

International Index of Erectile Function (IIEF-15)

Last Name	First Name	Date of Birth	Date
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- Off treatment
 On treatment with _____ (enter medication you are taking)

These questions ask about the effects that your erection problems have had on your sex life over the last four weeks. Please try to answer the questions as honestly and as clearly as you are able. Your answers will help your doctor to choose the most effective treatment suited to your condition. In answering the questions, the following definitions apply:

- **sexual activity** includes intercourse, caressing, foreplay & masturbation
- **sexual intercourse** is defined as sexual penetration of your partner
- **sexual stimulation** includes situation such as foreplay, erotic pictures etc.
- **ejaculation** is the ejection of semen from the penis (or the feeling of this)
- **orgasm** is the fulfilment or climax following sexual stimulation or intercourse

Over the past 4 weeks:

Please check one box only

- | | | |
|-----------------------------|---|---|
| <input type="checkbox"/> Q1 | 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 (less than half the time)
3 Sometimes (about half the time)
4 Most times (more than half the time)
5 Almost always or always |
| <input type="checkbox"/> Q2 | 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 (less than half the time)
3 Sometimes (about half the time)
4 Most times (more than half the time)
5 Almost always or always |
| <input type="checkbox"/> Q3 | When you attempted 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 (less than half the time)
3 Sometimes (about half the time)
4 Most times (more than half the time)
5 Almost always or always |
| <input type="checkbox"/> Q4 | During sexual intercourse, <u>how often</u> 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 (less than half the time)
3 Sometimes (about half the time)
4 Most times (more than half the time)
5 Almost always or always |
| <input type="checkbox"/> Q5 | During sexual intercourse, <u>how difficult</u> 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 |

Center for Sexual & Urinary Function

- Q6 **How many times have you attempted sexual intercourse?**
- 0 No attempts
 - 1 One to two attempts
 - 2 Three to four attempts
 - 3 Five to six attempts
 - 4 Seven to ten attempts
 - 5 Eleven or more attempts
- Q7 **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 (less than half the time)
 - 3 Sometimes (about half the time)
 - 4 Most times (more than half the time)
 - 5 Almost always or always
- Q8 **How much have you enjoyed sexual intercourse?**
- 0 No intercourse
 - 1 No enjoyment at all
 - 2 Not very enjoyable
 - 3 Fairly enjoyable
 - 4 Highly enjoyable
 - 5 Very highly enjoyable
- Q9 **When you had sexual stimulation or intercourse, how often did you ejaculate?**
- 0 No sexual stimulation or intercourse
 - 1 Almost never or never
 - 2 A few times (less than half the time)
 - 3 Sometimes (about half the time)
 - 4 Most times (more than half the time)
 - 5 Almost always or always
- Q10 **When you had sexual stimulation or intercourse, how often did you have the feeling of orgasm or climax?**
- 1 Almost never or never
 - 2 A few times (less than half the time)
 - 3 Sometimes (about half the time)
 - 4 Most times (more than half the time)
 - 5 Almost always or always
- Q11 **How often have you felt sexual desire?**
- 1 Almost never or never
 - 2 A few times (less than half the time)
 - 3 Sometimes (about half the time)
 - 4 Most times (more than half the time)
 - 5 Almost always or always
- Q12 **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
- Q13 **How satisfied have you been with your overall sex life?**
- 1 Very dissatisfied
 - 2 Moderately dissatisfied
 - 3 Equally satisfied & dissatisfied
 - 4 Moderately satisfied
 - 5 Very satisfied
- Q14 **How satisfied have you been with your sexual relationship with your partner?**
- 1 Very dissatisfied
 - 2 Moderately dissatisfied
 - 3 Equally satisfied & dissatisfied
 - 4 Moderately satisfied
 - 5 Very satisfied
- Q15 **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