

INTERNATIONAL INDEX OF ERECTILE FUNCTION (IIEF) QUESTIONNAIRE

PATIENT NAME: _____

DATE: _____

INSTRUCTIONS: These questions ask about the effects your erection problems have had on your sex life prior to the treatment and after the treatment. Please answer the questions as honestly and clearly as possible. All questions are preceded by the phrase "Over the past 4 weeks....". The following definitions apply:

- SEXUAL ACTIVITY: includes intercourse, foreplay and masturbation.
- SEXUAL INTERCOURSE: is defined as vaginal penetration of the partner.
- SEXUAL STIMULATION: includes situations like foreplay with partner, looking at erotic pictures etc.
- EJACULATION: the ejection of semen from the penis or the feeling of this.
- A FEW TIMES: much less than half the time.
- SOMETIMES: about half the time.
- MOST TIMES: much more than half the time.

QUESTIONS		RESPONSE OPTIONS		
			PRE-RX	POST-RX
1	How often were you able to get an erection during sexual activity ?	0 = No sexual activity 1 = Almost never / never 2 = A few times 3 = Sometimes 4 = Most times 5 = Almost always / always		
2	When you had erections with sexual stimulation, how often were your erections hard enough for penetration ?	0 = No sexual activity 1 = Almost never / never 2 = A few times 3 = Sometimes 4 = Most times 5 = Almost always / always		
3	When you attempted sexual intercourse, how often were you able to penetrate (enter) your partner ?	0 = Did not attempt intercourse 1 = Almost never/never 2 = A few times 3 = Sometimes 4 = Most times 5 = Almost always / always		
4	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 / never 2 = A few times 3 = Sometimes 4 = Most times 5 = Almost always / always		
5	During sexual intercourse, how difficult was it to maintain your erection to completion of intercourse ?	0 = Did not attempt intercourse 1 = Extremely difficult 2 = Very difficult 3 = difficult 4 = Slightly difficult 5 = Not difficult		
6	How many times have you attempted sexual intercourse ? (4 weeks prior to treatment and in past 4 weeks)	0 = No attempts 1 = One or two attempts 2 = Three to four attempts 3 = Five to six attempts 4 = Seven to ten attempts 5 = Eleven + attempts		
7	When you attempted sexual intercourse, how often was it satisfactory to you ?	0 = Did not attempt intercourse 1 = Almost never / never 2 = A few times 3 = Sometimes 4 = Most times 5 = Almost always / always		

8	How much have enjoyed sexual intercourse ?	0 = No intercourse 1 = No enjoyment 2 = Not very enjoyable 3 = Fairly enjoyable 4 = Highly enjoyable 5 = Very highly enjoyable		
9	When you had sexual stimulation or intercourse, how often did you ejaculate ?	0 = No sexual stimulation / intercourse 1 = Almost never/never 2 = A few times 3 = Sometimes 4 = Most times 5 = Almost always / always		
10	When you had sexual stimulation or intercourse, how often did you have the feeling of orgasm or climax ?	0 = No sexual stimulation / intercourse 1 = Almost never/never 2 = A few times 3 = Sometimes 4 = Most times 5 = Almost always / always		
11	How often have felt sexual desire ?	1 = Almost never / never 2 = A few times 3 = Sometimes 4 = Most times 5 = Almost always / always		
12	How would you rate your level of sexual desire ?	1 = Very low / none at all 2 = Low 3 = Moderate 4 = High 5 = Very High		
13	How satisfied have you been with your overall sex life ?	1 = Very dissatisfied 2 = Moderately dissatisfied 3 = About equally satisfied & dissatisfied 4 = Moderately satisfied 5 = Very satisfied		
14	How satisfied have you been with your sexual relationship with your partner ?	1 = Very dissatisfied 2 = Moderately dissatisfied 3 = About equally satisfied & dissatisfied 4 = Moderately satisfied 5 = Very satisfied		
15	How do you rate your confidence that you could get and keep an erection ?	1 = Very low 2 = Low 3 = Moderate 4 = High 5 = Very high		

TOTAL SCORE (Maximum score = 75)				
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ED Medications Currently taking: _____ **Dosage:** _____