

Patient Name: _____ Date: _____

Please circle the response that best describes your experience over the past 6 months for the following five questions:

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

VERY LOW 1	LOW 2	MODERATE 3	HIGH 4	VERY HIGH 5
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2. When you had erections with sexual stimulation, how often were your erections hard enough for penetration?

Almost Never or Never (much less than half the time)	A Few Times (about half the time)	Sometimes (about half the time)	Most Times (much more than half the time)	Almost Always or Always 5
1	2	3	4	

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

Almost Never or Never (much less than half the time)	A Few Times (about half the time)	Sometimes (about half the time)	Most Times (much more than half the time)	Almost Always or Always 5
1	2	3	4	

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

Extremely Difficult 1	Very Difficult 2	Difficult 3	Slightly Difficult 4	Not Difficult 5
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5. When you attempted sexual intercourse, how often was it satisfactory for you?

Almost Never or Never (much less than half the time)	A Few Times (about half the time)	Sometimes (about half the time)	Most Times (much more than half the time)	Almost Always or Always 5
1	2	3	4	

Total Score: _____