International Index of Erectile Function (IIEF)

Instructions: These questions ask about the effects your erection problems have had on your sex life, OVER THE PAST 4 WEEKS. Please answer the following questions as honestly and clearly as possible. We understand the sensitive nature of these questions; therefore, all information is strictly confidential. In answering these questions, the following definitions apply:

Definitions:

Sexual activity includes intercourse, caressing, foreplay and masturbation

Sexual intercourse is defined as vaginal penetration of the partner (you entered the partner)

Sexual stimulation includes situations like foreplay with a partner, looking at erotic pictures, etc.

Ejaculate is defined as the ejection of semen from the penis (or the feeling of this)

Mark ONLY one circle per question:

1. Over the past 4 weeks, how often were you able to get an erection during sexual activity?
   ○ 0  No sexual activity
   ○ 1  Almost never or never
   ○ 2  A few times (much less than half the time)
   ○ 3  Sometimes (about half the time)
   ○ 4  Most times (much more than half the time)
   ○ 5  Almost always or always

2. Over the past 4 weeks, when you had erections with sexual stimulation, how often were your erections hard enough for penetration?
   ○ 0  No sexual activity
   ○ 1  Almost never or never
   ○ 2  A few times (much less than half the time)
   ○ 3  Sometimes (about half the time)
   ○ 4  Most times (much more than half the time)
   ○ 5  Almost always or always

Questions 3, 4 and 5 will ask about erections you may have had during sexual intercourse.

3. Over the past 4 weeks, when you attempted sexual intercourse, how often were you able to penetrate (enter) your partner?
   ○ 0  Did not attempt intercourse
   ○ 1  Almost never or never
   ○ 2  A few times (much less than half the time)
   ○ 3  Sometimes (about half the time)
   ○ 4  Most times (much more than half the time)
   ○ 5  Almost always or always

4. Over the past 4 weeks, during sexual intercourse, how often were you able to maintain your erection after you had penetrated (entered) your partner?
   ○ 0  Did not attempt intercourse
   ○ 1  Almost never or never
   ○ 2  A few times (much less than half the time)
   ○ 3  Sometimes (about half the time)
   ○ 4  Most times (much more than half the time)
   ○ 5  Almost always or always

5. Over the past 4 weeks, during sexual intercourse, how difficult was it to maintain your erection to completion of intercourse?
   ○ 0  Did not attempt intercourse
   ○ 1  Almost never or never
   ○ 2  A few times (much less than half the time)
   ○ 3  Sometimes (about half the time)
   ○ 4  Most times (much more than half the time)
   ○ 5  Almost always or always

6. Over the past 4 weeks, how many times have you attempted sexual intercourse?
   ○ 0  Did not attempt intercourse
   ○ 1  Almost never or never
   ○ 2  A few times (much less than half the time)
   ○ 3  Sometimes (about half the time)
   ○ 4  Most times (much more than half the time)
   ○ 5  Almost always or always
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Last Name (REQUIRED)  First Name (REQUIRED)

7. Over the past 4 weeks, when you attempted sexual intercourse how often was it satisfactory for you?
   ○ 0 Did not attempt intercourse
   ○ 1 Almost never or never
   ○ 2 A few times (much less than half the time)
   ○ 3 Sometimes (about half the time)
   ○ 4 Most times (much more than half the time)
   ○ 5 Almost always or always

8. Over the past 4 weeks, how much have you enjoyed sexual intercourse?
   ○ 0 No intercourse
   ○ 1 Not enjoyable
   ○ 2 Not very enjoyable
   ○ 3 Fairly enjoyable
   ○ 4 Highly enjoyable
   ○ 5 Very highly enjoyable

9. Over the past 4 weeks, when you had sexual stimulation or intercourse how often did you ejaculate?
   ○ 0 Did not attempt intercourse
   ○ 1 Almost never or never
   ○ 2 A few times (much less than half the time)
   ○ 3 Sometimes (about half the time)
   ○ 4 Most times (more than half the time)
   ○ 5 Almost always or always

10. Over the past 4 weeks, when you had sexual stimulation or intercourse how often did you have the feeling of orgasm or climax (with or without ejaculation)?
    ○ 0 No sexual stimulation or intercourse
    ○ 1 Almost never or never
    ○ 2 A few times (much less than half the time)
    ○ 3 Sometimes (about half the time)
    ○ 4 Most times (much more than half the time)
    ○ 5 Almost always or always

Questions 11 and 12 ask about sexual desire – a feeling that may include wanting to have a sexual experience, thinking about having sex or feeling frustrated due to a lack of sex.

11. Over the past 4 weeks, how often have you felt sexual desire?
    ○ 1 Almost never or never
    ○ 2 A few times (much less than half the time)
    ○ 3 Sometimes (about half the time)
    ○ 4 Most times (much more than half the time)
    ○ 5 Almost always or always

12. Over the past 4 weeks, how would you rate your level of sexual desire?
    ○ 1 Very low or none at all
    ○ 2 Low
    ○ 3 Moderate
    ○ 4 High
    ○ 5 Very high

13. Over the past 4 weeks, how satisfied have you been with you overall sex life?
    ○ 1 Very dissatisfied
    ○ 2 Moderately dissatisfied
    ○ 3 About equally satisfied and dissatisfied
    ○ 4 Moderately satisfied
    ○ 5 Very satisfied

14. Over the past 4 weeks, how satisfied have you been with your sexual relationship with your partner?
    ○ 1 Very dissatisfied
    ○ 2 Moderately dissatisfied
    ○ 3 About equally satisfied and dissatisfied
    ○ 4 Moderately satisfied
    ○ 5 Very satisfied

15. Over the past 4 weeks, how do you rate your confidence that you can get and keep your erection?
    ○ 1 Very low
    ○ 2 Low
    ○ 3 Moderate
    ○ 4 High
    ○ 5 Very high

Thank you for completing this questionnaire. Email, Print, Fax or Bring to your appointment.