

Entered: \_\_/\_\_/20\_\_

Initials: \_\_\_\_\_

Verified: \_\_/\_\_/20\_\_

Initials: \_\_\_\_\_

Patient ID \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ ID

VISIT Visit: \_\_\_\_\_

For office use only.

### MALE PARTICIPANTS ONLY

#### Psychosocial Factors Associated with Weight Loss: An Ancillary Study to LABS-2 Erectile Function Questionnaire Follow-up (EFQF) – Version: 07/21/2006 FORMV

Form Completion Date \_\_/\_\_/20\_\_ EFQFDATE  
mm dd yy

**Instructions:** This questionnaire should be administered to male participants only. Check the single best answer for each item.

1. Over the past 4 weeks, how often were you able to get an erection during sexual activity? **ERECTACT**
  1. No sexual activity
  2. Almost never/never
  3. A few times (much less than half the time)
  4. Sometimes (about half the time)
  5. Most times (much more than half the time)
  6. Almost always/always
  
2. Over the past 4 weeks, when you had erections with sexual stimulation, how often were your erections hard enough for penetration? **SEXSTIM**
  1. No sexual activity
  2. Almost never/never
  3. A few times (much less than half the time)
  4. Sometimes (about half the time)
  5. Most times (much more than half the time)
  6. Almost always/always
  
3. Over the past 4 weeks, when you attempted sexual intercourse, how often were you able to penetrate (enter) your partner? **ATTSEX**
  1. Did not attempt intercourse
  2. Almost never/never
  3. A few times (much less than half the time)
  4. Sometimes (about half the time)
  5. Most times (much more than half the time)
  6. Almost always/always
  
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? **ERECPEN**
  1. Did not attempt intercourse
  2. Almost never/never
  3. A few times (much less than half the time)
  4. Sometimes (about half the time)
  5. Most times (much more than half the time)
  6. Almost always/always
  
5. Over the past 4 weeks, how difficult was it to maintain your erection to completion of intercourse? **ERECCOM**
  1. Did not attempt intercourse
  2. Extremely difficult
  3. Very difficult
  4. Difficult
  5. Slightly difficult
  6. Not difficult

6. Over the past 4 weeks, how many times have you attempted sexual intercourse? **ATTINTER**
1. No attempts
2. One to two attempts
3. Three to four attempts
4. Five to six attempts
5. Seven to ten attempts
6. Eleven+ attempts
7. Over the past 4 weeks, when you attempted sexual intercourse, how often was it satisfactory for you? **INTERSAT**
1. Did not attempt intercourse
2. Almost never/never
3. A few times (much less than half the time)
4. Sometimes (about half the time)
5. Most times (much more than half the time)
6. Almost always/always
8. Over the past 4 weeks, how much have you enjoyed sexual intercourse? **ENJSEX**
1. No intercourse
2. No enjoyment
3. Not very enjoyable
4. Fairly enjoyable
5. Highly enjoyable
6. Very highly enjoyable
9. Over the past 4 weeks, when you had sexual stimulation or intercourse, how often did you ejaculate? **OFTEJAC**
1. No sexual stimulation/intercourse
2. Almost never/never
3. A few times (much less than half the time)
4. Sometimes (about half the time)
5. Most times (much more than half the time)
6. Almost always/always
10. Over the past 4 weeks, when you had sexual stimulation or intercourse, how often did you have the feeling of orgasm or climax? **STIMORG**
1. No sexual stimulation/intercourse
2. Almost never/never
3. A few times (much less than half the time)
4. Sometimes (about half the time)
5. Most times (much more than half the time)
6. Almost always/always
11. Over the past 4 weeks, how often have you felt sexual desire? **SEXDES**
1. Almost never/never
2. A few times (much less than half the time)
3. Sometimes (about half the time)
4. Most times (much more than half the time)
5. Almost always/always
12. Over the past 4 weeks, how would you rate your level of sexual desire? **LEVSEX**
1. Very low/none at all
2. Low
3. Moderate
4. High
5. Very high

13. Over the past 4 weeks, how satisfied have you been with your overall sex life? **SEXLIFE1**
- 1. Very dissatisfied
  - 2. Moderately dissatisfied
  - 3. About equally satisfied and dissatisfied
  - 4. Moderately satisfied
  - 5. Very satisfied

14. Over the past 4 weeks, how satisfied have you been with your sexual relationship with your partner? **SEXREL**
- 1. Very dissatisfied
  - 2. Moderately dissatisfied
  - 3. About equally satisfied and dissatisfied
  - 4. Moderately satisfied
  - 5. Very satisfied

15. Over the past 4 weeks, how do you rate your confidence that you could get and keep an erection? **CONEREC**
- 1. Very low/none at all
  - 2. Low
  - 3. Moderate
  - 4. High
  - 5. Very high

16. Since your last visit, have you seen a doctor or other health professional for treatment of erectile dysfunction (impotence)? **ERECDYSF**
0. No     1. Yes

|         |   |  |
|---------|---|--|
| IF YES: | 16.1 Since your last visit, are you taking/have you tried Viagra, Cialis, or Levitra OR are you receiving another medical treatment for your sexual problem <b>SEXPROBF</b> | <input type="checkbox"/> 0. No <input type="checkbox"/> 1. Yes |
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J. Kirkpatrick, and A. Mishra, 1997