International Index Erectile Function Scoresheet

Dr Name _____ Address _____

Patient Name _____ Date _____

Age Group 40 – 49 ☐ 50 – 59 ☐ 60 – 69 ☐ 70+ ☐

Please circle your choice of answer below

	Not at all	Almost never or never	A few times (less than half the time)	Sometimes (half the time)	Most times (half the time)	Almost always or always	Your score
1. CONFIDENCE Over the past month, how do you rate your confidence that you could get and keep an erection?	0	1	2	3	4	5	
2. HARDNESS Over the last month when you last had an erection with sexual stimulation, how often were your erections hard enough for penetration?	0	1	2	3	4	5	
3. FREQUENCY Over the last month during sexual intercourse, how often were you able to maintain your erection after you had penetrated (entered) your partner?	0	1	2	3	4	5	
4. DIFFICULTY Over the last month during sexual intercourse, how difficult was it to maintain your erection to completion of intercourse?	0	1	2	3	4	5	
5. SATISFACTION Over the last month when you attempted sexual intercourse, how often was it satisfactory for you?	0	1	2	3	4	5	

Which of the above do you regard as the most troublesome? (1-5) _____

TOTAL ERECTION SYMPTOM SCORE _____

	Delighted	Pleased	Mostly satisfied	Mixed satisfied and dissatisfied	Mostly dissatisfied	Unhappy	Terrible
QUALITY OF LIFE DUE TO ORDINARY SYMPTOMS If you were to spend the rest of your life with your erectile condition just the way it is now, how would you feel about that? (Tick one.)	0	1	2	3	4	5	6

Reference: 3. Raymond C et al. Urology 1997; 49: 822-830.