Moderate</b>	<b>High</b>	<b>Very High</b>
<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>

**SCORE:** \_\_\_\_\_ **Add the numbers corresponding to questions 1 - 5.**

**Results:**

<b>22-25</b>	<b>17-21</b>	<b>12-16</b>	<b>8-11</b>	<b>5-7</b>
<b>No ED</b>	<b>Mild ED</b>	<b>Mild to Moderate ED</b>	<b>Moderate ED</b>	<b>Severe ED</b>

## *Week 6: Sunday*

*"Every champion was once a contender  
that didn't give up."  
- Gabby Douglas*

I am grateful for:

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I will use the Phoenix Pro on the following days this week:

- |                                    |                                   |
|------------------------------------|-----------------------------------|
| <input type="checkbox"/> Monday    | <input type="checkbox"/> Friday   |
| <input type="checkbox"/> Tuesday   | <input type="checkbox"/> Saturday |
| <input type="checkbox"/> Wednesday | <input type="checkbox"/> Sunday   |
| <input type="checkbox"/> Thursday  |                                   |

I will use the vacuum pump on the following days this week:

- |                                    |                                   |
|------------------------------------|-----------------------------------|
| <input type="checkbox"/> Monday    | <input type="checkbox"/> Friday   |
| <input type="checkbox"/> Tuesday   | <input type="checkbox"/> Saturday |
| <input type="checkbox"/> Wednesday | <input type="checkbox"/> Sunday   |
| <input type="checkbox"/> Thursday  |                                   |

Thoughts and ideas:

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# *On Fridays: Reviewing Your Wins and Losses*

*"We can do anything we want to if  
we stick to it long enough."*

- Helen Keller

One struggle I encountered:

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Possible solution for latest struggle:

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I completed Phoenix Pro treatments on following days this week:

- |                                    |                                   |
|------------------------------------|-----------------------------------|
| <input type="checkbox"/> Monday    | <input type="checkbox"/> Friday   |
| <input type="checkbox"/> Tuesday   | <input type="checkbox"/> Saturday |
| <input type="checkbox"/> Wednesday | <input type="checkbox"/> Sunday   |
| <input type="checkbox"/> Thursday  |                                   |

I used vacuum pump on the following days this week:

- |                                    |                                   |
|------------------------------------|-----------------------------------|
| <input type="checkbox"/> Monday    | <input type="checkbox"/> Friday   |
| <input type="checkbox"/> Tuesday   | <input type="checkbox"/> Saturday |
| <input type="checkbox"/> Wednesday | <input type="checkbox"/> Sunday   |
| <input type="checkbox"/> Thursday  |                                   |

Next week is going to be even better because:

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# Track Your Weekly Progress

**PATIENT INSTRUCTIONS:** This questionnaire is designed to help you and your doctor identify if you may be experiencing erectile dysfunction. Each question has several possible responses. Circle the number of the response that best describes your own situation. Please be sure that you select one and only one response for each question. **OVER THE PAST WEEK:**

**1. How do you rate your confidence that you could get and keep an erection?**

<b>Very Low</b>	<b>Low</b>	<b>Moderate</b>	<b>High</b>	<b>Very High</b>
<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>

**2. When you had erections with sexual stimulation, how often were your erections hard enough for penetration (entering your partner)?**

<b>Very Low</b>	<b>Low</b>	<b>Moderate</b>	<b>High</b>	<b>Very High</b>
<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>

**3. During sexual intercourse, how often were you able to maintain your erection after you had penetrated (entered) your partner?**

<b>Very Low</b>	<b>Low</b>	<b>Moderate</b>	<b>High</b>	<b>Very High</b>
<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>

**4. During sexual intercourse how difficult was it to maintain your erection to completion of intercourse?**

<b>Very Low</b>	<b>Low</b>	<b>Moderate</b>	<b>High</b>	<b>Very High</b>
<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>

**5. When you attempted sexual intercourse, how often was it satisfactory for you?**

<b>Very Low</b>	<b>Low</b>	<b>Moderate</b>	<b>High</b>	<b>Very High</b>
<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>

