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# THE INTERNATIONAL INDEX OF ERECTILE FUNCTION (IIEF): A MULTIDIMENSIONAL SCALE FOR ASSESSMENT OF ERECTILE DYSFUNCTION

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## ABSTRACT

**Objectives.** To develop a brief, reliable, self-administered measure of erectile function that is cross-culturally valid and psychometrically sound, with the sensitivity and specificity for detecting treatment-related changes in patients with erectile dysfunction.

**Methods.** Relevant domains of sexual function across various cultures were identified via a literature search of existing questionnaires and interviews of male patients with erectile dysfunction and of their partners. An initial questionnaire was administered to patients with erectile dysfunction, with results reviewed by an international panel of experts. Following linguistic validation in 10 languages, the final 15-item questionnaire, the International Index of Erectile Function (IIEF), was examined for sensitivity, specificity, reliability (internal consistency and test-retest repeatability), and construct (concurrent, convergent, and discriminant) validity.

**Results.** A principal components analysis identified five factors (that is, erectile function, orgasmic function, sexual desire, intercourse satisfaction, and overall satisfaction) with eigenvalues greater than 1.0. A high degree of internal consistency was observed for each of the five domains and for the total scale (Cronbach's alpha values of 0.73 and higher and 0.91 and higher, respectively) in the populations studied. Test-retest repeatability correlation coefficients for the five domain scores were highly significant. The IIEF demonstrated adequate construct validity, and all five domains showed a high degree of sensitivity and specificity to the effects of treatment. Significant ( $P$  values = 0.0001) changes between baseline and post-treatment scores were observed across all five domains in the treatment responder cohort, but not in the treatment nonresponder cohort.

**Conclusions.** The IIEF addresses the relevant domains of male sexual function (that is, erectile function, orgasmic function, sexual desire, intercourse satisfaction, and overall satisfaction), is psychometrically sound, and has been linguistically validated in 10 languages. This questionnaire is readily self-administered in research or clinical settings. The IIEF demonstrates the sensitivity and specificity for detecting treatment-related changes in patients with erectile dysfunction. UROLOGY 49: 822-830, 1997. © 1997, Elsevier Science Inc. All rights reserved.

Erectile dysfunction (ED), defined by a National Institutes of Health (NIH) Consensus Development Conference as the inability to achieve or

maintain an erection sufficient for satisfactory sexual performance,<sup>1</sup> is estimated to affect as many as 30 million men in the United States.<sup>2</sup> The problem is strongly age-related, with an approximately two-fold to threefold increase in the prevalence of moderate-to-severe ED between the ages of 40 and 70 years.<sup>2</sup> A variety of medical, psychologic, and lifestyle factors have been implicated in the etiology of ED,<sup>2-4</sup> which impacts negatively on self-esteem, quality of life, and interpersonal relationships.<sup>1</sup>

Although laboratory-based diagnostic procedures are available, it has been proposed that sexual function is best assessed in a naturalistic setting with patient self-report techniques.<sup>5,6</sup> For this purpose, multidimensional instruments are more

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**INTERNATIONAL INDEX  
OF ERECTILE FUNCTION  
(IIEF)**

HOSPITAL NUMBER (IF KNOWN)

□□□□□□□□

NAME

.....

DATE OF BIRTH

□□/□□/□□

AGE

□□

ADDRESS

.....  
.....  
.....

**Patient Questionnaire**

TELEPHONE

.....

These questions ask about the effects that your erection problems have had on your sex life over the last four weeks. Please try to answer the questions as honestly and as clearly as you are able. Your answers will help your doctor to choose the most effective treatment suited to your condition. In answering the questions, the following definitions apply:

- sexual activity includes intercourse, caressing, foreplay & masturbation
- sexual intercourse is defined as sexual penetration of your partner
- sexual stimulation includes situation such as foreplay, erotic pictures etc.
- ejaculation is the ejection of semen from the penis (or the feeling of this)
- orgasm is the fulfilment or climax following sexual stimulation or intercourse

Over the past 4 weeks:

*Please check one box only*

Q1 How often were you able to get an erection during sexual activity?

