SHAReClinic Erection Medication Effectiveness Diary

Your Name_____

Date and ***Time*** of Medication/Device use	Type of Medication/ Device	Dose	Firmness Achieved (on a scale 1-10; 10 being Fully Firm Erection)	Satisfaction (on a scale 1-10; 10 being extremely satisfied)	Side Effects		Comments/Notes
					Type	Bothersomeness (on a scale 1-10; 10 being extremely bothersome)	