**SCORE:** \_\_\_\_\_ **Add the numbers corresponding to questions 1 - 5.**

**Results:**

<b>22-25</b>	<b>17-21</b>	<b>12-16</b>	<b>8-11</b>	<b>5-7</b>
<b>No ED</b>	<b>Mild ED</b>	<b>Mild to Moderate ED</b>	<b>Moderate ED</b>	<b>Severe ED</b>

## *Week 7: Sunday*

*"I never lose. Either I win or learn."*

- Nelson Mandela

I am grateful for:

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I will use the Phoenix Pro on the following days this week:

- |                                    |                                   |
|------------------------------------|-----------------------------------|
| <input type="checkbox"/> Monday    | <input type="checkbox"/> Friday   |
| <input type="checkbox"/> Tuesday   | <input type="checkbox"/> Saturday |
| <input type="checkbox"/> Wednesday | <input type="checkbox"/> Sunday   |
| <input type="checkbox"/> Thursday  |                                   |

I will use the vacuum pump on the following days this week:

- |                                    |                                   |
|------------------------------------|-----------------------------------|
| <input type="checkbox"/> Monday    | <input type="checkbox"/> Friday   |
| <input type="checkbox"/> Tuesday   | <input type="checkbox"/> Saturday |
| <input type="checkbox"/> Wednesday | <input type="checkbox"/> Sunday   |
| <input type="checkbox"/> Thursday  |                                   |

Thoughts and ideas:

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## *On Fridays: Reviewing Your Wins and Losses*

*"I hated every minute of training, but I said, 'Don't quit. Suffer now and live the rest of your life as a champion.'"*

- Muhammad Ali

One struggle I encountered:

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Possible solution for latest struggle:

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I completed Phoenix Pro treatments on following days this week:

- |                                    |                                   |
|------------------------------------|-----------------------------------|
| <input type="checkbox"/> Monday    | <input type="checkbox"/> Friday   |
| <input type="checkbox"/> Tuesday   | <input type="checkbox"/> Saturday |
| <input type="checkbox"/> Wednesday | <input type="checkbox"/> Sunday   |
| <input type="checkbox"/> Thursday  |                                   |

I used vacuum pump on the following days this week:

- |                                    |                                   |
|------------------------------------|-----------------------------------|
| <input type="checkbox"/> Monday    | <input type="checkbox"/> Friday   |
| <input type="checkbox"/> Tuesday   | <input type="checkbox"/> Saturday |
| <input type="checkbox"/> Wednesday | <input type="checkbox"/> Sunday   |
| <input type="checkbox"/> Thursday  |                                   |

Next week is going to be even better because:

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## *Track Your Weekly Progress*

**PATIENT INSTRUCTIONS:** This questionnaire is designed to help you and your doctor identify if you may be experiencing erectile dysfunction. Each question has several possible responses. Circle the number of the response that best describes your own situation. Please be sure that you select one and only one response for each question. **OVER THE PAST WEEK:**

**1. How do you rate your confidence that you could get and keep an erection?**

<b>Very Low</b>	<b>Low</b>	<b>Moderate</b>	<b>High</b>	<b>Very High</b>
<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>

**2. When you had erections with sexual stimulation, how often were your erections hard enough for penetration (entering your partner)?**

<b>Very Low</b>	<b>Low</b>	<b>Moderate</b>	<b>High</b>	<b>Very High</b>
<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>

**3. During sexual intercourse, how often were you able to maintain your erection after you had penetrated (entered) your partner?**

<b>Very Low</b>	<b>Low</b>	<b>Moderate</b>	<b>High</b>	<b>Very High</b>
<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>

**4. During sexual intercourse how difficult was it to maintain your erection to completion of intercourse?**

<b>Very Low</b>	<b>Low</b>	<b>Moderate</b>	<b>High</b>	<b>Very High</b>
<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>

**5. When you attempted sexual intercourse, how often was it satisfactory for you?**

<b>Very Low</b>	<b>Low</b>	<b>Moderate</b>	<b>High</b>	<b>Very High</b>
<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>

