

# IIEF-5 Questionnaire (SHIM)

Cedars Sinai Academic Urology Practice

Name (First and Last)

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Appointment Date  
(mm/dd/yyyy)

Appointment Time

Over the Past 6 months:

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

1. Very low
2. Low
3. Moderate
4. High
5. Very High

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

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

3. During sexual intercourse, how often were you able to maintain your erection after you had penetrated your partner?

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

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

1. Extremely difficult
2. Very difficult
3. Difficult
4. Slightly difficult
5. Not difficult

5. When you attempted sexual intercourse, how often was it satisfactory for you?

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

