

These questions ask about the effect your erection problems have had on your sex life **over the past 4 weeks**. Please answer these questions as honestly and as clearly as possible. Please answer every question by checking the appropriate box [✓]. If you are unsure about how to answer, please give the best answer you can.

In answering these questions, the following definitions apply:

* **Sexual intercourse**

Is defined as sexual penetration of the partner.

** **Sexual Activity**

Includes intercourse, caressing, foreplay and masturbation.

*** **Ejaculate**

Is defined as the ejection of semen from the penis (or the sensation of this).

**** **Sexual stimulation**

Includes situations such as loveplay with a partner, looking at erotic pictures, etc.

1. **Over the past 4 weeks** how often were you able to get an erection during sexual activity**?

Please check one box only.

- No sexual activity
- Almost always or always
- Most times (much more than half the time)
- Sometimes (about half the time)
- A few times (much less than half the time)
- Almost never or never

2. **Over the past 4 weeks** when you had erections with sexual stimulation****, how often were your erections hard enough for penetration?

Please check one box only.

- No sexual stimulation
- Almost always or always
- Most times (much more than half the time)
- Sometimes (about half the time)
- A few times (much less than half the time)
- Almost never or never

The next 3 questions will ask about the erections you may have had during sexual intercourse*.

3. **Over the past 4 weeks** when you attempted sexual intercourse* how often were you able to penetrate (enter) your partner?

Please check one box only.

- Did not attempt intercourse
- Almost always or always
- Most times (much more than half the time)
- Sometimes (about half the time)
- A few times (much less than half the time)
- Almost never or never

4. **Over the past 4 weeks** during sexual intercourse* **how often** were you able to maintain your erection after you had penetrated (entered) your partner?

Please check one box only.

- Did not attempt intercourse
- Almost always or always
- Most times (much more than half the time)
- Sometimes (about half the time)
- A few times (much less than half the time)
- Almost never or never

5. **Over the past 4 weeks** during sexual intercourse* **how difficult** was it to maintain your erection to completion of intercourse?

Please check one box only.

- Did not attempt intercourse
- Extremely difficult
- Very difficult
- Difficult
- Slightly difficult
- Not difficult

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6. **Over the past 4 weeks** how many times have you attempted sexual intercourse*?
Please check one box only.

- No attempts
- 1-2 attempts.....
- 3-4 attempts.....
- 5-6 attempts.....
- 7-10 attempts.....
- 11 + attempts.....

7. **Over the past 4 weeks** when you attempted sexual intercourse* how often was it satisfactory for **you**?
Please check one box only.

- Did not attempt intercourse
- Almost always or always
- Most times (much more than half the time).....
- Sometimes (about half the time)
- A few times (much less than half the time)
- Almost never or never

8. **Over the past 4 weeks** how much have you enjoyed sexual intercourse*?
Please check one box only.

- No intercourse.....
- Very highly enjoyable.....
- Highly enjoyable.....
- Fairly enjoyable.....
- Not very enjoyable.....
- Not enjoyable.....

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9. **Over the past 4 weeks** when you had sexual stimulation**** **or** intercourse* how often did you ejaculate***?

Please check one box only.

- No sexual stimulation or intercourse.....
- Almost always or always.....
- Most times (much more than half the time).....
- Sometimes (about half the time).....
- A few times (much less than half the time).....
- Almost never or never.....

10. **Over the past 4 weeks** when you had sexual stimulation**** **or** intercourse* how often did you have the feeling of orgasm with or without ejaculation***?

Please check one box only.

- No sexual stimulation or intercourse.....
- Almost always or always.....
- Most times (much more than half the time).....
- Sometimes (about half the time).....
- A few times (much less than half the time).....
- Almost never or never.....

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The next 2 questions ask about sexual desire. Let's define sexual desire as a feeling that may include wanting to have a sexual experience (e.g. masturbation or intercourse*), thinking about sex, or feeling frustrated due to lack of sex.

11. **Over the past 4 weeks** how often have you felt **sexual desire**?

Please check one box only.

- Almost always or always
- Most times (much more than half the time).....
- Sometimes (about half the time)
- A few times (much less than half the time)
- Almost never or never

12. **Over the past 4 weeks** how would you rate your level of **sexual desire**?

Please check one box only.

- Very high.....
- High.....
- Moderate
- Low.....
- Very low or none at all

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13. **Over the past 4 weeks** how satisfied have you been with your overall **sex life**?
Please check one box only.

- Very satisfied
- Moderately satisfied.....
- About equally satisfied and dissatisfied
- Moderately dissatisfied.....
- Very dissatisfied.....

14. **Over the past 4 weeks** how satisfied have you been with your **sexual relationship** with your partner?
Please check one box only.

- Very satisfied
- Moderately satisfied.....
- About equally satisfied and dissatisfied
- Moderately dissatisfied.....
- Very dissatisfied.....

15. **Over the past 4 weeks** how would you rate your **confidence** that you could get and keep an erection?
Please check one box only.

- Very high.....
- High.....
- Moderate
- Low.....
- Very low

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