**SCORE:** \_\_\_\_\_ **Add the numbers corresponding to questions 1 - 5.**

**Results:**

<b>22-25</b>	<b>17-21</b>	<b>12-16</b>	<b>8-11</b>	<b>5-7</b>
<b>No ED</b>	<b>Mild ED</b>	<b>Mild to Moderate ED</b>	<b>Moderate ED</b>	<b>Severe ED</b>

## ***Week 8: Sunday***

*"I choose to make the rest of my  
life, the best of my life."*

- Louise Hay

I am grateful for:

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I will use the Phoenix Pro on the following days this week:

- |                                    |                                   |
|------------------------------------|-----------------------------------|
| <input type="checkbox"/> Monday    | <input type="checkbox"/> Friday   |
| <input type="checkbox"/> Tuesday   | <input type="checkbox"/> Saturday |
| <input type="checkbox"/> Wednesday | <input type="checkbox"/> Sunday   |
| <input type="checkbox"/> Thursday  |                                   |

I will use the vacuum pump on the following days this week:

- |                                    |                                   |
|------------------------------------|-----------------------------------|
| <input type="checkbox"/> Monday    | <input type="checkbox"/> Friday   |
| <input type="checkbox"/> Tuesday   | <input type="checkbox"/> Saturday |
| <input type="checkbox"/> Wednesday | <input type="checkbox"/> Sunday   |
| <input type="checkbox"/> Thursday  |                                   |

Thoughts and ideas:

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# *On Fridays: Reviewing Your Wins and Losses*

*"Focus on being productive instead of busy."*

- Tim Ferriss

One struggle I encountered:

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Possible solution for latest struggle:

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I completed Phoenix Pro treatments on following days this week:

- |                                    |                                   |
|------------------------------------|-----------------------------------|
| <input type="checkbox"/> Monday    | <input type="checkbox"/> Friday   |
| <input type="checkbox"/> Tuesday   | <input type="checkbox"/> Saturday |
| <input type="checkbox"/> Wednesday | <input type="checkbox"/> Sunday   |
| <input type="checkbox"/> Thursday  |                                   |

I used vacuum pump on the following days this week:

- |                                    |                                   |
|------------------------------------|-----------------------------------|
| <input type="checkbox"/> Monday    | <input type="checkbox"/> Friday   |
| <input type="checkbox"/> Tuesday   | <input type="checkbox"/> Saturday |
| <input type="checkbox"/> Wednesday | <input type="checkbox"/> Sunday   |
| <input type="checkbox"/> Thursday  |                                   |

Next week is going to be even better because:

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# Track Your Weekly Progress

**PATIENT INSTRUCTIONS:** This questionnaire is designed to help you and your doctor identify if you may be experiencing erectile dysfunction. Each question has several possible responses. Circle the number of the response that best describes your own situation. Please be sure that you select one and only one response for each question. **OVER THE PAST WEEK:**

**1. How do you rate your confidence that you could get and keep an erection?**

<b>Very Low</b>	<b>Low</b>	<b>Moderate</b>	<b>High</b>	<b>Very High</b>
<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>

**2. When you had erections with sexual stimulation, how often were your erections hard enough for penetration (entering your partner)?**

<b>Very Low</b>	<b>Low</b>	<b>Moderate</b>	<b>High</b>	<b>Very High</b>
<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>

**3. During sexual intercourse, how often were you able to maintain your erection after you had penetrated (entered) your partner?**

<b>Very Low</b>	<b>Low</b>	<b>Moderate</b>	<b>High</b>	<b>Very High</b>
<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>

**4. During sexual intercourse how difficult was it to maintain your erection to completion of intercourse?**

<b>Very Low</b>	<b>Low</b>	<b>Moderate</b>	<b>High</b>	<b>Very High</b>
<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>

**5. When you attempted sexual intercourse, how often was it satisfactory for you?**

<b>Very Low</b>	<b>Low</b>	<b>Moderate</b>	<b>High</b>	<b>Very High</b>
<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>

