Patient Name:	Date of Birth:	Age:
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The IIEF-5 Questionnaire (SHIM)

Please encircle the response that best describes you for the following five questions:

Over the past 6 months:

1.	How do you rate	Very Low	Low	Moderate	High	Very High
	your confidence that you could get and keep an erection?	1	2	3	4	5
2.	When you had erections with	Almost never or	A few times	Sometimes	Most times	Almost always or
	sexual stimulation, how often were your erections hard	never	(much less than half the time)	(about half the time)	(much more than half the time)	always
	enough for penetration?	1	2	3	4	5
3.	During sexual	Almost	A few times	Sometimes	Most times	Almost
	intercourse, how often were you able to maintain your erection after	never or never	(much less than half the time)	(about half the time)	(much more than half the time)	always or always
	you had penetrated your partner?	1	2	3	4	5
4.	During sexual intercourse, how difficult was it to maintain your	Extremely difficult	Very difficult	Difficult	Slightly difficult	Not difficult
	erection to completion of intercourse?	1	2	3	4	5
5.	When you	Almost	A few times	Sometimes	Most times	Almost
	attempted sexual intercourse, how often was it satisfactory for	never or never	(much less than half the time)	(about half the time)	(much more than half the time)	always or always
	you?	1	2	3	4	5