**Assessment of sexual function following potentially curative local treatment for carcinoma of the prostate gland has resulted in wide ranges of potency preservation rates, which may be because of differences in the evaluated patient populations, mode of data collection, and length of patient follow-up. Quality-of-life data are most reliable when obtained by patient-administered and validated quality-of-life instruments. In the Schiffler Cancer Center’s prostate brachytherapy unit, healthcare professionals utilize patient-administered questionnaires (Merrick, Butler, Lief, & Dorsey, 2001; Merrick et al., 2001b). Because of the absence of a survival advantage, quality-of-life issues have assumed increased importance for both physicians and patients.

The NIH Consensus Development Panel (1993) defined ED as “the inability to attain or maintain penile erection sufficient for satisfactory sexual performance” (p. 83). ED results in a deleterious effect on quality of life, including physical and emotional well-being, marital discord, and loss of self-esteem (Burnett, 1998; Day, Ambegaonkar, Harriot, & McDaniel, 2001; Laumann, Paik, & Rosen, 1999; NIH Consensus Development Panel). Following permanent prostate brachytherapy using either palladium-103 (i.e., Pd103) or iodine-125 (i.e., 125I) with or without external beam radiation therapy, ED has resulted in 6%–61% of cases (Incrocci, Slob, & Levendag, 2002; Merrick, Butler, Galbreath, et al., 2002; Merrick et al., 2001a). The reported wide ranges of ED may be a result of differences in patient characteristics and follow-up and potentially may be distorted by the mode of data collection. Litwin, Lubeck, Henning, and Carroll (1998) suggested that “physician ratings of patient symptoms do not correlate well with patient self-assessment of quality of life” (p. 1988). Most brachytherapy studies evaluating ED have utilized physician interviews, whereas others did not provide a definition of ED or a description of the collection methods (Merrick, Butler, Galbreath, et al.). To date, only one study has utilized patient-administered questionnaires (Merrick, Butler, Galbreath, et al.). Self-reporting should be the preferred method of quality-of-life data collection because it provides the best estimate of highly subjective phenomenon, such as potency. When patient-administered questionnaires have been utilized after radical prostatectomy, potency rates as low as 7% have been reported (Talcott, Clark, Stark, Nadir, & Ragde, 1999).