

SWEDISH UROLOGY

Sexual Health Inventory for Men (SHIM)

Check the number that best describes your own situation. Select only one answer for each question.

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

- | | | | | |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 1 | 2 | 3 | 4 | 5 |
| Very low | Low | Moderate | High | Very high |

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

- | | | | | |
|--------------------------|--|---------------------------------------|---|----------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 1 | 2 | 3 | 4 | 5 |
| 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 |

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

- | | | | | |
|--------------------------|--|---------------------------------------|---|----------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 1 | 2 | 3 | 4 | 5 |
| 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 |

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

- | | | | | |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 1 | 2 | 3 | 4 | 5 |
| Extremely
difficult | Very
difficult | Difficult | Slightly
difficult | Not
difficult |

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

- | | | | | |
|--------------------------|--|---------------------------------------|---|----------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 1 | 2 | 3 | 4 | 5 |
| Almost never
or never | A few times
(much less than
half the time) | Sometimes
(about half
the time) | Most times
(more more than
half the time) | Almost always
or always |

We do not discriminate on the basis of race, color, national origin, sex, age, or disability in our health programs and activities.

ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 888-311-9127 (Swedish Edmonds 888-311-9178) (TTY:711)

注意：如果您講中文，我們可以給您提供免費中文翻譯服務，請致電 888-311-9127 (Swedish Edmonds 888-311-9178) (TTY:711)

With permission from Rosen RC, Capperlari JC, Smith MD, Lipsky J, Pena BM. Development and evaluation of an abridged 5-item version of the International Index of Erectile Dysfunction (IIEF-5) as a diagnostic tool for erectile dysfunction