# International Index of Erectile Function – 5

Sexual Health Inventory for Men (SHIM/IIEF-5)

Date

<table>
<thead>
<tr>
<th>Last Name (REQUIRED)</th>
<th>First Name (REQUIRED)</th>
<th>PHN/CARE CARD NUMBER (REQUIRED)</th>
</tr>
</thead>
</table>

**Instructions:** These questions ask about the effects your erection problems have had on your sex life, **OVER THE PAST 6 MONTHS**. 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.

**Mark ONLY one circle per question:**

1. Over the past 6 months, how do you rate your confidence that you could keep an erection?
   - 1 Very Low
   - 2 Low
   - 3 Moderate
   - 4 High
   - 5 Very high

2. Over the past 6 months, when you had erections with sexual stimulation, how often were your erections hard enough for penetration (entering your partner)?
   - 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

3. Over the past 6 months, during sexual intercourse, how often were you able to maintain your erection after you had penetrated (entered) your partner?
   - 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 6 months, during sexual intercourse, how difficult was it to maintain your erection to completion of intercourse?
   - 1 Extremely difficult
   - 2 Very difficult
   - 3 Difficult
   - 4 Slightly difficult
   - 5 Not difficult

5. Over the past 6 months, when you attempted sexual intercourse how often was it satisfactory for you?
   - 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

<table>
<thead>
<tr>
<th>Score</th>
<th>Erectile Dysfunction</th>
</tr>
</thead>
<tbody>
<tr>
<td>5-7</td>
<td>Severe</td>
</tr>
<tr>
<td>8-11</td>
<td>Moderate</td>
</tr>
<tr>
<td>12-16</td>
<td>Mild-Moderate</td>
</tr>
<tr>
<td>17-21</td>
<td>Mild</td>
</tr>
<tr>
<td>22-25</td>
<td>None</td>
</tr>
</tbody>
</table>

FOR OFFICE USE ONLY

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