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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 | | | | | |