

# PATIENT SEXUAL HEALTH INVENTORY FOR MEN (SHIM)<sup>1</sup>

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:** (Circle one response per question)

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

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

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

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

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

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

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

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



**Add the numbers corresponding to your answers from questions 1–5. TOTAL:** \_\_\_\_\_

**The sexual health inventory for men further classifies ED severity<sup>1</sup> as follows:** **1–7 Severe ED**

Disclaimer: This questionnaire is only a guide and intended for informational purposes only. The results should not be considered a diagnosis of your current health condition. Please consult your doctor or qualified healthcare provider regarding your condition and appropriate medical treatment.

**8–11 Moderate ED**

**12–16 Mild to moderate ED**

**17–21 Mild ED**

**FIND A SPECIALIST IN YOUR AREA**



REFERENCE:

1. Erectile dysfunction (ED). American Urological Association. <https://auanet.org/education/auauniversity/medical-student-education/medical-student-curriculum/ed>. Accessed 28 June 2018.

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