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**SEXUAL HEALTH INVENTORY FOR MEN**

(Each question has several possible responses. Circle the number of the response that **best describes** your own situation. Please be sure that you select one and only one response for **each question**.)

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

|          |     |          |      |           |
|----------|-----|----------|------|-----------|
| Very low | Low | Moderate | High | Very high |
| 1        | 2   | 3        | 4    | 5         |

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

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

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

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

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

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

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

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

**Total Score:** \_\_\_\_\_

Add the numbers corresponding to questions 1-5. If your score is 21 or less, you may want to speak with your doctor.