

## IIEF-5 ERECTILE FUNCTION QUESTIONNAIRE

Name \_\_\_\_\_ Date: \_\_\_\_\_

Please read the questions carefully and circle the number which best describes the effects your erection problems have had on your sex life, **over the past 6 months**.

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
When you had erections with sexual stimulation, how often were your erections hard enough for penetration?	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
During sexual intercourse, how often were you able to maintain your erection after you had penetrated (entered) your partner?	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
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
When you attempted sexual intercourse, how often was it satisfactory for you?	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

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