

Name: \_\_\_\_\_ Date: \_\_\_\_\_

## Sexual Health Inventory for Men

### Patient Instructions

This questionnaire is designed to help us quantify and treat your erectile dysfunction. You will be asked to complete this questionnaire in the future to measure the success of the treatment.

**Over the past six months:**

**0 Meaning no sex drive – 5 normal sex drive**

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

**0      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)?

**0      1      2      3      4      5**

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

**0      1      2      3      4      5**

4. During sexual intercourse, **rate your ability** to maintain your erection to completion of intercourse.

**0      1      2      3      4      5**

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

**0      1      2      3      4      5**

**Add the numbers corresponding to the questions 1- 5.**

**Your score:** \_\_\_\_\_

If you scored between **1-7**, you may have severe erectile dysfunction.

If you scored between **8-11**, you may have moderate erectile dysfunction.

If you scored between **12-16**, you may have mild to moderate erectile dysfunction.

If you scored between **17-21**, you may have mild erectile dysfunction.

If you scored between **22-25**, you have normal erectile function.