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

Q2 When you had erections with sexual stimulation, how often were your erections hard enough for penetration?

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

Q3 When you attempted intercourse, how often were you able to penetrate (enter) your partner?

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

Q4 During sexual intercourse, how often 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 (less than half the time)
- 3 Sometimes (about half the time)
- 4 Most times (more than half the time)
- 5 Almost always or always

Q5 During sexual intercourse, how difficult 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

**This is the end of the sample IIEF questionnaire.  
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## ORIGINAL RESEARCH—COUPLES' SEXUAL DYSFUNCTIONS

# International Index of Erectile Function (IIEF) Scores Generated by Men or Female Partners Correlate Equally Well With Own Satisfaction (Sexual, Partnership, Life, and Mental Health)

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### ABSTRACT

**Introduction.** Erectile dysfunction has adverse implications for both men and their female partners. The International Index of Erectile Function (IIEF) is a widely used self-report measure. It was unclear whether scores generated by women on behalf of men are comparable to self-reports, and how IIEF scores are associated with satisfaction for both sexes in both sexual and nonsexual realms (e.g., mental health).

**Aims.** To examine sex differences in IIEF-5 scores generated by both sexes, and to examine associations of IIEF-5 scores with satisfaction aspects (sexual, life, own mental health, partnership) and with women's vaginal orgasm consistency (VOC).

**Methods.** A representative sample of Czechs (787 men and 720 women not from the same couple) aged 35–65 years completed the IIEF-5, LiSat satisfaction scale items, and provided penile–vaginal intercourse (PVI) frequency, and for women, VOC.

**Main Outcome Measures.** Correlations between satisfaction measures and IIEF-5 scores separately by sex. To examine sex differences: *t*-test for IIEF-5 score and tests for difference of a correlation for associations of IIEF-5 with satisfaction measures. Analysis of covariance examined the association of IIEF-5 scores and VOC. Multiple regression calculated satisfaction scores from IIEF-5, PVI frequency, age, and for women: VOC.

**Results.** IIEF-5 scores generated by men and by women were similar, and similarly positively correlated with all satisfaction measures ( $r$ : 0.41–0.45 with sexual, 0.23–0.34 with other; all  $P < 0.001$ ). IIEF-5 correlated positively with VOC. Multivariate analyses indicated IIEF-5 scores; PVI frequency (and for women, VOC) make independent contributions to aspects of satisfaction for both sexes.

**Conclusions.** In this representative sample, women generated IIEF-5 scores similar to men-generated scores. For both sexes, greater IIEF-5 scores and PVI frequency (plus VOC for women) are associated with greater sexual and nonsexual satisfaction. Better erectile function was associated with greater VOC. Greater support for optimizing specifically PVI function, frequency, and quality is warranted. **Weiss P and Brody S. International Index of Erectile Function (IIEF) scores generated by men or female partners correlate equally well with own satisfaction (sexual, partnership, life, and mental health). J Sex Med 2011;8:1404–1410.**

**Key Words.** Erectile Dysfunction; Sexual Intercourse; Sexual Satisfaction; Life Satisfaction; Mental Health Satisfaction; Partnership Satisfaction; Sex Differences; Orgasm

### Introduction

Studies from a variety of countries have indicated that specifically penile–vaginal intercourse (PVI) frequency and the orgasm it produces

(the latter sometimes being more precisely measured for women with the specification of vaginal orgasm—elicited by PVI without concurrent clitoral masturbation) are associated with indices of better physiological and psychological function for

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## The IIEF-5 Questionnaire (SHIM)

Please encircle the response that best describes you for the following five questions:

<b>Over the past 6 months:</b>					
1. How do you rate your confidence that you could 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) 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 your partner?	Almost never of 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

**This is the end of the sample IIEF5 questionnaire.  
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