

## **QUESTIONNAIRE – ERECTILE DYSFUNCTION ASSESSMENT TABLE**

Circle the number of the response that best describes your own situation. Select only one response for each question.

1. How would you rate your confidence in your ability to get and keep an erection?		Very Low	Low	Moderate	High	Very High
		1	2	3	4	5
2. When you had erections with sexual stimulation, how often were your erections hard enough for penetration (entering your partner)?	No Sexual Activity	Almost Never or Never	A Few Times (Much Less Than Half The Time)	Sometimes (About Half The Time)	Most Times (Much More Than Half The Time)	Almost Always or Always
	0	1	2	3	4	5
3. During sexual intercourse, how often were you able to maintain your erection after you had penetrated (entered your partner)?	Did Not Attempt Intercourse	Almost Never or Never	A Few Times (Much Less Than Half The Time)	Sometimes (About Half The Time)	Most Times (Much More Than Half The Time)	Almost Always or Always
	0	1	2	3	4	5
4. During sexual intercourse, how difficult was it to maintain your erection to completion of intercourse?	Did Not Attempt Intercourse	Extremely Difficult	Very Difficult	Difficult	Slightly Difficult	Not Difficult
	0	1	2	3	4	5
5. When you attempted sexual intercourse, how often was it satisfactory for you?	Did Not Attempt Intercourse	Almost Never or Never	A Few Times (Much Less Than Half the Time)	Sometimes (About Half The Time)	Most Times (Much More Than Half The Time)	Almost Always or Always
	0	1	2	3	4	5

**Severe ED (<7) / Moderate ED (8-11) / Mild to Moderate ED (12–16) / No Ed (>21)**