

IIEF Questionnaire

The purpose of this questionnaire is for the medical team to assess your erectile function.

Please read the following questions carefully and answer to the best of your knowledge. There are no right or wrong answers; give your best estimate.

If you have questions, consult your doctor or study coordinator and do not leave any questions unanswered.

Your answers will be kept **confidential**.

Please answer the following questions as honestly and clearly as possible. In answering these questions, the following definitions apply:

sexual activity includes intercourse, caressing, foreplay and masturbation;

sexual intercourse is defined as penetration of the partner (you entered your partner);

sexual stimulation includes situations like foreplay with a partner, looking at erotic pictures, etc;

ejaculate : the ejection of semen from the penis (or the feeling of this)

Subject IIEF Questionnaire

Clinical Study To Evaluate The Ability of MUSE To Decrease Erectile
Function Recovery Time In Post-Radical Prostatectomy Patients

Study Number : _____

Subject Number : _____

Subject Initials : ____ ____ ____

Date of Visit : _____

Visit Number (1, 2, 3, 4, 5, 6, 8) : _____

Subject IIEF Questionnaire

Study Number : _____ Subject Number : _____

1. Over the past 4 weeks (if your first visit) or since your last office visit, how often were you able to get an erection during sexual activity? (Please “x” 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 (if your first visit) or since your last office visit, when you had erections with sexual stimulation, how often were your erections hard enough for penetration? (Please “x” 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 three questions will ask about the erections you may have had during sexual intercourse.

3. Over the past 4 weeks (if your first visit) or since your last office visit, when you attempted sexual intercourse, how often were you able to penetrate (enter) your partner? (Please “x” 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

Subject IIEF Questionnaire

Study Number : _____ Subject Number : _____

4. Over the past 4 weeks (if your first visit) or since your last office visit, during sexual intercourse, how often were you able to maintain your erection after you had penetrated (entered) your partner? (Please “x” 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 (if your first visit) or since your last office visit, during sexual intercourse, how difficult was it to maintain your erection to completion of intercourse? (Please “x” one box only)

- Did not attempt intercourse
- Extremely difficult
- Very difficult
- Difficult
- Slightly difficult
- Not difficult

6. Over the past 4 weeks (if your first visit) or since your last office visit, how many times have you attempted sexual intercourse? (Please “x” one box only)

- No attempts
- 1-2 attempts
- 3-4 attempts
- 5-6 attempts

- 7-10 attempts
- 11+ attempts

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7. Over the past 4 weeks (if your first visit) or since your last office visit, when you attempted sexual intercourse how often was it satisfactory for you? (Please “x” 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 (if your first visit) or since your last office visit, how much have you enjoyed sexual intercourse? (Please “x” one box only)

- No intercourse
- Very highly enjoyable
- Highly enjoyable
- Fairly enjoyable
- Not very enjoyable
- No enjoyment

9. Over the past 4 weeks (if your first visit) or since your last office visit, when you had sexual stimulation or intercourse how often did you ejaculate? (Please “x” one box only)

- No sexual stimulation/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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10. Over the past 4 weeks (if your first visit) or since your last office visit, when you had sexual stimulation or intercourse, how often did you have the feeling of orgasm (with or without ejaculation)? (Please "x" one box only)

- No sexual stimulation/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

The next two questions ask about sexual desire. Let's define sexual desire as a feeling that may include wanting to have a sexual experience (for example masturbation or intercourse), thinking about having sex, or feeling frustrated due to lack of sex.

11. Over the past 4 weeks (if your first visit) or since your last office visit, how often have you felt sexual desire? (Please "x" 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 (if your first visit) or since your last office visit, how would you rate your level of sexual desire? (Please "x" one box only)

- Very high
- High

- Moderate
- Low
- Very low or none at all

Subject IIEF Questionnaire

Study Number : _____ Subject Number : _____

13. Over the past 4 weeks (if your first visit) or since your last office visit, how satisfied have you been with your overall sex life? (Please "x" one box only)

- Very satisfied
- Moderately satisfied
- About equally satisfied and dissatisfied
- Moderately dissatisfied
- Very dissatisfied

14. Over the past 4 weeks (if your first visit) or since your last office visit, how satisfied have you been with your sexual relationship with your partner? (Please "x" one box only)

- Very satisfied
- Moderately satisfied
- About equally satisfied and dissatisfied
- Moderately dissatisfied
- Very dissatisfied

15. Over the past 4 weeks (if your first visit) or since your last office visit, how do you rate your confidence that you can get and keep your erection? (Please "x" one box only)

- Very high
- High
- Moderate
- Low
- Very low

Thank you for completing this questionnaire

Subject IIEF Questionnaire – IIEF Summary Scoring Form

Study Number : ____ Subject Number : ____ Subject Initials : ____

Date of Visit : _____ Visit Number (1, 2, 3, 4, 5, 6, 8) : _____

Using the IIEF questionnaire scoring key below, transcribe the number corresponding to each answer selected for the following questions:

Question #1 _____

Question #4 _____

Question #2 _____

Question #5 _____

Question #3 _____

Question #15 _____

Add the scores for the 6 questions _____ (Erectile Function score)
(Score should be ≥ 26 prior to surgery and ≤ 26 at first visit after surgery to be included in the study)

Scoring Key for IIEF Questionnaire

Question #1

0 = No sexual activity
 5 = Almost always or always
 4 = Most times (much more than half the time)
 3 = Sometimes (about half the time)
 2 = A few times (much less than half the time)
 1 = Almost never or never

Question #2

0 = No sexual stimulation
 5 = Almost always or always
 4 = Most times (much more than half the time)
 3 = Sometimes (about half the time)
 2 = A few times (much less than half the time)
 1 = Almost never or never

Question #3

0 = Did not attempt intercourse
 5 = Almost always or always

Question #4

0 = Did not attempt intercourse
 5 = Almost always or always
 4 = Most times (much more than half the time)
 3 = Sometimes (about half the time)
 2 = A few times (much less than half the time)
 1 = Almost never or never

Question #5

0 = Did not attempt intercourse
 1 = Extremely difficult
 2 = Very difficult
 3 = Difficult
 4 = Slightly difficult
 5 = Not difficult

Question #15

5 = Very high
 4 = High

4 = Most times (much more than half the time)
3 = Sometimes (about half the time)
2 = A few times (much less than half the time)
1 = Almost never or never

3 = Moderate
2 = Low
1 = Very low