

# UROLOGY SPECIALISTS, S.C.

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## Index of Premature Ejaculation©

These questions ask about the effects your sexual problems have had on your sex life over the past four weeks. Please answer the following questions as honestly and clearly as possible. In answering these questions, the following definitions apply:

- **sexual intercourse** is defined as vaginal penetration (you entered your partner).
- **ejaculation:** the ejection of semen from the penis.
- **control:** ejaculating when you are ready.
- **distress:** meaning how frustrated, disappointed or bothered you are by your premature ejaculation.

**Mark only ONE box per question**

1. *Over the past four weeks, when you had sexual intercourse, how often did you have control over when you ejaculated?*

- No sexual intercourse (not applicable)
- Almost always or always
- More than half the time
- About half the time
- Less than half the time
- Almost never or never

2. *Over the past four weeks, when you had sexual intercourse, how much confidence did you have over when you ejaculated?*

- No sexual intercourse (not applicable)
- High confidence
- Moderately high confidence
- Neither high nor low confidence
- Moderately low confidence
- Low confidence

3. *Over the past four weeks, when you had sexual intercourse, how often was it satisfactory for you?*

- No sexual intercourse (not applicable)
- Almost always or always
- More than half the time
- About half the time
- Less than half the time
- Almost never or never

4. *Over the past four weeks, when you had sexual intercourse, how satisfied were you with your sense of control over when you ejaculated?*

- No sexual intercourse (not applicable)
- Very satisfied
- Somewhat satisfied
- Neither satisfied nor dissatisfied
- Somewhat dissatisfied
- Very dissatisfied

5. *Over the past four weeks, when you had sexual intercourse, how satisfied were you with the length of intercourse before ejaculation?*

- No sexual intercourse (not applicable)
- Very satisfied
- Somewhat satisfied
- Neither satisfied nor dissatisfied
- Somewhat dissatisfied
- Very dissatisfied

6. *Over the past four weeks, how satisfied have you been with your sex life overall?*

- Very satisfied
- Somewhat satisfied
- Neither satisfied nor dissatisfied
- Somewhat dissatisfied
- Very dissatisfied

7. *Over the past four weeks, how satisfied have you been with your sexual relationship with your partner?*

- Very satisfied
- Somewhat satisfied
- Neither satisfied nor dissatisfied
- Somewhat dissatisfied
- Very dissatisfied

8. *Over the past four weeks, how much pleasure has sexual intercourse given you?*

- No sexual intercourse (not applicable)
- High pleasure
- Moderately high pleasure
- Neither high nor low pleasure
- Moderately low pleasure
- Low pleasure

9. Over the past four weeks, how distressed (frustrated) were you by how long you lasted before you ejaculated?

- No sexual intercourse (not applicable)
- Extremely distressed
- Very distressed
- Moderately distressed
- Slightly distressed
- Not at all distressed

10. Over the past four weeks, how distressed (frustrated) have you been about your control over ejaculation?

- No sexual intercourse (not applicable)
- Extremely distressed
- Very distressed
- Moderately distressed
- Slightly distressed
- Not at all distressed

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#### INDEX OF PREMATURE EJACULATION®

Developed by: Tara Symonds, Worldwide Outcomes Research  
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The Index of Premature Ejaculation (IPE)

##### Background and Scoring

**Background:** The Index of Premature Ejaculation (IPE) is a self-report questionnaire developed to address issues associated with ejaculating prematurely.

The IPE addresses three aspects of this condition: sexual satisfaction, control over ejaculation, and distress about the condition. The control and distress domains are in keeping with the DSM-IV diagnostic criteria of “a lifelong persistent or recurrent ejaculation with minimal sexual stimulation before, upon or shortly after penetration and before the subject wishes it. The clinician must take into account factors that affect duration of the excitement phase, such as age, novelty of the sexual partner or stimulation, and frequency of sexual activity. The disturbance causes marked distress or interpersonal difficulty”.

