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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** 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.

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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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*** 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.
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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**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.
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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*** 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.
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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