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## INTERNATIONAL INDEX OF ERECTILE FUNCTION

NAME: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

**Patient Instructions:** Each question has several possible responses. Circle the number of the response that best describes your own situation. Please be sure that you select **ONLY ONE** response for each question. If you take *Viagra*, *Levitra* or *Cialis* to facilitate erections, please answer the following questions as if you were **NOT** taking the medication. Over the past six months:

### 1. How do you rate your **CONFIDENCE** that you get and maintain 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 (Less than half the time)      Sometimes (Half the time)      Most Times (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?

No Sexual Activity      Almost Never or Never      A Few Times (Less than half the time)      Sometimes (Half the time)      Most Times (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?

No Sexual Activity      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?

No Sexual Activity      Almost Never or Never      A Few Times (Less than half the time)      Sometimes (Half the time)      Most Times (More than half the time)      Almost Always or Always  
0 ○                      1 ○                      2 ○                      3 ○                      4 ○                      5 ○

Please add the score of the five questions above for your total out of 25 possible: \_\_\_\_\_ / 25

Please fill out the form, print it and bring it with you to your appointment.  
(Due to privacy concerns, the form cannot be e-mailed)