

Sexual Health Inventory for Men (SHIM)

Patient Name: _____

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:

1. How do you rate your confidence that you could get and keep an erection?		Very Low	Low	Moderate	High	Very High
		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)	Some (About Half the Time)	Most Times (Much More Than Half)	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)	Some (About Half the Time)	Most Times (Much More Than Half)	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)	Some (About Half the Time)	Most Times (Much More Than Half)	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

8-11 Moderate

12-16 Mild to Moderate

17-21 Mild

International Prostate Symptom Score (I-PSS)

Patient Name: _____ DOB: _____ Date: _____

In the Past Month	Not At All	Less Than 1 in 5 Times	Less Than Half the Time	About Half the Time	More Than Half the Time	Almost Always	Your Score
1. Incomplete Emptying How often have you had the sensation of not emptying your bladder?	0	1	2	3	4	5	
2. Frequency How often have you had to urinate less than every two hours?	0	1	2	3	4	5	
3. Intermittency How often have you found you stopped and started again several times when you urinated?	0	1	2	3	4	5	
4. Urgency How often have you found it difficult to postpone urination?	0	1	2	3	4	5	
5. Weak Stream How often have you had a weak urinary stream?	0	1	2	3	4	5	
6. Straining How often have you had to strain to start urination?	0	1	2	3	4	5	
7. Nocturia How many times did you typically get up at night to urinate?	None	1 Time	2 Times	3 Times	4 Times	5 Times	
Total I-PSS Score							

Score: **1-7** Mild **8-19** Moderate **20-35** Severe

Quality of Life due to Urinary Symptoms	Delighted	Pleased	Mostly Satisfied	Mixed	Mostly Dissatisfied	Unhappy	Terrible
If you were to spend the rest of your life with your urinary condition just the way it is now, how would you feel about that?	0	1	2	3	4	5	6

ADAM Questionnaire (Symptoms of Low Testosterone)

Patient Name: _____

Date: _____

Androgen Deficiency in the Aging Male

This basic questionnaire can be very useful for men to describe the kind and severity of their low testosterone symptoms.

1. Do you have a decrease in libido (sex drive)? **Yes** **No**
2. Do you have a lack of energy? **Yes** **No**
3. Do you have a decrease in strength and/or endurance? **Yes** **No**
4. Have you lost height? **Yes** **No**
5. Have you noticed a decreased “enjoyment of life?” **Yes** **No**
6. Are you sad and/or grumpy? **Yes** **No**
7. Are your erections less strong? **Yes** **No**
8. Have you noticed a recent deterioration in your ability to play sports? **Yes** **No**
9. Are you falling asleep after dinner? **Yes** **No**
10. Has there been a recent deterioration in your work performance? **Yes** **No**

If you answer **Yes** to number 1 or 7 or if you answer **Yes** to more than 3 questions, you may have low testosterone.

HPI Male Symptom Questionnaire

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Patient Name: _____ **DOB:** _____ **Date:** _____

Symptom	Never	Rare	Occasional	Moderate	Severe
Low Energy					
Fatigue					
Weight Gain					
Difficulty Losing Weight					
Low Libido					
Poor Erections					
Maintaining Erection					
Loss of Muscle Mass					
Poor Exercise Tolerance					
Difficulty Building Muscle					
Bone Loss					
Hair Loss					
Cold Body					
Cold Hands, Feet					
Thinning Skin					
Dry Skin					
Falling Asleep Before Bedtime					
Insomnia					
Decreased Concentration					
Foggy Thinking					

HPI Male Symptom Questionnaire PAGE 2

Patient Name: _____ **DOB:** _____ **Date:** _____

Symptom	Never	Rare	Occasional	Moderate	Severe
Memory Lapses					
Irritable, Mood Swings					
Depression					
Anxiety					
Sugar Craving					