**SCORE:** \_\_\_\_\_ Add the numbers corresponding to questions 1 - 5.

**Results:**

<b>22-25</b>	<b>17-21</b>	<b>12-16</b>	<b>8-11</b>	<b>5-7</b>
<b>No ED</b>	<b>Mild ED</b>	<b>Mild to Moderate ED</b>	<b>Moderate ED</b>	<b>Severe ED</b>

## *Week 9: Sunday*

*"Trust yourself that you can do it and get it."*

- Baz Luhrmann

I am grateful for:

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I will use the Phoenix Pro on the following days this week:

- |                                    |                                   |
|------------------------------------|-----------------------------------|
| <input type="checkbox"/> Monday    | <input type="checkbox"/> Friday   |
| <input type="checkbox"/> Tuesday   | <input type="checkbox"/> Saturday |
| <input type="checkbox"/> Wednesday | <input type="checkbox"/> Sunday   |
| <input type="checkbox"/> Thursday  |                                   |

I will use the vacuum pump on the following days this week:

- |                                    |                                   |
|------------------------------------|-----------------------------------|
| <input type="checkbox"/> Monday    | <input type="checkbox"/> Friday   |
| <input type="checkbox"/> Tuesday   | <input type="checkbox"/> Saturday |
| <input type="checkbox"/> Wednesday | <input type="checkbox"/> Sunday   |
| <input type="checkbox"/> Thursday  |                                   |

Thoughts and ideas:

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# *On Fridays: Reviewing Your Wins and Losses*

*"Do the best you can. No one can do more than that."*

- John Wooden

One struggle I encountered:

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Possible solution for latest struggle:

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I completed Phoenix Pro treatments on following days this week:

- |                                    |                                   |
|------------------------------------|-----------------------------------|
| <input type="checkbox"/> Monday    | <input type="checkbox"/> Friday   |
| <input type="checkbox"/> Tuesday   | <input type="checkbox"/> Saturday |
| <input type="checkbox"/> Wednesday | <input type="checkbox"/> Sunday   |
| <input type="checkbox"/> Thursday  |                                   |

I used vacuum pump on the following days this week:

- |                                    |                                   |
|------------------------------------|-----------------------------------|
| <input type="checkbox"/> Monday    | <input type="checkbox"/> Friday   |
| <input type="checkbox"/> Tuesday   | <input type="checkbox"/> Saturday |
| <input type="checkbox"/> Wednesday | <input type="checkbox"/> Sunday   |
| <input type="checkbox"/> Thursday  |                                   |

Next week is going to be even better because:

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## *Track Your Weekly Progress*

**PATIENT INSTRUCTIONS:** This questionnaire is designed to help you and your doctor identify if you may be experiencing erectile dysfunction. Each question has several possible responses. Circle the number of the response that best describes your own situation. Please be sure that you select one and only one response for each question. **OVER THE PAST WEEK:**

**1. How do you rate your confidence that you could get and keep an erection?**

<b>Very Low</b>	<b>Low</b>	<b>Moderate</b>	<b>High</b>	<b>Very High</b>
<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>

**2. When you had erections with sexual stimulation, how often were your erections hard enough for penetration (entering your partner)?**

<b>Very Low</b>	<b>Low</b>	<b>Moderate</b>	<b>High</b>	<b>Very High</b>
<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>

**3. During sexual intercourse, how often were you able to maintain your erection after you had penetrated (entered) your partner?**

<b>Very Low</b>	<b>Low</b>	<b>Moderate</b>	<b>High</b>	<b>Very High</b>
<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>

**4. During sexual intercourse how difficult was it to maintain your erection to completion of intercourse?**

<b>Very Low</b>	<b>Low</b>	<b>Moderate</b>	<b>High</b>	<b>Very High</b>
<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>

**5. When you attempted sexual intercourse, how often was it satisfactory for you?**

<b>Very Low</b>	<b>Low</b>	<b>Moderate</b>	<b>High</b>	<b>Very High</b>
<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>

**SCORE:** \_\_\_\_\_ **Add the numbers corresponding to questions 1 - 5.**

**Results:**

<b>22-25</b>	<b>17-21</b>	<b>12-16</b>	<b>8-11</b>	<b>5-7</b>
<b>No ED</b>	<b>Mild ED</b>	<b>Mild to Moderate ED</b>	<b>Moderate ED</b>	<b>Severe ED</b>

