

SEXUAL HEALTH INVENTORY FOR MEN

Patient Instructions

Sexual health is an important part of an individuals overall physical and emotional well-being. Erectile dysfunction, also know as impotency, Is one type of very common medical condition affecting sexual health. Fortunately, there are many different treatment options for erectile dysfunction. This questionnaire is designed to help you and your doctor identify if you may be experiencing erectile dysfunction. If you are, you may choose to discuss treatment options with your doctor.

Each question has several possible responses. Circle the number of the response that best describes your own situation. Please be sure that you select one and only one response for each question.

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 (entering your partner?)

No Sexual activity	Almost never or never	A few times (much less than half the time)	Sometimes (about half the time)	Most times (much more than half the time)	Almost always or always
0	1	2	3	4	5

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

No Sexual activity	Almost never or never	A few times (much less than half the time)	Sometimes (about half the time)	Most times (much more than half the time)	Almost always or always
0	1	2	3	4	5

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

No Sexual activity	Almost always or always	Most times (much more than half the time)	Sometimes (about half the time)	A few times (much less than half the time)	Almost never or never
0	1	2	3	4	5

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

No Sexual activity	Almost never or never	A few times (much less than half the time)	Sometimes (about half the time)	Most times (much more than half the time)	Almost always or always
0	1	2	3	4	5

6 Are you interested in finding out more information about this topic? Yes No

7 What medications have you tried? _____

8 Are you happy with the results of the medication? Yes No

SCORE _____

Add the numbers corresponding to questions 1-5. If your score is 21 or less, you may want to speak with your doctor.