

**International Index of Erectile Function – 5**

Sexual Health Inventory for Men (SHIM/IIEF-5)

\_\_\_\_\_ Date

\_\_\_\_\_ Last Name (REQUIRED)

\_\_\_\_\_ First Name (REQUIRED)

\_\_\_\_\_ PHN/CARE CARD NUMBER (REQUIRED)

**Instructions:** These questions ask about the effects your erection problems have had on your sex life, **OVER THE PAST 6 MONTHS**. Please answer the following questions as honestly and clearly as possible. We understand the sensitive nature of these questions; therefore, all information is strictly confidential.

**Mark ONLY one circle per question:**

1. Over the past 6 months, how do you rate your confidence that you could keep an erection?
  - 1 Very Low
  - 2 Low
  - 3 Moderate
  - 4 High
  - 5 Very high
  
2. Over the past 6 months, when you had erections with sexual stimulation, **how often** were your erections hard enough for penetration (entering your partner)?
  - 1 Almost never or 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 or always
  
3. Over the past 6 months, during sexual intercourse, how often were you able to maintain your erection after you had penetrated (entered) your partner?
  - 1 Almost never or 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 or always

4. Over the past 6 months, during sexual intercourse, how difficult was it to maintain your erection to completion of intercourse?
  - 1 Extremely difficult
  - 2 Very difficult
  - 3 Difficult
  - 4 Slightly difficult
  - 5 Not difficult
  
5. Over the past 6 months, when you attempted sexual intercourse how often was it satisfactory for you?
  - 1 Almost never or 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 or always

FOR OFFICE USE ONLY		
Score _____		Erectile Dysfunction
	5-7	Severe
	8-11	Moderate
	12-16	Mild-Mod
	17-21	Mild
	22-25	None

Thank you for completing this questionnaire. Email, Print, Fax or Bring to your appointment.