

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: _____