## ***Week 10: Sunday***

*"I attribute my success to this: I never gave  
or took an excuse."  
- Florence Nightingale*

I am grateful for:

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I will use the Phoenix Pro on the following days this week:

- |                                    |                                   |
|------------------------------------|-----------------------------------|
| <input type="checkbox"/> Monday    | <input type="checkbox"/> Friday   |
| <input type="checkbox"/> Tuesday   | <input type="checkbox"/> Saturday |
| <input type="checkbox"/> Wednesday | <input type="checkbox"/> Sunday   |
| <input type="checkbox"/> Thursday  |                                   |

I will use the vacuum pump on the following days this week:

- |                                    |                                   |
|------------------------------------|-----------------------------------|
| <input type="checkbox"/> Monday    | <input type="checkbox"/> Friday   |
| <input type="checkbox"/> Tuesday   | <input type="checkbox"/> Saturday |
| <input type="checkbox"/> Wednesday | <input type="checkbox"/> Sunday   |
| <input type="checkbox"/> Thursday  |                                   |

Thoughts and ideas:

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# *On Fridays: Reviewing Your Wins and Losses*

*"Twenty years from now you'll be more disappointed by the things you did not do than the ones you did."*

- Mark Twain

One struggle I encountered:

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Possible solution for latest struggle:

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I completed Phoenix Pro treatments on following days this week:

- |                                    |                                   |
|------------------------------------|-----------------------------------|
| <input type="checkbox"/> Monday    | <input type="checkbox"/> Friday   |
| <input type="checkbox"/> Tuesday   | <input type="checkbox"/> Saturday |
| <input type="checkbox"/> Wednesday | <input type="checkbox"/> Sunday   |
| <input type="checkbox"/> Thursday  |                                   |

I will use used vacuum pump on the following days this week:

- |                                    |                                   |
|------------------------------------|-----------------------------------|
| <input type="checkbox"/> Monday    | <input type="checkbox"/> Friday   |
| <input type="checkbox"/> Tuesday   | <input type="checkbox"/> Saturday |
| <input type="checkbox"/> Wednesday | <input type="checkbox"/> Sunday   |
| <input type="checkbox"/> Thursday  |                                   |

Next week is going to be even better because:

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# Track Your Weekly Progress

**PATIENT INSTRUCTIONS:** This questionnaire is designed to help you and your doctor identify if you may be experiencing erectile dysfunction. Each question has several possible responses. Circle the number of the response that best describes your own situation. Please be sure that you select one and only one response for each question. **OVER THE PAST WEEK:**

**1. How do you rate your confidence that you could get and keep an erection?**

<b>Very Low</b>	<b>Low</b>	<b>Moderate</b>	<b>High</b>	<b>Very High</b>
<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>

**2. When you had erections with sexual stimulation, how often were your erections hard enough for penetration (entering your partner)?**

<b>Very Low</b>	<b>Low</b>	<b>Moderate</b>	<b>High</b>	<b>Very High</b>
<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>

**3. During sexual intercourse, how often were you able to maintain your erection after you had penetrated (entered) your partner?**

<b>Very Low</b>	<b>Low</b>	<b>Moderate</b>	<b>High</b>	<b>Very High</b>
<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>

**4. During sexual intercourse how difficult was it to maintain your erection to completion of intercourse?**

<b>Very Low</b>	<b>Low</b>	<b>Moderate</b>	<b>High</b>	<b>Very High</b>
<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>

**5. When you attempted sexual intercourse, how often was it satisfactory for you?**

<b>Very Low</b>	<b>Low</b>	<b>Moderate</b>	<b>High</b>	<b>Very High</b>
<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>

**SCORE:** \_\_\_\_\_ **Add the numbers corresponding to questions 1 - 5.**

**Results:**

<b>22-25</b>	<b>17-21</b>	<b>12-16</b>	<b>8-11</b>	<b>5-7</b>
<b>No ED</b>	<b>Mild ED</b>	<b>Mild to Moderate ED</b>	<b>Moderate ED</b>	<b>Severe ED</b>

