

Sexual Health Questionnaire

More than 30 million American men have erectile dysfunction (ED). ED can be an early sign of heart disease or diabetes. Complete this questionnaire to assess your sexual health. If needed, treatments are available.

Name:			Date:	
My Urologist:				
Sexual Health Inventory for Men (SHIM)¹				
Answer the sexual health questions by circling your answer and adding up your score.				
1) Rate your confidence in your ability to get and keep an erection?				
Very Low 1	Low 2	Moderate 3	High 4	Very High 5
2) When you have an erection with sexual stimulation, how often are your erections hard enough for penetration?				
Almost never or never 1	A few times 2	Sometimes 3	Most times 4	Almost always or always 5
3) During sexual intercourse, how often are you able to maintain your erection during penetration?				
Almost never or never 1	A few times 2	Sometimes 3	Most times 4	Almost always or always 5
4) During sexual intercourse, has it been difficult to maintain your erection to completion of intercourse?				
Extremely difficult 1	Very difficult 2	Difficult 3	Slightly difficult 4	Not difficult 5
5) When attempting sexual intercourse, how often is it satisfactory for you?				
Almost never or never 1	A few times 2	Sometimes 3	Most times 4	Almost always or always 5
Total Score:				
The Sexual Health Inventory for Men (SHIM) classifies ED severity with the following breakpoints:				
1–7: Severe ED	8–11: Moderate ED	12–16: Mild–moderate ED	17–21: Mild ED	22–25: No ED
6) Check any ED treatments you have tried:				
<input type="checkbox"/> Pills/Medication	<input type="checkbox"/> Vacuum Device	<input type="checkbox"/> Injection Therapy	<input type="checkbox"/> MUSE™	<input type="checkbox"/> Other
If you are interested in discussing your assessment results and learning about durable treatment options, call 319-356-2421 to make an appointment. Please bring your assessment to your appointment.				
Optional: Please provide any additional information that you would like to discuss at your appointment:				

1. Cappelleri JC, Rosen RC. The Sexual Health Inventory for Men (SHIM): a 5-year review of research and clinical experience. *Int J Impot Res.* 2005 Jul-Aug;17(4):307-19.

Bladder Health Assessment

Answer the bladder health questions by checking the boxes and filling in your information.

1) Have you been treated for prostate cancer?

- Yes. When was your treatment complete: _____
- No

2) Do you experience urine leakage? If “Yes,” proceed to the next question. If “No,” disregard this assessment.

- Yes
- No

3) Which of these best describe your situation? (Check all that apply)

- Leaks before I go to the toilet
- Leaks when I am physically active or when I cough
- Frequent urination (day, night, or both)
- Other

4) What solutions have you tried to control bladder leaks? (Check all that apply)

- Lifestyle modifications (decrease liquids, diet changes)
- Urine collection device
- Pads: (How many per day? _____)
- Penile clamp
- Diapers: (How many per day? _____)

5) On a scale of 0 to 5, with 0 being no bother and 5 being extreme bother, how bothered are you by your bladder control symptoms?

- 0 1 2 3 4 5

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