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 Inventory for Men (SHIM)¹

Answer the sexual health questions by circling your answer and adding up your score.

1) How do you rate your confidence that you could get and keep an erection?

- Very Low
- Low
- Moderate
- High
- Very High

2) When you had erections with sexual stimulation, how often were your erections hard enough for penetration?

- Almost never or never
- A few times
- Sometimes
- Most times
- Almost always or always

3) During sexual intercourse, how often were you able to maintain your erection after you had penetrated your partner?

- Almost never or never
- A few times
- Sometimes
- Most times
- Almost always or always

4) During sexual intercourse, how difficult was it to maintain your erection to completion of intercourse?

- Extremely difficult
- Very difficult
- Difficult
- Slightly difficult
- Not difficult

5) When you attempted sexual intercourse, how often was it satisfactory for you?

- Almost never or never
- A few times
- Sometimes
- Most times
- Almost always or always

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:

- [ ] Pills/Medication
- [ ] Vacuum Device
- [ ] Injection Therapy
- [ ] MUSE™
- [ ] Other

If you are interested in discussing your assessment results and learning about durable treatment options, call 573-499-4990 to make an appointment with Dr. Clay Mechlin. Please bring your assessment to your appointment.

Please provide any additional information that you would like to discuss at your appointment: (Optional)

Turn over for the bladder health assessment
# Bladder Health Assessment

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

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<table>
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<tr>
<td>1) <strong>How long ago did you complete your prostate cancer treatment?</strong></td>
<td>□</td>
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<tr>
<td>2) <strong>Do you experience urine leakage?</strong> If “Yes,” proceed to the next question. If “No,” disregard this assessment.</td>
<td>□ Yes □ No</td>
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<td>3) <strong>Which symptoms best describe you?</strong> (Check all that apply)</td>
<td>□ Leakage with little or no warning (sometimes unable to make it to the bathroom in time) □ Frequent urination (day, night or both) □ Accidental leakage with physical activity (e.g., exercising) □ Other ____________</td>
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<td>4) <strong>Do you wear pads or diapers, use a urine collection device or a penile clamp?</strong> (Check all that apply)</td>
<td>□ Pads: how many per day ________________ □ Diapers: how many per day ________________ □ Urine collection device □ Penile clamp</td>
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<td>5) <strong>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?</strong></td>
<td>0 1 2 3 4 5</td>
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**Please provide any additional information that you would like to discuss at your appointment:** (Optional)

For more information on sexual and/or bladder health, visit [EDCure.org](http://EDCure.org) and [FixIncontinence.com](http://FixIncontinence.com).

If you received this letter in error please disregard.

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