Sunshine
Health Care Center
5620 West Thunderbird Road, E-1
Glendale, AZ 85306
(623) 266-1722

Erectile Dysfunction Intensity Scale (EDIS)

PATIENT INFORMATION

Name _____

DOB _____ DATE _____

INSTRUCTIONS

Please fill out this intake honestly and accurately. The results are private and confidential between you and your doctor. Bring this intake with you to your next visit to Sunshine Health Care Center. When you are ready, please schedule an appointment with your physician to discuss your options for treating erectile dysfunction.

Questions are for the last six (6) months. Please choose only one option by circling the number.

	Almost Never or Never	A Few Times (less than half the time)	Sometimes (about half the time)	Most Times (more than half the time)	Almost Always or Always
How often were you able to get an erection during sexual activity?	1	2	3	4	5
When you had erections with sexual stimulation, how often were your erections hard enough for penetration (entering your partner)?	1	2	3	4	5
When you attempted intercourse, how often were you able to penetrate (enter) your partner?	1	2	3	4	5
During sexual intercourse, how often were you able to maintain your erection after you had penetrated (entered) your partner?	1	2	3	4	5
	Extremely Difficult	Very Difficult	Difficult	Slightly Difficult	Not Difficult
During sexual intercourse, how difficult was it to maintain your erection to completion of intercourse?	1	2	3	4	5