

Patient Name: \_\_\_\_\_

## Sexual health inventory for men (SHIM)

Each question has several possible responses. Tick the number of the response that <b>best describes</b> your own situation.	Pre op	3	6	12	20	24
<b>OVER THE PAST MONTH:</b>	Date	Date	Date	Date	Date	Date
<b>Have you used anything to help with your erections? Please tick the appropriate box. No</b>						
Intracavernosal injection						
Vacuum Pump						
Tablet <i>Cialis/Viagra/Levitra</i>						
<b>How do you rate your confidence that you could get and keep an erection?</b>						
Very Low	1	1	1	1	1	1
Low	2	2	2	2	2	2
Moderate	3	3	3	3	3	3
High	4	4	4	4	4	4
Very High	5	5	5	5	5	5
<b>When you had erections with sexual stimulation, how often were your erections hard enough for penetration (entering your partner)?</b>						
No sexual activity	0	0	0	0	0	0
Almost never or never	1	1	1	1	1	1
A few times (much less than half the time)	2	2	2	2	2	2
Sometimes (about half the time)	3	3	3	3	3	3
Most times (much more than, half the time)	4	4	4	4	4	4
Almost always or always	5	5	5	5	5	5
<b>During sexual intercourse, how often were you able to maintain your erection after you had penetrated (entered) your partner?</b>						
Did not attempt intercourse	0	0	0	0	0	0
Almost never or never	1	1	1	1	1	1
A few times (much less than half the time)	2	2	2	2	2	2
Sometimes (about half the time)	3	3	3	3	3	3
Most times (much more than, half the time)	4	4	4	4	4	4
Almost always or always	5	5	5	5	5	5
<b>During sexual intercourse, how difficult was it to maintain your erection to completion of intercourse?</b>						
Did not attempt intercourse	0	0	0	0	0	0
Extremely difficult	1	1	1	1	1	1
Very difficult	2	2	2	2	2	2
Difficult	3	3	3	3	3	3
Slightly difficult	4	4	4	4	4	4
Not difficult	5	5	5	5	5	5
<b>When you attempted sexual intercourse, how often was it satisfactory for you?</b>						
Did not attempt intercourse	0	0	0	0	0	0
Almost never or never	1	1	1	1	1	1
A few times (much less than half the time)	2	2	2	2	2	2
Sometimes (about half the time)	3	3	3	3	3	3
Most times (much more than, half the time)	4	4	4	4	4	4
Almost always or always	5	5	5	5	5	5
<b>TOTAL (Add the numbers corresponding to questions 1-5)</b>						

1-7 Severe ED, 8-11 Moderate ED, 12-16 Mild to Moderate ED, 17-21 Mild ED