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

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

1. Duration of problem *

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

2. Onset of problem *
   Sudden
   Gradual
   If sudden. Is it associated with ..... *
   ○ A life event
   ○ New medication
   ○ Penile injury
   ○ Surgery
   ○ Other
   Other. Please explain.

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.
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.

6. Social History *
   Smoke
   Alcohol
   Drug Use
   Other
   NONE OF THE ABOVE
Please Advise. Units/day or Units/week. And years of use.

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

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

Are you on any of the following? *
   Anti Hypertensives
   Anti Ulcer
   Diuretics (water pills)
   Anxiolytics (anxiety)
   Anti Depressants
   Anti Psychotics
   Anti Histamines
   Viagra, Cialis, or other erectile medications
   NONE OF THE ABOVE

Allergies. Write NIL if no allergies. *