

Patient Name: _____ Date: _____

Please circle the response that best describes your experience over the past 6 months for the following five questions:

1. How do you rate your confidence that you could get and keep an erection?

VERY LOW	LOW	MODERATE	HIGH	VERY HIGH
1	2	3	4	5

2. When you had erections with sexual stimulation, how often were your erections hard enough for penetration?

Almost Never or Never	A Few Times	Sometimes	Most Times	Almost Always or Always
	(much less than half the time)	(about half the time)	(much more than half the time)	
1	2	3	4	5

3. During sexual intercourse, how often were you able to maintain your erection after you had penetrated your partner?

Almost Never or Never	A Few Times	Sometimes	Most Times	Almost Always or Always
	(much less than half the time)	(about half the time)	(much more than half the time)	
1	2	3	4	5

4. During sexual intercourse, how difficult was it to maintain your erection to completion of intercourse?

Extremely Difficult	Very Difficult	Difficult	Slightly Difficult	Not Difficult
1	2	3	4	5

5. When you attempted sexual intercourse, how often was it satisfactory for you?

Almost Never or Never	A Few Times	Sometimes	Most Times	Almost Always or Always
	(much less than half the time)	(about half the time)	(much more than half the time)	
1	2	3	4	5

Total Score: _____

1-7: Severe ED 8-11: Moderate ED 12-16: Mild-Moderate ED 17-21: Mild ED 22-25: No ED