PHILADELPHIA IMPOTENCE FOUNDATION **Confidential** Sexual Function Questionnaire 04/12

Date_	Name
	are seeing us concerning any type of sexual problem, please complete this onnaire; your answers will help us during your evaluation and treatment.
Section	on I
	arital Status: _SingleMarriedWidowedDivorced
a.	 If you are married: How many years have you been married?
b.	Does your wife want you to have your sexual problem treated? YesNoDoesn't care If you are not married, do you have a regular or steady sexual partner? YesNo
2. Sex	xual Orientation:
	_Straight (Heterosexual)Gay (Homosexual) Bisexual
	ychological Aspects:
-	Have you ever seen a psychologist or psychiatrist? YesNo If yes, briefly describe the reasons:
b.	Do you have any important personal problems that may be interfering with your sexual performance? YesNo If yes, please describe briefly:
c.	Would you describe yourself as being an anxious or depressed person? YesNo
affe	scribe as accurately as you can your sexual problem and how it is currently ecting ar life:

5.	E	rections (Hard-ons): WITHOUT ANY TREATMENT SUCH AS VIAGRA:			
	a.	When was the last time you had a normal, stiff erection which was satisfactory			
		for			
		sexual intercourse?			
	b.	On a scale of 0 to 100, how would you rate the quality of your erections?			
	c.	Are (or were) your erections straight or curved? Straight Curved			
		• If curved, please draw a picture:			
		d. Are your morning or nighttime erections:StiffWeak			
	e. When was the last time you had sexual intercourse (penetration):				
f. Does the stiffness or duration of your erections vary at times?					
		YesNo			
	g. Does the stiffness or duration of your erections vary with different partners? Yes No				
	h.	Can you get a stiff erection during masturbation?YesNo			
i. Is your penis:Too bigToo smallCorrect size					
6.		sire (libido):			
	a.	Do you think that your level of interest in sexual activity is:			
		About right for my ageLess than it should be			
		More than it should be			
	b.	Does your current sexual problem cause you to avoid having sexual relations even			
		though you would like to?YesNo			
	c.	Does your wife or primary sexual partner provide you with the amount and quality			
		of sexual stimulation you would like?YesNo			
	d.	Your partner's level of interest in sex is:			
		LowAbout rightExcessive			
	e. Which of the following best describes your partner's attitude towards your				
		sexual problem?			
		Doesn't careDisappointedAccepting			
	f.	Has your sexual problem interfered with your marriage or current relationship?			
		YesNo			
7.		imax or orgasm:			
	a.	Are you currently able to reach a climax (orgasm)?YesNo			
		• During intercourse?YesNo			
		• During masturbation?YesNo			
	b.	Does semen (fluid) come out of your penis when you have an orgasm?			
		YesNoVery little			
	c.	Do you ever have premature ejaculation?YesNo			
		UsuallyOccasionallyRarely			
	d.	Does reaching a climax (orgasm) ever take a long time?			
		Rarely or neverOccasionallyFrequently			
	e.	Is your climax (orgasm) ever painful?YesNo			
	f.	The sensation (feeling) in my penis is:			
		ExcellentGoodFairPoor			
8.	Ot	her comments you may have:			

Section II: International Index of Erectile Function WITHOUT ANY TREATMENT SUCH AS VIAGRA, CIALIS, ETC.:

	Over the past 4 weeks, how often were you able to get an erection during sexual tivity?
	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.	Over the past 4 weeks, 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.	Over the past 4 weeks, 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.	Over the past 4 weeks, during sexual intercourse, <u>how often</u> 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. Over the past 4 weeks, during sexual intercourse, <u>how difficult</u> 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.	Over the past 4 w	eeks, 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+ attempts		
7.	Over the past 4 weeks, when you attempted sexual intercourse, how often was it satisfactory for 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.	Over the past 4 w	eeks, 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.	Over the past 4 we you ejaculate?	eeks, when you had sexual stimulation <u>or</u> intercourse, how often did		
		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. Over the past 4 weeks, when you had sexual stimulation <u>or</u> 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. Over the past 4 weeks, 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. Over the past 4 we	eeks, 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. Over the past 4 we	eeks, 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. Over the past 4 weeks, how satisfied have you been with your <u>sexual relationship</u> with your partner?			
	1 = Very dissatisfied 2 = Moderately dissatisfied 3 = About equally satisfied and dissatisfied 4 = Moderately satisfied 5 = Very satisfied		
15. Over the past 4 weeks, how do you rate your <u>confidence</u> that you could get and keep an erection?			
	1 = Very low 2 = Low 3 = Moderate 4 = High 5 = Very high		

Erection Hardness Score: How would you rate the hardness of your erection?

- 0 Penis does not enlarge
- 1 Penis is larger but not hard
- 2 Penis is hard but not hard enough for penetration
- 3 Penis is hard enough for penetration but not completely hard
- 4 Penis is completely hard and fully rigid