Today's date: / /

Patient name: _____ Date of birth: / /

International Index of Erectile Function (IIEF-5)

(The 5-Item Version)

Purpose: To assess a male patient's erectile dysfunction using the IIEF-5 questionnaire, an abbreviated version of the IIEF.

Please choose the appropriate column by placing an "X" in the square (eg. ☒) for each question about your sexual abilities over the past four weeks.

	Question	Response (eg. ☒)				
		1	2	3	4	5
1	How do you rate your **confidence** that you could get and keep 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?	Never or almost 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?	Never or almost 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?	Extremely difficult ☐	Very difficult ☐	Difficult ☐	Slightly difficult ☐	Not difficult ☐
5	When you attempted sexual intercourse, **how often** was it satisfactory for you?	Never or almost never ☐	A few times ☐	Sometimes ☐	Most times ☐	Almost always or always ☐

Score	Interpretation
22-25	No erectile dysfunction
17-21	Mild erectile dysfunction
12-16	Mild to moderate erectile dysfunction
8-11	Moderate erectile dysfunction
5-7	Severe erectile dysfunction