

Participant ID

Nickname

Outcome visit

Diabetes Prevention Program Outcomes Study  
**Q22 Male Sexual Function Questionnaire**

This self-administered form is completed at the 15A annual visit. The participant should complete the questionnaire on the following 5 pages.

A. Participant Identification

1. Clinic number

2. Participant number

3. Nickname

4. Date of randomization

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
month	day	year			

5. Sex

Male  1 Female  2

6. Outcome visit

**VISIT**

7. Date of visit

IEFVSTDT  
Replaced with  
DAYSRAND

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
month	day	year			

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**INSTRUCTIONS:** These questions ask about the effect that your erection problems have had on your sex life over the past 4 weeks. Please answer these questions as honestly and as clearly as possible. Please answer every question by marking an X in the appropriate box. If you are unsure about how to answer, please give the best answer you can.

In answering these questions, the following definitions apply:

\* Sexual intercourse is defined as sexual penetration (entry) of the partner.

\*\* Sexual activity includes intercourse, caressing, foreplay, and masturbation.

\*\*\* Ejaculate is defined as the ejection of semen from the penis (or sensation of this).

\*\*\*\* Sexual stimulation includes situations such as loveplay with a partner, looking at erotic pictures, etc.

B. IEEF Questionnaire

- |   |                         |  |
|---|-------------------------|--|
| <p>1. <u>Over the past 4 weeks</u> how often were you able to get an erection during sexual activity**?</p>   | <p><b>IEFOFTERE</b></p> | <p><b>MARK WITH AN 'X' ONLY ONE</b></p> <p>No sexual activity <input type="checkbox"/></p> <p>Almost always or always <input type="checkbox"/></p> <p>Most times (much more than half the time) <input type="checkbox"/></p> <p>Sometimes (about half the time) <input type="checkbox"/></p> <p>A few times (much less than half the time) <input type="checkbox"/></p> <p>Almost never or never <input type="checkbox"/></p>    |
| <p>2. <u>Over the past 4 weeks</u> when you had erections with sexual stimulation****, how often were your erections hard enough for penetration?</p> | <p><b>IEFOFTPEN</b></p> | <p><b>MARK WITH AN 'X' ONLY ONE</b></p> <p>No sexual stimulation <input type="checkbox"/></p> <p>Almost always or always <input type="checkbox"/></p> <p>Most times (much more than half the time) <input type="checkbox"/></p> <p>Sometimes (about half the time) <input type="checkbox"/></p> <p>A few times (much less than half the time) <input type="checkbox"/></p> <p>Almost never or never <input type="checkbox"/></p> |

The next 3 questions will ask about the erections you may have had during sexual intercourse\*.

- |   |                        |  |
|---|------------------------|--|
| <p>3. <u>Over the past 4 weeks</u> when you attempted sexual intercourse*, how often were you able to penetrate (enter) your partner?</p> | <p><b>IEFENTER</b></p> | <p><b>MARK WITH AN 'X' ONLY ONE</b></p> <p>Did not attempt intercourse <input type="checkbox"/></p> <p>Almost always or always <input type="checkbox"/></p> <p>Most times (much more than half the time) <input type="checkbox"/></p> <p>Sometimes (about half the time) <input type="checkbox"/></p> <p>A few times (much less than half the time) <input type="checkbox"/></p> <p>Almost never or never <input type="checkbox"/></p> |
|---|------------------------|--|

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4. **Over the past 4 weeks** during sexual intercourse\*, **how often** were you able to maintain your erection after you had penetrated (entered) your partner?

IEFEREPEN

MARK WITH AN 'X' ONLY ONE

- Did not attempt intercourse
- Almost always or always
- Most times (much more than half the time)
- Sometimes (about half the time)
- A few times (much less than half the time)
- Almost never or never

5. **Over the past 4 weeks** during sexual intercourse\*, **how difficult** was it to maintain your erection to completion of intercourse?

IEFDIFCOM

MARK WITH AN 'X' ONLY ONE

- Did not attempt intercourse
- Extremely difficult
- Very difficult
- Difficult
- Slightly difficult
- Not difficult

6. **Over the past 4 weeks** how many times have you attempted sexual intercourse\*?

IEFTXSXIN

MARK WITH AN 'X' ONLY ONE

- No attempts
- 1-2 attempts
- 3-4 attempts
- 5-6 attempts
- 7-10 attempts
- 11+ attempts

\* **Sexual intercourse** is defined as sexual penetration (entry) of the partner.

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\*\*\*\* **Sexual stimulation** includes situations such as loveplay with a partner, looking at erotic pictures, etc.

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7. **Over the past 4 weeks** when you attempted sexual intercourse\*, how often was it satisfactory for **you**?

IEFOFTSAT

MARK WITH AN 'X' ONLY ONE

Did not attempt intercourse

Almost always or always

Most times (much more than half the time)

Sometimes (about half the time)

A few times (much less than half the time)

Almost never or never

8. **Over the past 4 weeks** how much have you enjoyed sexual intercourse\*?

IEFENJOY

MARK WITH AN 'X' ONLY ONE

No intercourse

Very highly enjoyable

Highly enjoyable

Fairly enjoyable

Not very enjoyable

Not enjoyable

9. **Over the past 4 weeks** when you had sexual stimulation\*\*\*\* **or** intercourse\*, how often did you ejaculate\*\*\*?

IEFOFTEJAC

MARK WITH AN 'X' ONLY ONE

No sexual stimulation or intercourse

Almost always or always

Most times (much more than half the time)

Sometimes (about half the time)

A few times (much less than half the time)

Almost never or never

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10. Over the past 4 weeks when you had sexual stimulation\*\*\* or intercourse\*, how often did you have the feeling of orgasm with or without ejaculation\*\*\*?

IEFOFTORGA

- MARK WITH AN 'X' ONLY ONE**
- No sexual stimulation or intercourse
- Almost always or always
- Most times (much more than half the time)
- Sometimes (about half the time)
- A few times (much less than half the time)
- Almost never or never

The next 2 questions ask about sexual desire. Let's define sexual desire as a feeling that may include wanting to have a sexual experience (e.g. masturbation or intercourse\*), thinking about sex, or feeling frustrated due to lack of sex.

11. Over the past 4 weeks how often have you felt sexual desire?

IEFOFTDES

- MARK WITH AN 'X' ONLY ONE**
- Almost always or always
- Most times (much more than half the time)
- Sometimes (about half the time)
- A few times ( much less than half the time)
- Almost never or never

12. Over the past 4 weeks how would you rate your level of sexual desire?

IEFLEVDES

- MARK WITH AN 'X' ONLY ONE**
- Very high
- High
- Moderate
- Low
- Very low or none at all

13. Over the past 4 weeks how satisfied have you been with your overall sex life?

IEFSXLIFE

- MARK WITH AN 'X' ONLY ONE**
- Very satisfied
- Moderately satisfied
- About equally satisfied and dissatisfied
- Moderately dissatisfied
- Very dissatisfied

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14. Over the past 4 weeks how satisfied have you been with your sexual relationship with your partner?

IEFSATPART

MARK WITH AN 'X' ONLY ONE

Very satisfied

Moderately satisfied

About equally satisfied and dissatisfied

Moderately dissatisfied

Very dissatisfied

15. Over the past 4 weeks how would you rate your confidence that you could get and keep an erection?

IEFCONERE

MARK WITH AN 'X' ONLY ONE

Very high

High

Moderate

Low

Very low

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