Men's Health Questionnaire

As men age, it is common to develop prolonged sexual and/or bladder health conditions and to have questions about these important quality of life health conditions. Complete this questionnaire to assess your sexual and/or bladder health. If needed, treatments are available for you.

Name:			Date:	
My Urologist:				
Sexual Health Inver	ntory for Men (SHIM)) ¹		
	questions by circling your an		core.	
	your confidence that you co			
Very Low	Low	Moderate	High	Very High
2) When you had are	2	tion how often were your a	4	5 htration?
	ections with sexual stimulat A few times	Sometimes	erections hard enough for pene Most times	
Almost never or never	A Tew times	Sometimes	WIOST HIHES	Almost always or always
or never	2	3	4	or always 5
	_		rection after you had penetrated	_
Almost never	A few times	Sometimes	Most times	Almost always
or never				or always
1	2	3	4	5
	•	•	n to completion of intercourse?	
Extremely	Very difficult	Difficult	Slightly difficult	Not difficult
difficult	•	2	•	_
E) When you attemp	2	3 w often was it satisfactory f	for you?	5
Almost never	pted sexual intercourse, hov A few times	w often was it satisfactory f Sometimes	for you? Most times	Almost always
or never	A lew times	Sometimes	IVIUST UITIES	Almost always or always
or never	2	3	4	or arways 5
Total score:				
	— r for Men (SHIM) classifies ED so	severity with the following bre	akpoints:	
		·	•	
1–7: Severe ED	8–11: Moderate ED	12–16: Mild-moderate ED	17–21: Mild ED 22–25: No E	ĒD
6) Check any ED trea	atments you have tried:			
- Dills/Modication	5 Vacuum Device	□ Injection Therapy	□ MUSE™	□ Other
□ Pills/Medication	□ Vacuum Device	Injection Therapy	□ IVIUJL	□ Other
If you are interested in dis	scussing your assessment res	sults and learning about dur	rable treatment options, call 713	3-351-0630 to make
•	logist. Please bring your asse	_	-	
Please provide any additional information that you would like to discuss at your appointment: (Optional)				

Bladder Health Assessment									
Answer the bladder health questions by checking the									
1) If you have had prostate cancer, how long ago	YearsMonths								
did you complete your treatment?									
2) Do you experience urine leakage? If "Yes,"	□ Yes								
proceed to the next question. If "No,"	□ No								
Disregard this assessment.									
	☐ Leakage with little or no warning (sometimes unable to make it to								
3) Which symptoms best describe you?	the bathroom in time)								
(Check all that apply)	☐ Frequent urination (day, night or both)								
(☐ Accidental leakage with physical activity (e.g., exercising)								
	□ Other								
4) Do you wear pads or diapers, use a urine	□ Pads: how many per day								
collection device or a penile clamp?	□ Diapers: how many per day								
(Check all that apply)	□ Urine collection device								
(check all that apply)	□ Penile clamp								
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	0 1 2 3 4 5								
symptoms?									
If you are interested in discussing your assessment results and learning about durable treatment options, call 713-351-0630 to make an appointment with your Urologist. Please bring your assessment to your appointment. Please provide any additional information that you would like to discuss at your appointment: (Optional)									
[Please let us know if you have a preference to speak with a Spanish-speaking provider.]									

[For more information on sexual and/or bladder health, visit **EDCure.org** and **FixIncontinence.com**.]

If you received this letter in error please disregard

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.