IIEF SYMPTOM SCORE SYSTEM DEVISED FOR PATIENTS WITH ERECTILE DYSFUNCTION

| Patient Name | Date | |
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| Over the past 4 weeks: | | |
| How often were you able to get an erection during sexual activity? 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 | |
| When you attempted sexual intercourse, how often were you able to penetrate (enter) your partner? 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 4 = Slightly dit 1 = Extremely difficult 2 = Very difficult 3 = Difficult | ficult 5 = Not difficult |
| 6. How many times have you attempted sexual intercourse? | 0 = No attempts 3 = 5-6 attempt 1 = 1-2 attempts 2 = 3-4 attempts | ots 4 = 7-10 attempts 5 = 11+ at6tempts |
| When you attempted sexual intercourse, how often was it satisfactory for you? | 0 = Did not attempt intercourse 3 = Sometimes 1 = Almost never/never 4 = Most times 2 = A few times (much less than 1/2 time) | (1/2 the time) more than 1/2 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? 10. When you had sexual stimulation or inercourse, how often did you have the feeling or orgasm or climax? | 0 = No sexual stimulation/intercourse 1 = Almost never/never 2 = A few times (much less than half the time 3 = Somteims (about half the time) 4 = Most times (much more than half the time) 5 = Almost always/never | |
| 11. How often have you felt sexual desire? | 1 = Almost never 2 = A few times (much less 1/2 time) 3 = Sometimes (about 1/2 the time) | 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?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 satisified 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 |