## *Week 11: Sunday*

*"The problem is not the problem. The problem is your attitude about the problem."*

- Pirates of the Caribbean

I am grateful for:

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I will use the Phoenix Pro on the following days this week:

- |                                    |                                   |
|------------------------------------|-----------------------------------|
| <input type="checkbox"/> Monday    | <input type="checkbox"/> Friday   |
| <input type="checkbox"/> Tuesday   | <input type="checkbox"/> Saturday |
| <input type="checkbox"/> Wednesday | <input type="checkbox"/> Sunday   |
| <input type="checkbox"/> Thursday  |                                   |

I will use the vacuum pump on the following days this week:

- |                                    |                                   |
|------------------------------------|-----------------------------------|
| <input type="checkbox"/> Monday    | <input type="checkbox"/> Friday   |
| <input type="checkbox"/> Tuesday   | <input type="checkbox"/> Saturday |
| <input type="checkbox"/> Wednesday | <input type="checkbox"/> Sunday   |
| <input type="checkbox"/> Thursday  |                                   |

Thoughts and ideas:

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# *On Fridays: Reviewing Your Wins and Losses*

*"And, when you want something, all the universe conspires in helping you to achieve it."*

- Paulo Coelho, *The Alchemist*

One struggle I encountered:

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Possible solution for latest struggle:

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I completed Phoenix Pro treatments on following days this week:

- |                                    |                                   |
|------------------------------------|-----------------------------------|
| <input type="checkbox"/> Monday    | <input type="checkbox"/> Friday   |
| <input type="checkbox"/> Tuesday   | <input type="checkbox"/> Saturday |
| <input type="checkbox"/> Wednesday | <input type="checkbox"/> Sunday   |
| <input type="checkbox"/> Thursday  |                                   |

I used vacuum pump on the following days this week:

- |                                    |                                   |
|------------------------------------|-----------------------------------|
| <input type="checkbox"/> Monday    | <input type="checkbox"/> Friday   |
| <input type="checkbox"/> Tuesday   | <input type="checkbox"/> Saturday |
| <input type="checkbox"/> Wednesday | <input type="checkbox"/> Sunday   |
| <input type="checkbox"/> Thursday  |                                   |

Next week is going to be even better because:

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## *Track Your Weekly Progress*

**PATIENT INSTRUCTIONS:** This questionnaire is designed to help you and your doctor identify if you may be experiencing erectile dysfunction. Each question has several possible responses. Circle the number of the response that best describes your own situation. Please be sure that you select one and only one response for each question. **OVER THE PAST WEEK:**

**1. How do you rate your confidence that you could get and keep an erection?**

<b>Very Low</b>	<b>Low</b>	<b>Moderate</b>	<b>High</b>	<b>Very High</b>
<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>

**2. When you had erections with sexual stimulation, how often were your erections hard enough for penetration (entering your partner)?**

<b>Very Low</b>	<b>Low</b>	<b>Moderate</b>	<b>High</b>	<b>Very High</b>
<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>

**3. During sexual intercourse, how often were you able to maintain your erection after you had penetrated (entered) your partner?**

<b>Very Low</b>	<b>Low</b>	<b>Moderate</b>	<b>High</b>	<b>Very High</b>
<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>

**4. During sexual intercourse how difficult was it to maintain your erection to completion of intercourse?**

<b>Very Low</b>	<b>Low</b>	<b>Moderate</b>	<b>High</b>	<b>Very High</b>
<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>

**5. When you attempted sexual intercourse, how often was it satisfactory for you?**

<b>Very Low</b>	<b>Low</b>	<b>Moderate</b>	<b>High</b>	<b>Very High</b>
<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>

**SCORE:** \_\_\_\_\_ **Add the numbers corresponding to questions 1 - 5.**

**Results:**

<b>22-25</b>	<b>17-21</b>	<b>12-16</b>	<b>8-11</b>	<b>5-7</b>
<b>No ED</b>	<b>Mild ED</b>	<b>Mild to Moderate ED</b>	<b>Moderate ED</b>	<b>Severe ED</b>

