

A questionnaire to evaluate erectile dysfunction

Your doctor or other health professional may use this questionnaire or one like it to evaluate erectile dysfunction. The test is usually given before treatment begins and at appropriate intervals during and after care to gauge the treatment's effectiveness. Try to answer all the questions as honestly as possible. Check only one answer for each question.

Before you begin

When taking this test, keep the following definitions in mind.

- **Ejaculation:** The ejection of semen from the penis or the feeling of semen ejecting from the penis.
- **Sexual activity:** Activities such as intercourse, caressing, foreplay, and masturbation.
- **Sexual desire:** Wanting to have a sexual experience (for example, masturbation or intercourse), thinking about having sex, or feeling frustrated from lack of sex.
- **Sexual intercourse:** Penetration of your partner.
- **Sexual stimulation:** Situations such as foreplay with a partner, looking at erotic pictures, erotic fantasies, or other erotic stimuli.

1. Over the past four weeks, how often were you able to get an erection during sexual activity?

- No sexual activity
- Almost never/Never
- A few times (much less than half the time)
- Sometimes (about half the time)
- Most times (much more than half the time)
- Almost always/Always

2. Over the past four weeks, when you had erections with sexual stimulation, how often were your erections hard enough for penetration?

- No sexual stimulation
- Almost never/Never
- A few times (much less than half the time)
- Sometimes (about half the time)
- Most times (much more than half the time)
- Almost always/Always

3. Over the past four weeks, when you attempted sexual intercourse, how often were you able to penetrate (enter) your partner?

- No intercourse
- Almost never/Never
- A few times (much less than half the time)
- Sometimes (about half the time)
- Most times (much more than half the time)
- Almost always/Always

4. Over the past four weeks, during sexual intercourse, how often were you able to maintain your erection after you had penetrated (entered) your partner?

- No intercourse
- Almost never/Never
- A few times (much less than half the time)
- Sometimes (about half the time)
- Most times (much more than half the time)
- Almost always/Always

5. Over the past four weeks, during sexual intercourse, how difficult was it to maintain your erection to completion of intercourse?

- No intercourse
- Extremely difficult
- Very difficult
- Difficult
- Slightly difficult
- Not difficult

6. Over the past four weeks, how many times have you attempted sexual intercourse?

- No attempts
- 1--2 attempts
- 3--4 attempts
- 5--6 attempts
- 7--10 attempts
- 11 or more attempts

7. Over the past four weeks, when you attempted sexual intercourse, how often was it satisfactory for you?

- No intercourse
- Almost never/Never
- A few times (much less than half the time)
- Sometimes (about half the time)
- Most times (much more than half the time)
- Almost always/Always

8. Over the past four weeks, how much have you enjoyed sexual intercourse?

- No intercourse
- No enjoyment
- Not very enjoyable
- Fairly enjoyable
- Highly enjoyable
- Very highly enjoyable

9. Over the past four weeks, when you had sexual stimulation or intercourse, how often did you ejaculate?

- No sexual stimulation/intercourse
- Almost never/Never
- A few times (much less than half the time)
- Sometimes (about half the time)
- Most times (much more than half the time)
- Almost always/Always

10. Over the past four weeks, when you had sexual stimulation or intercourse, how often did you have an orgasm (with or without ejaculation)?

- No sexual stimulation/intercourse
- Almost never/Never
- A few times (much less than half the time)
- Sometimes (about half the time)
- Most times (much more than half the time)
- Almost always/Always

11. Over the past four weeks, how often have you felt sexual desire?

- Almost never/Never
- A few times (much less than half the time)
- Sometimes (about half the time)
- Most times (much more than half the time)
- Almost always/Always

12. Over the past four weeks, how would you rate your level of sexual desire?

- Very low/None at all
- Low
- Moderate
- High
- Very high

13. Over the past four weeks, how satisfied have you been with your overall sex life?

- Very dissatisfied
- Moderately dissatisfied
- About equally satisfied and dissatisfied
- Moderately satisfied
- Very satisfied

14. Over the past four weeks, how satisfied have you been with your sexual relationship with your partner?

- Very dissatisfied
- Moderately dissatisfied
- About equally satisfied and dissatisfied
- Moderately satisfied
- Very satisfied

15. Over the past four weeks, how would you rate your confidence that you could get and keep your erection?

- Very low/None at all
- Low
- Moderate
- High
- Very high

Source: International Index of Erectile Function (IIEF): A Multidimensional Scale for Assessment of Erectile Dysfunction.

Adapted with permission from Urology, published by Elsevier Science.

Calculating your score

For questions 1, 2, 3, 4, 7, 9, and 10, score as follows:

0 = No (sexual activity, stimulation, intercourse)

1 = Almost never/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/Always

For question 5, score as follows:

0 = Did not attempt intercourse

1 = Extremely difficult

2 = Very difficult

3 = Difficult

4 = Slightly difficult

5 = Not difficult

For question 6, score as follows:

0 = No attempts

1 = 1--2 attempts

2 = 3--4 attempts

3 = 5--6 attempts

4 = 7--10 attempts

5 = 11 or more attempts

For question 8, score as follows:

0 = No intercourse

1 = No enjoyment

2 = Not very enjoyable

3 = Fairly enjoyable

4 = Highly enjoyable

5 = Very highly enjoyable

For question 11, score as follows:

0 = Almost never/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/Always

For questions 12 and 15, score as follows:

1 = Very low/None at all

2 = Low

3 = Moderate

4 = High

5 = Very high

For questions 13 and 14, score as follows:

1 = Very dissatisfied

2 = Moderately dissatisfied

3 = About equally satisfied and dissatisfied

4 = Moderately satisfied

5 = Very satisfied

Add the scores for each of these questions to determine your total score. Compare your score before and after treatment begins to help determine the treatment's success. A higher score indicates improvement. For help in evaluating the success of the treatment, discuss your scores with your doctor or health care professional.

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____
9. _____
10. _____
11. _____
12. _____
13. _____
14. _____
15. _____



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