

# International Index of Erectile Function Questionnaire With Use of Erectile Meds

Name: \_\_\_\_\_ Day 0 Date: \_\_\_\_\_

Please list the Erectile medications you have taken

1. Med \_\_\_\_\_ Dose: \_\_\_\_\_ Times/day \_\_\_\_\_
2. Med \_\_\_\_\_ Dose: \_\_\_\_\_ Times/day \_\_\_\_\_
3. Med \_\_\_\_\_ Dose: \_\_\_\_\_ Times/day \_\_\_\_\_

The following questions ask about the effects that your erection problems have had on your sex life over the last four weeks, without taking erectile medications such as Viagra, Cialis, etc. If you have used such meds, please fill out a separate questionnaire, answering the questions, based on when you have taken such meds.

Please try to answer the question as clearly and as honestly as possible by circling the number that best describes your response to the question. All information is strictly confidential.

In answering the questions, the following definitions apply:

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

*Please Circle Your Response:*

## **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 (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

## **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 (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

**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 (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

**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 (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

**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?**

- 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 plus 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 (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

**8. How much have you 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 (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

**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 (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

**11. How often have you felt sexual desire?**

- 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

**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 and 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 and dissatisfied
- 4 = Moderately satisfied
- 5 = Very satisfied

**15. How do you rate your confidence that you can get and keep an erection?**

- 1 = Very low
- 2 = Low
- 3 = Moderate
- 4 = High
- 5 = Very high

TOTAL SCORE: (for office use only) \_\_\_\_\_