

International Index of Erectile Dysfunction Questionnaire (5Q-SF)

This questionnaire will help the doctor determine your diagnosis and best treatment plan
Please answer EVERY question to the best of your ability

These questions ask about the effects that your erection problems have had on your sex life over the last four weeks. Please try to answer the questions as honestly and as clearly as you are able. Your answers will help your doctor to choose the most effective treatment suited to your condition. In answering the questions, the following definitions apply:

sexual activity includes intercourse, caressing, foreplay & masturbation

sexual intercourse is defined as sexual penetration of your partner

sexual stimulation includes situation such as foreplay, erotic pictures etc.

1	How do you rate your confidence that you could get and keep an erection?	1 Very low or none at all 2 Low 3 Moderate 4 High 5 Very high	<input type="checkbox"/>
	Confidence		
2	When you had erections with sexual stimulation, how often were your erections hard enough for penetration?	0 No sexual activity 1 Almost never or never 2 A few times (less than half the time) 3 Sometimes (about half the time) 4 Most times (more than half the time) 5 Almost always or always	<input type="checkbox"/>
	Firmness		
3	During sexual intercourse, how often were you able to maintain your erection after you had penetrated (entered) your partner?	0 Did not attempt intercourse 1 Almost never or never 2 A few times (less than half the time) 3 Sometimes (about half the time) 4 Most times (more than half the time) 5 Almost always or always	<input type="checkbox"/>
	Penetration		
4	During sexual intercourse, how difficult was it to maintain your erection to completion of intercourse?	0 Did not attempt intercourse 1 Extremely difficult 2 Very difficult 3 Difficult 4 Slightly difficult 5 Not difficult	<input type="checkbox"/>
	Maintenance		
5	When you attempted sexual intercourse, how often was it satisfactory for you?	0 Did not attempt intercourse 1 Almost never or never 2 A few times (less than half the time) 3 Sometimes (about half the time) 4 Most times (more than half the time) 5 Almost always or always	<input type="checkbox"/>
	Satisfaction		

Would you be interested in learning more about our other services? Please circle all that apply:

Hormone Optimization Geneneve Gainswave Supplements PRP