MPP Specialists at MedStar St. Mary's Hospital 23140 Moakley Street, Suite 2 Leonardtown, MD 20650 Phone: (301) 475-7750 Fax: (301) 475-7730



Patient Name: _____ DOB: _____ Dote: _____ Date: _____

ED Symptom Score

Over the past six months:	1	2	3	4	5
1. How do you rate your confidence that you could get and keep an erection?	Very low	Low	Moderate	High	Very high
2. When you had erections with sexual stimulation, how often were your erections hard enough for penetration?	Almost never or never	Much less than half the time	About half the time	Much more than half the time	Almost always or always
3. During sexual intercourse, how often were you able to maintain your erection after you had penetrated (entered) your partner?	Almost never or never	Much less than half the time	About half the time	Much more than half the time	Almost always or always
4. During sexual intercourse, how difficult was it to maintain your erection to the completion of intercourse?	Extremely difficult	Very difficult	Difficult	Slightly difficult	Not difficult
TOTAL IIEF-5 SYMPTOM SCORE					