

Male Sexual Health Questionnaire© **(MSHQ)**

Male Sexual Health Questionnaire (MSHQ)

INTRODUCTION: The following questions concern various aspects of your ability to have sex. In answering these questions, please think about all aspects of the sexual activity you have had with your main partner, with other partners, or masturbating. By sexual activity, we mean any type of sex you may have had, including intercourse, oral sex or other sexual activities that could lead to ejaculation.

Some of these questions might be difficult to answer. Please answer as many as possible, and be as honest as you can when answering them. Please remember that all of your answers are confidential.

The first questions concern your erections, which some people refer to as "hard-ons".

In the last month have you taken Viagra or any similar drugs for problems with your erection? Yes No

Erection Scale

1. **In the last month**, without using drugs like Viagra, how often have you been able to get an erection when you wanted to? (Check only one)
 - 5 All of the time
 - 4 Most of the time
 - 3 About half of the time
 - 2 Less than half of the time
 - 1 None of the time
 - 0 Used Viagra or similar drug with every sexual encounter

2. **In the last month**, if you were able to get an erection without using drugs like Viagra, how often were you able to stay hard as long as you wanted to? (Check only one)
 - 5 All of the time
 - 4 Most of the time
 - 3 About half of the time
 - 2 Less than half of the time
 - 1 None of the time
 - 0 Used Viagra or similar drug with every sexual encounter

3. **In the last month**, if you were able to get an erection, without using drugs like Viagra, how would you rate the hardness of your erection? (Check only one)
 - 5 Completely hard
 - 4 Almost completely hard
 - 3 Mostly hard, but can be slightly bent
 - 2 A little hard, but bends easily
 - 1 Not at all hard
 - 0 Used Viagra or similar drug with every sexual encounter

ED Bother Item

4. **In the last month**, if you have had difficulty getting hard or staying hard without using drugs like Viagra, have you been bothered by this problem?... (Check only one)
- 5 Not at all bothered/Did not have a problem with erection
 - 4 A little bit bothered
 - 3 Moderately bothered
 - 2 Very bothered
 - 1 Extremely bothered

Ejaculation (Ej) Scale

INTRODUCTION: The next section deals with male ejaculation and the pleasure you have with ejaculation. Ejaculation or “cumming” is the release of semen or “cum” during sexual climax. These questions concern all of your ejaculations when having sexual activity. These could include ejaculations you have had with your main partner, as well as with other partners, or ejaculations you have had when masturbating.

5. **In the last month**, how often have you been able to ejaculate when having sexual activity? (Check only one)
- 5 All of the time
 - 4 Most of the time
 - 3 About half of the time
 - 2 Less than half of the time
 - 1 None of the time/Could not ejaculate
6. **In the last month**, when having sexual activity, how often did you feel that you took too long to ejaculate or “cum”? (Check only one)
- 5 None of the time
 - 4 Less than half of the time
 - 3 About half of the time
 - 2 Most of the time
 - 1 All of the time
 - 0 Could not ejaculate

7. **In the last month**, when having sexual activity, how often have you felt like you were ejaculating (“cumming”), but no fluid came out?
- 5 None of the time
 - 4 Less than half of the time
 - 3 About half of the time
 - 2 Most of the time
 - 1 All of the time
 - 0 Could not ejaculate
8. **In the last month**, how would you rate the strength or force of your ejaculation?
- 5 As strong as it always was
 - 4 A little less strong than it used to be
 - 3 Somewhat less strong than it used to be
 - 2 Much less strong than it used to be
 - 1 Very much less strong than it used to be
 - 0 Could not ejaculate
9. **In the last month**, how would you rate the amount or volume of semen when you ejaculate?
- 5 As much as it always was
 - 4 A little less than it used to be
 - 3 Somewhat less than it used to be
 - 2 Much less than it used to be
 - 1 Very much less than it used to be
 - 0 Could not ejaculate
10. **Compared to ONE month ago**, would you say the physical pleasure you feel when you ejaculate has...
- 5 Increased a lot
 - 4 Increased moderately
 - 3 Neither increased nor decreased
 - 2 Decreased moderately
 - 1 Decreased a lot
 - 0 Could not ejaculate
11. In the last month, have you experienced any physical pain or discomfort when you ejaculated? Would you say you have...
- 5 No pain at all
 - 4 Slight amount of pain or discomfort
 - 3 Moderate amount of pain or discomfort
 - 2 Strong amount of pain or discomfort
 - 1 Extreme amount of pain or discomfort
 - 0 Could not ejaculate

(EjD) Bother Item

12. **In the last month**, if you have had any ejaculation difficulties or have been unable to ejaculate, have you been bothered by this?

