

The IIEF-5 Questionnaire



Campbell Health and Education Inc.

UROLOGY INFO

Date:

Name:

Age:

Occupation:

Phone Number:

Physician Name:

Referring Physician Name:

Referring Physician Phone Number:

The IIEF-5 Questionnaire is based on the answers to five questions concerning your sexual function. The answers are assigned points from 1 to 5. Please encircle the response that best describes your condition for each question. The total score can range from 5 to 25 (Severe Erectile dysfunction to no Erectile Dysfunction).

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Notice- You should answer these questions based on your sexual function in the past 6 months.

UROLOGY INFO

The IIEF-5 Questionnaire

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
2. When you had erections with sexual stimulation, how often were your erections hard enough for penetration?	Almost never 1	A few times (much less than half the time) 2	Sometimes (about half the time) 3	Most times (much more than half the time) 4	Almost always 5
3. During sexual intercourse, how often were you able to maintain your erection after you had penetrated your partner?	Almost never 1	A few times (much less than half the time) 2	Sometimes (about half the time) 3	Most times (much more than half the time) 4	Almost always 5
4. During sexual intercourse, how difficult was it to keep your erection to completion of intercourse?	Extremely difficult 1	Very difficult 2	Difficult 3	Slightly difficult 4	Not difficult 5
5. When you attempted sexual intercourse, how often was it satisfactory for you?	Almost never 1	A few times (much less than half the time) 2	Sometimes (about half the time) 3	Most times (much more than half the time) 4	Almost always 5

Total Score: _____

UROLOGY INFO

Interpretation of IIEF-5 Score:

<7: Severe ED

8-11: Moderate ED

12-16: Mild-moderate ED

17-21: Mild ED

22-25: No ED