

IMPACT: Sexual Function in Men

Name: _____ DOB: _____

In these last few questions we ask you about the effects that your medical 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.

If you do not want to share this information, please SKIP this section.

① How often were you able to get an erection during sexual activity?

No sexual activity	Almost never or never	A few times (less than half the time)	Sometimes (about half the time)	Most times (more than half the time)	Almost always or always
<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

② When you had erection with sexual stimulation, how often were your erections hard enough for penetration?

No sexual activity	Almost never or never	A few times (less than half the time)	Sometimes (about half the time)	Most times (more than half the time)	Almost always or always
<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

③ When you attempted intercourse, how often were you able to penetrate (enter) your partner?

No sexual activity	Almost never or never	A few times (less than half the time)	Sometimes (about half the time)	Most times (more than half the time)	Almost always or always
<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

④ During sexual intercourse, how often were you able to maintain your erection after you penetrated (entered) your partner?

No sexual activity	Almost never or never	A few times (Less than half the time)	Sometimes (about half the time)	Most times (more than half the time)	Almost always or always
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
0	1	2	3	4	5

⑤ During sexual intercourse, how difficult was it to maintain your erection to completion of intercourse?

No sexual activity	Extremely difficult	Very difficult	Difficult	Slightly difficult	Not difficult
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
0	1	2	3	4	5

⑥ How do you rate your confidence that you could get and keep an erection?

Very low	Low	Moderate	High	Very High
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1	2	3	4	5

⑦ When you had sexual stimulation or intercourse, how often did you ejaculate?

No sexual stimulation or intercourse	Almost never or never	A few times (Less than half the time)	Sometimes (about half the time)	Most times (more than half the time)	Almost always or always
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
0	1	2	3	4	5

⑧ When you had sexual stimulation or intercourse, how often did you did you have the feeling or orgasm or climax?

No sexual stimulation or intercourse	Almost never or never	A few times (Less than half the time)	Sometimes (about half the time)	Most times (more than half the time)	Almost always or always
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
0	1	2	3	4	5