



# Sexual Health Inventory for Men



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Erectile dysfunction (ED) is a common medical condition affecting sexual health with many different treatment options. This questionnaire helps you and your doctor determine if you are experiencing ED. For each question, circle the number of the response that best describes your situation.

**Considering your sexual activity over the past six months:**

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

<b>1</b> very low	<b>2</b> low	<b>3</b> moderate	<b>4</b> high	<b>5</b> very high
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When you had erections with sexual stimulation, how often were your erections hard enough for penetration (entering your partner)?

<b>1</b> almost never or never	<b>2</b> a few times (much less than ½ the time)	<b>3</b> sometimes (about ½ the time)	<b>4</b> most times (much more than ½ the time)	<b>5</b> almost always or always
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During sexual intercourse, how often were you able to maintain your erection after you had penetrated (entered) your partner?

<b>1</b> almost never or never	<b>2</b> a few times (much less than ½ the time)	<b>3</b> sometimes (about ½ the time)	<b>4</b> most times (much more than ½ the time)	<b>5</b> almost always or always
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During sexual intercourse, how difficult was it to maintain your erection to completion of intercourse?

<b>1</b> extremely difficult	<b>2</b> very difficult	<b>3</b> difficult	<b>4</b> slightly difficult	<b>5</b> not difficult
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When you attempted sexual intercourse, how often was it satisfactory for you?

<b>1</b> almost never or never	<b>2</b> a few times (much less than ½ the time)	<b>3</b> sometimes (about ½ the time)	<b>4</b> most times (much more than ½ the time)	<b>5</b> almost always or always
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Add the numbers for each question and refer to the table to learn what your score may mean. Remember, only your doctor can decide if you have ED.

22 - 25	no signs of ED
17 - 21	mild ED
12 - 16	mild to moderate ED
8 - 11	moderate ED
1 - 7	severe ED

**Have you experienced any of the following medical factors that contribute to ED?**

	YES	NO
aneurysm		
diabetes		
heart problem		
heart surgery/stent		
high blood pressure		
high cholesterol		
leg pain with walking		
short of breath		
stroke/TIA		
tobacco use		
vascular surgery		

**Provide the following information about yourself.**

height \_\_\_\_\_ age \_\_\_\_\_

weight \_\_\_\_\_ waist size \_\_\_\_\_

Have you experienced any issues related to low testosterone? \_\_\_\_\_

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