## *Week 12: Sunday*

*"Nothing is stronger than a broken man rebuilding himself."*

- Unknown

I am grateful for:

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I will use the Phoenix Pro on the following days this week:

- |                                    |                                   |
|------------------------------------|-----------------------------------|
| <input type="checkbox"/> Monday    | <input type="checkbox"/> Friday   |
| <input type="checkbox"/> Tuesday   | <input type="checkbox"/> Saturday |
| <input type="checkbox"/> Wednesday | <input type="checkbox"/> Sunday   |
| <input type="checkbox"/> Thursday  |                                   |

I will use the vacuum pump on the following days this week:

- |                                    |                                   |
|------------------------------------|-----------------------------------|
| <input type="checkbox"/> Monday    | <input type="checkbox"/> Friday   |
| <input type="checkbox"/> Tuesday   | <input type="checkbox"/> Saturday |
| <input type="checkbox"/> Wednesday | <input type="checkbox"/> Sunday   |
| <input type="checkbox"/> Thursday  |                                   |

Thoughts and ideas:

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# *On Fridays: Reviewing Your Wins and Losses*

*"A man is not finished when he is defeated.  
He is finished when he quits."*

- Richard Nixon

One struggle I encountered:

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Possible solution for latest struggle:

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I completed Phoenix Pro treatments on following days this week:

- |                                    |                                   |
|------------------------------------|-----------------------------------|
| <input type="checkbox"/> Monday    | <input type="checkbox"/> Friday   |
| <input type="checkbox"/> Tuesday   | <input type="checkbox"/> Saturday |
| <input type="checkbox"/> Wednesday | <input type="checkbox"/> Sunday   |
| <input type="checkbox"/> Thursday  |                                   |

I used vacuum pump on the following days this week:

- |                                    |                                   |
|------------------------------------|-----------------------------------|
| <input type="checkbox"/> Monday    | <input type="checkbox"/> Friday   |
| <input type="checkbox"/> Tuesday   | <input type="checkbox"/> Saturday |
| <input type="checkbox"/> Wednesday | <input type="checkbox"/> Sunday   |
| <input type="checkbox"/> Thursday  |                                   |

Next week is going to be even better because:

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# Track Your Weekly Progress

**PATIENT INSTRUCTIONS:** This questionnaire is designed to help you and your doctor identify if you may be experiencing erectile dysfunction. Each question has several possible responses. Circle the number of the response that best describes your own situation. Please be sure that you select one and only one response for each question. **OVER THE PAST WEEK:**

**1. How do you rate your confidence that you could get and keep an erection?**

<b>Very Low</b>	<b>Low</b>	<b>Moderate</b>	<b>High</b>	<b>Very High</b>
<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>

**2. When you had erections with sexual stimulation, how often were your erections hard enough for penetration (entering your partner)?**

<b>Very Low</b>	<b>Low</b>	<b>Moderate</b>	<b>High</b>	<b>Very High</b>
<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>

**3. During sexual intercourse, how often were you able to maintain your erection after you had penetrated (entered) your partner?**

<b>Very Low</b>	<b>Low</b>	<b>Moderate</b>	<b>High</b>	<b>Very High</b>
<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>

**4. During sexual intercourse how difficult was it to maintain your erection to completion of intercourse?**

<b>Very Low</b>	<b>Low</b>	<b>Moderate</b>	<b>High</b>	<b>Very High</b>
<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>

**5. When you attempted sexual intercourse, how often was it satisfactory for you?**

<b>Very Low</b>	<b>Low</b>	<b>Moderate</b>	<b>High</b>	<b>Very High</b>
<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>

**SCORE:** \_\_\_\_\_ **Add the numbers corresponding to questions 1 - 5.**

**Results:**

<b>22-25</b>	<b>17-21</b>	<b>12-16</b>	<b>8-11</b>	<b>5-7</b>
<b>No ED</b>	<b>Mild ED</b>	<b>Mild to Moderate ED</b>	<b>Moderate ED</b>	<b>Severe ED</b>

