

SEXUAL HEALTH INVENTORY FOR MEN (SHIM)

PATIENT NAME: _____ TODAY'S DATE: _____

PATIENT INSTRUCTIONS

Sexual health is an important part of an individual's overall physical and emotional well-being. Erectile dysfunction, also known as impotence, is one type of very common medical condition affecting sexual health. Fortunately, there are many different treatment options for erectile dysfunction. This questionnaire is designed to help you and your doctor identify if you may be experiencing erectile dysfunction. If you are, you may choose to discuss treatment options with your doctor.

Each question has several possible responses. Circle the number of the response that **best describes** your own situation. Please be sure that you select one and only one response for **each question**.

OVER THE PAST 6 MONTHS:

		VERY LOW	LOW	MODERATE	HIGH	VERY HIGH
1. How do you rate your confidence that you could get and keep an erection?		1	2	3	4	5
2. When you had erections with sexual stimulation, how often were your erections hard enough for penetration (entering your partner)?	NO SEXUAL ACTIVITY	ALMOST NEVER OR NEVER	A FEW TIMES (MUCH LESS THAN HALF THE TIME)	SOMETIMES (ABOUT HALF THE TIME)	MOST TIMES (MUCH MORE THAN, HALF THE TIME)	ALMOST ALWAYS OR ALWAYS
	0	1	2	3	4	5
3. During sexual intercourse, how often were you able to maintain your erection after you had penetrated (entered) your partner?	DID NOT ATTEMPT INTERCOURSE	ALMOST NEVER OR NEVER	A FEW TIMES (MUCH LESS THAN HALF THE TIME)	SOMETIMES (ABOUT HALF THE TIME)	MOST TIMES (MUCH MORE THAN, HALF THE TIME)	ALMOST ALWAYS OR ALWAYS
	0	1	2	3	4	5
4. During sexual intercourse, how difficult was it to maintain your erection to completion of intercourse?	DID NOT ATTEMPT INTERCOURSE	EXTREMELY DIFFICULT	VERY DIFFICULT	DIFFICULT	SLIGHTLY DIFFICULT	NOT DIFFICULT
	0	1	2	3	4	5
5. When you attempted sexual intercourse, how often was it satisfactory for you?	DID NOT ATTEMPT INTERCOURSE	ALMOST NEVER OR NEVER	A FEW TIMES (MUCH LESS THAN HALF THE TIME)	SOMETIMES (ABOUT HALF THE TIME)	MOST TIMES (MUCH MORE THAN, HALF THE TIME)	ALMOST ALWAYS OR ALWAYS
	0	1	2	3	4	5

Add the numbers corresponding to questions 1-5.

TOTAL: _____

The Sexual Health Inventory for Men further classifies ED severity with the following breakpoints:

1-7 Severe ED

8-11 Moderate ED

12-16 Mild to Moderate ED

17-21 Mild ED

THE STRIPLING CENTER – SEXUAL HEALTH QUESTIONNAIRE

Patient Name: _____

- 1) How long have you had this condition?
- 2) Since the symptoms started has the condition...
Remained the same Improved Worsened
- 3) Are you able to have nocturnal erections?
Always Almost Always Half of the Time Almost Never Never
- 4) Do you have difficulty obtaining erections? YES NO
- 5) Do you have difficulty maintaining erections? YES NO
- 6) How often is your erection sufficient for penetration?
Always Almost Always Half of the Time Almost Never Never
- 7) How often does ejaculation occur before penetration?
Always Almost Always Half of the Time Almost Never Never
- 8) How often does ejaculation occur within 2 minutes of penetration?
Always Almost Always Half of the Time Almost Never Never
- 9) Describe your Libido...
- | | | |
|---|-----|----|
| Do you have a decrease in libido (sex drive) | Yes | No |
| Do you have a lack of energy | Yes | No |
| Do you have a decrease in strength, endurance, or both | Yes | No |
| Have you lost height | Yes | No |
| Have you noticed a decreased enjoyment of life | Yes | No |
| Are you sad, grumpy or both | Yes | No |
| Are your erections less strong | Yes | No |
| Have you noticed a deterioration in your ability to play sports | Yes | No |
| Are you falling asleep after dinner | Yes | No |
| Has there been a deterioration in your work performance | Yes | No |

10) If previously seen for this problem, what treatment was done? ie, medications, injections, etc.

11) Do you have a history of Prostate Cancer? If yes, state treatment.
YES NO

12) State any other associated medical conditions, ie. Diabetes, Hypertension, Smoking, etc.