The items of the IPE were generated from discussions with experts and patients. Patients and experts were asked about what was most bothersome about premature ejaculation. Short latency was mentioned but in addition reduced sexual satisfaction of him and his partner, and poor control over ejaculation were also concerns.

Subsequent use of the IPE in clinical trials involving approximately 250 men has demonstrated that it has excellent psychometric properties and has demonstrated discriminative and construct validity, test-retest reliability, internal consistency and sensitivity to change. This is the case at both the item level and the domain level (control, distress, sexual satisfaction).

The validity of the IPE at both the item level and the domain level supports the use of individual IPE domains as primary endpoints (e.g. Sexual Satisfaction) with the remaining domains being utilised as secondary endpoints. This approach also ensures that all aspects of experiencing premature ejaculation are evaluated.

The IPE has been developed and validated in a number of languages: Czech, Dutch, Finnish, French, German, Hebrew, Hungarian, Italian, Norwegian, Polish, Portuguese, Spanish, Swedish, Turkish, US Spanish.

The development of the IPE was presented at the European Society of Sex and Impotence Research, Hamburg, Germany, 2002<sup>1</sup> and was also presented at the North American Sexual Medicine Society, Chicago, USA, 2003. A manuscript, which describes the IPE development, has been published: Althof S, Rosen R, Symonds T, Mundayat R, May K, Abraham, L. Development and validation of new questionnaire to assess sexual satisfaction, control, and distress associated with premature ejaculation. Journal of Sexual Medicine 2006; 3: 465-475.

## IPE Scoring System (Items, Total, Domains)

### Individual Items

The IPE contains 10 items and each item has 5 possible response options.

**Items 1-8**, are scored 5-1 (in descending order) with the 'no sexual intercourse, not applicable' category set to 'missing'.  
e.g.

Over the past four weeks, when you had sexual intercourse, how often did you have control over when you ejaculated?

- No sexual intercourse, not applicable [Missing]
- Almost always/always [5]
- Much more than half the time [4]
- About half the time [3]
- Much less than half the time [2]
- Almost never/never [1]

**Items 9 & 10** are scored 1-5 (in ascending order) with the 'no sexual intercourse, not applicable' category set to 'missing'.  
e.g.

Over the past four weeks, how distressed (frustrated) have you been about your control over ejaculation?

- No sexual intercourse, not applicable [Missing]
- Extremely distressed [1]
  
- Very distressed [2]
- Moderately distressed [3]
- Slightly distressed [4]
- Not at all distressed [5]

### Domain Scores

Three domains have been identified through factor analysis.

Domain	# of items	Items	Score range
Sexual Satisfaction	4	3, 6, 7, 8	0-100*
Control	4	1, 2, 4, 5	0-100*
Distress	2	9, 10	0-100*

### \*Standardisation of scoring to 0-100 scale

Each domain should then be standardised onto a 0-100 scale using the following formula:

Control domain:  $(\text{unstandardised score} - 4) \times 100/16$

Sexual Satisfaction: as above

Distress (unstandardised score - 2)  $\times 100/8$

A higher score = more control, more satisfaction, less distress.

### Missing items

Inevitably there will be occasions when not all questions for a particular domain have been answered, either by mistake or because the respondent was not prepared to answer a particular question. However, if 50% or more of the items have been answered then the standardised score can still be calculated. For example, if only 3 items had been answered on the sexual satisfaction scale the equation would be:

$(\text{unstandardised score} - 3) \times 100/12$  – where 3 is the number of items and 12 is the range of the 3 items (3-15).

### Missing Questionnaires

If more than a baseline assessment has been made prior to end of treatment (EOT) then the last observation carried forward (LOCF) principle can be applied. If a final questionnaire has been completed but there are missing items (no more than 50%) the standardization algorithm can be adjusted as above. If more than 50% are missing then LOCF will apply.

If there is only baseline at EOT assessment both must be completed for this subject to be evaluable.

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<sup>1</sup> Symonds T, Althof S, Rosen R, Roblin D, Layton M. Questionnaire assessment of ejaculatory control: Development and validation of a new instrument. International Journal of Impotence Research 2002, 14, suppl 4, S33.