

Chart Number: \_\_\_\_\_

Date Completed: \_\_\_\_\_

Legal Name (Last, First, Middle Initial): \_\_\_\_\_

DOB: \_\_\_\_\_

# ERECTILE DYSFUNCTION SYMPTOM SCORECARD

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**Directions:** Complete this self-test by circling the number which best represents your situation. Determine your Erectile Dysfunction (ED) Score by adding up the numbers.

<b>ED SYMPTOM SCORECARD</b>						
<b>Symptom Question</b>	<b>Answer Value</b>					
	<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
Over the past six months, how do you rate your confidence that you could get and keep an erection?	None	Very Low	Low	Moderate	High	Very High
Over the past six months, when you had erections with sexual stimulations, how often were your erections hard enough for penetration?	No Sexual Activity	Almost Never or Never	Much Less Than Half the Time	About Half the Time	Much More Than Half the Time	Almost Always or Always
Over the past six months, during sexual intercourse, how often were you able to maintain your erection after you had penetrated your partner?	Did Not Attempt Intercourse	Almost Never or Never	Much Less Than Half the Time	About Half the Time	Much More Than Half the Time	Almost Always or Always
Over the past six months, during sexual intercourse how difficult was it to maintain your erection to the completion of intercourse?	Did Not Attempt Intercourse	Extremely Difficult	Very Difficult	Difficult	Slightly Difficult	Not Difficult
When you attempted sexual intercourse, how often was it satisfactory to you?	Did Not Attempt Intercourse	Almost Never or Never	Much Less Than Half the Time	About Half the Time	Much More Than Half the Time	Almost Always or Always

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

**Discuss your answers with your doctor.**