

# NEW YORK UROLOGICAL ASSOCIATES, P.C.

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Date: \_\_\_\_\_ Doctor: \_\_\_\_\_

Name: \_\_\_\_\_ Patient Num.: \_\_\_\_\_

## SHIM Questionnaire ( Sexual Health Inventory for Men)

Over the past six months:

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

1 - Very low    2 - Low    3 - Moderate    4 - High    5 - Very high

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

0 - No sexual activity  
1 - Almost never or never  
2 - A few times (much less than half the time)  
3 - Sometimes (about half the time)  
4 - Most times (much more than half the time)  
5 - Almost always or always

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

0 - Did not attempt intercourse  
1 - Almost never or never  
2 - A few times (much less than half the time)  
3 - Sometimes (about half the time)  
4 - Most times (much more than half the time)  
5 - Almost always or always

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

0 - Did not attempt intercourse  
1 - Extremely difficult  
2 - Very difficult  
3 - Difficult  
4 - Slightly difficult  
5 - Not difficult

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

0 - Did not attempt intercourse  
1 - Almost never or never  
2 - A few times (much less than half the time)  
3 - Sometimes (about half the time)  
4 - Most times (much more than half the time)  
5 - Almost always or always

Score: \_\_\_\_\_