

International Index of Erectile Function (IIEF) Questionnaire

PATIENT NAME: _____ DOB: _____ TODAY'S DATE: _____

How long have you experienced erectile dysfunction? 1-5 years 5-10 years More than 10 years

Have you had any of these symptoms:

<input type="checkbox"/> Hyperlipedemia (HLP)	<input type="checkbox"/> Chronic Heart Disease (CHD)
<input type="checkbox"/> Hypertension	<input type="checkbox"/> Smoking
<input type="checkbox"/> Diabetes	<input type="checkbox"/> BMI over 25

The first five questions refer to erectile function.

	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
1. Over the last month, how often were you able to get an erection during sexual activity?	0	5	4	3	2	1
2. Over the last month, when you had erections with sexual stimulation, how often were your erections hard enough for penetration?	0	5	4	3	2	1
3. Over the last month, when you attempted intercourse, how often were you able to penetrate your partner?	0	5	4	3	2	1
4. Over the last month, during sexual intercourse, how often were you able to maintain your erection after you had penetrated your partner?	0	5	4	3	2	1
	No sexual activity	Extremely difficult	Very difficult	Difficult	Slightly difficult	Not difficult
5. Over the last month, during sexual intercourse, how difficult was it to maintain your erection to completion of intercourse?	0	1	2	3	4	5

The next three questions refer to satisfaction with intercourse.

	No attempts	1-2 times	3-4 times	5-6 times	7-10 times	11-20 times
6. Over the last month, how many times have you attempted sexual intercourse?	0	1	2	3	4	5
	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
7. Over the last month, when you attempted sexual intercourse how often was it satisfactory for you?	0	5	4	3	2	1
	No intercourse	Very highly enjoyable	Highly enjoyable	Fairly enjoyable	Not very enjoyable	No enjoyment
8. Over the last month, how much have you enjoyed sexual intercourse?	0	5	4	3	2	1

The next two questions refer to orgasmic function

	No sexual stimulation/ intercourse	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
9. Over the last month, when you had sexual stimulation or intercourse, how often did you ejaculate?	0	5	4	3	2	1
10. Over the last month, when you had sexual stimulation or intercourse, how often did you have the feeling of orgasm (with or without ejaculation)?	0	5	4	3	2	1

The next two questions ask about sexual desire. In this context, sexual desire is defined as a feeling that may include wanting to have a sexual experience (for example masturbation or sexual intercourse), thinking about having sex, or feeling frustrated due to lack of sex.

	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
11. Over the last month, how often have you felt sexual desire?	5	4	3	2	1
	Very high	High	Moderate	Low	Very low or not at all
12. Over the last month, how would you rate your level of sexual desire?	5	4	3	2	1

The next two questions refer to overall sexual satisfaction.

	Very satisfied	Moderately satisfied	About equally satisfied and dissatisfied	Moderately dissatisfied	Very dissatisfied
13. Over the last month, how satisfied have you been with your overall sex life?	5	4	3	2	1
14. Over the last month, how satisfied have you been with your sexual relationship with your partner?	5	4	3	2	1

The last question refers to erectile function.

	Very high	High	Moderate	Low	Very low
15. Over the last month, how do you rate your confidence that you can get and keep your erection?	5	4	3	2	1

ADD YOUR SCORES

All the questions break down into five specific areas, as follows. Add your scores in the appropriate column.

Area	Questions	Score Range	Maximum Score	Your Score
Erectile Function	1-5 & 15	0-5	30	
Orgasmic Function	9-10	0-5	10	
Sexual Desire	11-12	1-5	10	
Intercourse Satisfaction	6-8	0-5	15	
Overall Satisfaction	13-14	1-5	10	

SCORING

1-10: Severe Erectile Dysfunction 11-16: Moderate dysfunction
17-21: Mild to moderate dysfunction 22-25: Mild dysfunction 26-30: No dysfunction

TOTAL

This information, including the questions, structure and completeness of the sample survey, is based on forms and/or scoring systems developed by independent organizations of relevance to the diagnosis and treatment of benign prostatic hyperplasia (BPH). This material is not a substitute for a consultation or physical examination by a physician. Merit Medical disclaims any liability for the decisions a patient makes based on this information.