



SEXUAL HEALTH INVENTORY FOR MEN

Please circle the number of the answer that **best describes** you sex life.
Pick only 1 number for each question.

Over the last 6-months:

1	How do you rate your <u>confidence</u> 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, <u>how often</u> were your erections hard enough for penetration (entering your partner)?	0 No sexual activity	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, <u>how often</u> were you able to maintain your erection after you had penetrated (entered) your partner?	0 Did not attempt intercourse	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, <u>how difficult</u> was it to maintain your erection to completion of intercourse?	0 Did not attempt intercourse	1 Extremely difficult	2 Very difficult	3 Difficult	4 Slightly difficult	5 Not difficult
5	When you attempted sexual intercourse, <u>how often</u> was it satisfactory for you?	0 Did not attempt intercourse	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

Name

Date

Total Score