- 5 Not at all bothered
- 4 A little bit bothered
- 3 Moderately bothered
- 2 Very bothered
- 1 Extremely bothered

Satisfaction Scale

These next few questions ask about your relationship with your main partner over the **last month**. Some of these questions concern your sexual relationship, while others are about your overall relationship.

13. Generally, how satisfied are you with the overall sexual relationship you have with your main partner? (Check only one)

- 5 Extremely Satisfied
- 4 Moderately Satisfied
- 3 Neither Satisfied nor Unsatisfied
- 2 Moderately Unsatisfied
- 1 Extremely Unsatisfied

14. Generally, how satisfied are you with the quality of the sex life you have with your main partner?

- 5 Extremely Satisfied
- 4 Moderately Satisfied
- 3 Neither Satisfied nor Unsatisfied
- 2 Moderately Unsatisfied
- 1 Extremely Unsatisfied

15. Generally, how satisfied are you with the number of times you and your main partner have sex?

- 5 Extremely Satisfied
- 4 Moderately Satisfied
- 3 Neither Satisfied nor Unsatisfied
- 2 Moderately Unsatisfied
- 1 Extremely Unsatisfied

16. Generally, how satisfied are you with the way you and your main partner show affection during sex?

- 5 Extremely Satisfied
- 4 Moderately Satisfied
- 3 Neither Satisfied nor Unsatisfied
- 2 Moderately Unsatisfied
- 1 Extremely Unsatisfied

17. Generally, how satisfied are you with the way you and your main partner communicate about sex?

- 5 Extremely Satisfied
- 4 Moderately Satisfied
- 3 Neither Satisfied nor Unsatisfied
- 2 Moderately Unsatisfied
- 1 Extremely Unsatisfied

18. Aside from your sexual relationship, how satisfied are you with all other aspects of the relationship you have with your main partner?

- 5 Extremely Satisfied
- 4 Moderately Satisfied
- 3 Neither Satisfied nor Unsatisfied
- 2 Moderately Unsatisfied
- 1 Extremely Unsatisfied

Additional Items (Sexual Activity and Desire)

INTRODUCTION: The next set of questions concern the sexual activity you have had **in the last month**. In answering these questions, we want to know about all of the sexual activity you have had with your main partner, with other partners, or masturbating. By sexual activity, we mean any type of sex you may have had, including intercourse, oral sex, or any other sexual activities that could lead to ejaculation.

19. **In the last month**, how often have you had sexual activity, including masturbating, intercourse, oral sex, or any other type of sex? (Check only one)

- 5 Daily or almost daily
- 4 More than 6 times per month
- 3 4-6 times per month
- 2 1-3 times per month
- 1 0 times per month

If your answer is “0” for item 19, please answer the following questions:

A. When was the last time you had sex? (Check only one)

- 5 1-3 months ago
- 4 4-6 months ago
- 3 7-12 months ago
- 2 13-24 months ago
- 1 More than 24 months ago

B. What are the reasons you have not had sex?

I could not have sex because I could not get an erection: Yes No

I could not have sex because I could not ejaculate or “cum”: Yes No

I had no partner: Yes No

Other (specify): _____

20. Compared to **ONE month ago**, has the number of times you have had sexual activity increased or decreased?

- 5 Increased a lot
- 4 Increased moderately
- 3 Neither increased nor decreased
- 2 Decreased moderately
- 1 Decreased a lot

21. **In the last month**, have you been bothered by these changes in the number of times you have had sexual activity?

- 5 Not at all bothered
- 4 A little bit bothered
- 3 Moderately bothered
- 2 Very bothered
- 1 Extremely bothered

INTRODUCTION: These next questions ask about your urge or desire to have sex with **your main partner**. Some people refer to this as “feeling horny”. These questions concern the sexual urges you have felt toward your main partner, and not whether you actually had sex.

Do you have a “main partner”? Yes No

IF YOU DO NOT HAVE A MAIN PARTNER, PLEASE ANSWER ALL QUESTIONS WITHOUT REFERENCE TO A “MAIN PARTNER”

22. **In the last month**, how often have you felt an urge or desire to have sex with your main partner?

- 5 All of the time
- 4 Most of the time
- 3 About half of the time
- 2 Less than half of the time
- 1 None of the time

23. **In the last month**, how would you rate your urge or desire to have sex with your main partner?

- 5 Very high
- 4 High
- 3 Moderate
- 2 Low
- 1 Very low or none at all

24. **In the last month**, have you been bothered by your level of sexual desire? Have you been...

- 5 Not at all bothered
- 4 A little bit bothered
- 3 Moderately bothered
- 2 Very bothered
- 1 Extremely bothered

25. Compared to **ONE month ago**, has your urge or desire for sex with your main partner increased or decreased?

- 5 Increased a lot
- 4 Increased moderately
- 3 Neither increased nor decreased
- 2 Decreased moderately
- 1 Decreased a lot

THANK YOU FOR YOUR COOPERATION.