

## IIEF-5 (International Index of Erectile Function-5)

Name \*

Date of Birth \*

Age \*

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The IIEF-5 (International Index of Erectile Function-5) is an international questionnaire for identifying Erectile Dysfunction. These questions ask about the effects your erection problems have had on your sex life, over the past 4 weeks. Please answer the following questions as honestly and clearly as possible.

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

Very low. 1 Point

Low. 2 Points

Moderate. 3 Points

High. 4 Points

Very high 5 Points

2. When you had erections with sexual stimulation, how often were your erections hard enough for penetration (entering your partner)? \*

Almost never or never. 1 point

A few times. 2 points

Sometimes. 3 points

Most times. 4 points

Almost always or always. 5 points

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

Almost never or never. 1 point

A few times. 2 points

Sometimes. 3 points

Most times. 4 points

Almost always or always. 5 points

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

Extremely difficult. 1 point

Very difficult. 2 points

Difficult. 3 points

Slightly difficult. 4 points

Not difficult. 5 points

5. When you attempted sexual intercourse, how often was it satisfactory to you? \*

Almost never or never. 1 point

A few times. 2 points

Sometimes. 3 points

Most times. 4 points

Almost always or always. 5 points

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Find out if we can help you. Please give us further information and our practitioner will assess.

### 1. Duration of problem \*

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Date of last normal erection followed by a normal ejaculation. \*

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### 2. Onset of problem \*

- Sudden
- Gradual
- If sudden. Is it associated with ..... \*
  - A life event
  - New medication
  - Penile injury
  - Surgery
  - Other

Other. Please explain.

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### 4. Past Medical History. Choose any applicable. \*

- NO MEDICAL PROBLEMS
- Diabetes
- High Blood Pressure
- Elevated Cholesterol
- Angina or Heart Disease
- Stroke
- Hardening of the arteries
- Leg pain on exertion or exercise
- Thyroid disorder
- Hypogonadism
- Prolactinaemia
- Neurological disorders, Multiple Sclerosis, Parkinsons
- Other

### 3. Risk Factors for Erectile Dysfunction. Do you have, or have you had any of the following. Check any applicable. \*

- NO RISK FACTORS
- Injury to Penis
- Regular bicycle riding
- Sustained erection for several hours called a priapism
- Bent erections
- Spinal cord injury
- Spinal cord or disc surgery
- Prostate cancer or surgery
- Testicular cancer or surgery
- Bladder cancer or surgery
- Colorectal cancer or surgery
- Undergone radiation therapy for any of the above
- Peripheral vascular (artery or vein) surgery

Comment expand on any of the above.

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5. Personal History. Check on any that are true for you. \*

- Have you been treated for Anxiety or Depression?
- Any difficulties with intimacy?
- Any relationship issues?
- Can you achieve an erection with masturbation?
- Are you getting night time or early morning erections?
- Does erotic material produce an erection?
- Does erectile difficulty only occur with one partner?
- Do you find your partner sexually attractive?
- Does your recent heart attack or medical condition cause you fear of sudden death?
- NONE OF THE ABOVE

Please give a detailed response as required.

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6. Social History \*

- Smoke
- Alcohol
- Drug Use
- Other
- NONE OF THE ABOVE

Please Advise. Units/day or Units/week. And years of use.

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7. Current Medications. Write none if no current medications. \*

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HAVE YOU STARTED ANY NEW MEDICATIONS? Write None if no new medications. \*

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Are you on any of the following? \*

- Anti Hypertensives
- Anti Ulcer
- Diuretics (water pills)
- Anxiolytics (anxiety)
- Anti Depressants
- Anti Pyschotics
- Anti Histamines
- Viagra, Cialis, or other erectile medications
- NONE OF THE ABOVE

Allergies. Write NIL if no allergies. \*

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