## ***Week 13: Sunday***

*"It's not what you do once in a while it's what you do day in and day out that makes the difference."*

- Jenny Craig

I am grateful for:

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I will use the Phoenix Pro on the following days this week:

- |                                    |                                   |
|------------------------------------|-----------------------------------|
| <input type="checkbox"/> Monday    | <input type="checkbox"/> Friday   |
| <input type="checkbox"/> Tuesday   | <input type="checkbox"/> Saturday |
| <input type="checkbox"/> Wednesday | <input type="checkbox"/> Sunday   |
| <input type="checkbox"/> Thursday  |                                   |

I used vacuum pump on the following days this week:

- |                                    |                                   |
|------------------------------------|-----------------------------------|
| <input type="checkbox"/> Monday    | <input type="checkbox"/> Friday   |
| <input type="checkbox"/> Tuesday   | <input type="checkbox"/> Saturday |
| <input type="checkbox"/> Wednesday | <input type="checkbox"/> Sunday   |
| <input type="checkbox"/> Thursday  |                                   |

Thoughts and ideas:

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# *On Fridays: Reviewing Your Wins and Losses*

*"Successful people are not gifted; they just work hard,  
then succeed on purpose."*

- G.K. Nielson

One struggle I encountered:

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Possible solution for latest struggle:

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I completed Phoenix Pro treatments on following days this week:

- |                                    |                                   |
|------------------------------------|-----------------------------------|
| <input type="checkbox"/> Monday    | <input type="checkbox"/> Friday   |
| <input type="checkbox"/> Tuesday   | <input type="checkbox"/> Saturday |
| <input type="checkbox"/> Wednesday | <input type="checkbox"/> Sunday   |
| <input type="checkbox"/> Thursday  |                                   |

I used vacuum pump on the following days this week:

- |                                    |                                   |
|------------------------------------|-----------------------------------|
| <input type="checkbox"/> Monday    | <input type="checkbox"/> Friday   |
| <input type="checkbox"/> Tuesday   | <input type="checkbox"/> Saturday |
| <input type="checkbox"/> Wednesday | <input type="checkbox"/> Sunday   |
| <input type="checkbox"/> Thursday  |                                   |

Next week is going to be even better because:

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## *Track Your Weekly Progress*

**PATIENT INSTRUCTIONS:** This questionnaire is designed to help you and your doctor identify if you may be experiencing erectile dysfunction. Each question has several possible responses. Circle the number of the response that best describes your own situation. Please be sure that you select one and only one response for each question. **OVER THE PAST WEEK:**

**1. How do you rate your confidence that you could get and keep an erection?**

<b>Very Low</b>	<b>Low</b>	<b>Moderate</b>	<b>High</b>	<b>Very High</b>
<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>

**2. When you had erections with sexual stimulation, how often were your erections hard enough for penetration (entering your partner)?**

<b>Very Low</b>	<b>Low</b>	<b>Moderate</b>	<b>High</b>	<b>Very High</b>
<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>

**3. During sexual intercourse, how often were you able to maintain your erection after you had penetrated (entered) your partner?**

<b>Very Low</b>	<b>Low</b>	<b>Moderate</b>	<b>High</b>	<b>Very High</b>
<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>

**4. During sexual intercourse how difficult was it to maintain your erection to completion of intercourse?**

<b>Very Low</b>	<b>Low</b>	<b>Moderate</b>	<b>High</b>	<b>Very High</b>
<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>

**5. When you attempted sexual intercourse, how often was it satisfactory for you?**

<b>Very Low</b>	<b>Low</b>	<b>Moderate</b>	<b>High</b>	<b>Very High</b>
<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>

**SCORE:** \_\_\_\_\_ **Add the numbers corresponding to questions 1 - 5.**

**Results:**

<b>22-25</b>	<b>17-21</b>	<b>12-16</b>	<b>8-11</b>	<b>5-7</b>
<b>No ED</b>	<b>Mild ED</b>	<b>Mild to Moderate ED</b>	<b>Moderate ED</b>	<b>Severe ED</b>