



MALE SEXUAL HEALTH EVALUATION

Pt. Name: _____ Date of Birth : ____/____/____

Sexual health is an important part of an individual's overall physical and emotional well-being. Erectile dysfunction, also known as impotence, 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.

OVER THE PAST 6 MONTHS:

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?

DID NOT ATTEMPT INTERCOURSE	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?

DID NOT ATTEMPT INTERCOURSE	EXTREMELY DIFFICULT	VERY DIFFICULT	DIFFICULT	SLIGHTLY DIFFICULT	NOT DIFFICULT
0	1	2	3	4	5

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

DID NOT ATTEMPT INTERCOURSE	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

SCORE: _____

ADD THE NUMBERS CORRESPONDING TO QUESTION 1-5. IF YOUR SCORE IS 21 OR LESS, YOU MAY WANT TO SPEAK WITH YOUR DOCTOR.