

SEXUAL HEALTH INVENTORY FOR MEN

Patient Name: _____ Date: _____

Instructions: For each question, select the number that best describes your symptoms over the past month. The questions are designed to gauge the severity of any symptoms you may be experiencing.

Over the past 6 months	0	1	2	3	4	5
1. How do you rate your confidence that you could get an erection?		Very low	Low	Moderate	High	Very High
2. When you had erections with sexual stimulation, how often were your erections hard enough for penetration?	No Sexual activity	Almost never or never	A few times	Sometimes	Most times	Almost always or always
3. During sexual intercourse, how often were you able to maintain your erection after you had penetrated (entered) your partner?	Did not attempt	Almost never or never	A few times	Sometimes	Most times	Almost always or always
4. During sexual intercourse, how difficult was it to maintain your erection to completion of intercourse?	Did not attempt	Almost never or never	A few times	Sometimes	Most times	Almost always or always
5. When you attempted sexual intercourse, how often was it satisfactory to you?	Did not attempt	Almost never or never	A few times	Sometimes	Most times	Almost always or always
Impact- Erectile Dysfunction Impact Scale						
1. If you were to spend the rest of your life with your erectile condition the way it is now. How would you and/or your partner feel about it?		Very dissatisfied	Rather dissatisfied	Mixed, about equally satisfied and dissatisfied	Rather satisfied	Very satisfied

Total: _____