



How long have you had sexual dysfunction: _____

Did the problem start: **A. Gradually** or **B. Suddenly** (Circle One)

If sudden, was it related in onset to: (Circle One)

A. Surgery B. New medication C. Life event D. Injury

The IIEF-5 Questionnaire (SHIM)

Please circle the Responses that best describe you for the following five questions:

Over the past 6 months: 1. How do you rate your confidence that you can get and keep an erection?	Very Low 1	Low – 2	Moderate 3	High 4	Very High 5
2. When you had erections with sexual stimulation, how often were your erections hard enough for penetration?	Almost never or never 1	A few times (much less than half the time) 2	Sometimes (about half the time) x3	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 your partner?	Almost never or never 1	A few times (much less than half the time) 2	Sometimes (about half the time) x3	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?	Almost never or never 1	A few times (much less than half the time) 2	Sometimes (about half the time) x3	Most times (much more than half the time) 4	Almost always or always 5
5. When you attempted sexual intercourse, how often was it satisfactory for you.	Almost never or never 1	A few times (much less than half the time) 2	Sometimes (about half the time) x3	Most times (much more than half the time) 4	Almost always or always 5

Total Score _____

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How would you rate your level of sexual desire? (circle one)

- 0 – none
- 1 – very low
- 2 – low
- 3 – moderate
- 4 – high
- 5 – very high

What is the rigidity of your penis upon achieving orgasm? (circle one)

- 1 – unable to achieve orgasm
- 2 – no erection at all
- 3 – partial (equal to or less than half erection)
- 4 – partial (better than half erect)
- 5 – full erection

Have you tried Viagra, Levitra, or Cialis? (circle one) YES NO

Have you tried injection therapy? (circle one) YES NO

Did the injections produce a satisfactory erection? (circle one) YES NO

Have you tried any other treatments? (circle one) YES NO

What was the treatment? _____

Have you ever injured your penis? (circle one) YES NO

Has your penis ever been forcibly bent while erect? (circle one) YES NO

Have you had a straddle injury? (circle one) YES NO

Have you injured your spinal cord? (circle one) YES NO

Have you had your prostate removed for cancer? (circle one) YES NO

Have you undergone radiation therapy for prostate cancer? (circle one) YES NO

How many children do you have? _____

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