

The IIEF-5 Questionnaire (SHIM): Please indicate the response that describes you in the following 5 questions:

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

None	Very Low	Low	Low Moderate	High	Very High
0	1	2	3	4	5

Your Answer:

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 1/2 the time)	Sometimes (about 1/2 the time)	Most times (much more than 1/2 the time)	Almost always or always
0	1	2	3	4	5

Your Answer:

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 1/2 the time)	Sometimes (about 1/2 the time)	Most times (much more than 1/2 the time)	Almost always or always
0	1	2	3	4	5

Your Answer:

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

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

Your Answer:

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 1/2 the time)	Sometimes (about 1/2 the time)	Most times (much more than 1/2 the time)	Almost always or always
0	1	2	3	4	5

Your Answer:

Name:

Date:

Initial Total Score: _____

International Prostate Symptom Score (I-PSS): Please indicate the response that describes you in the following questions.

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	Your Answer:
2. Frequency How often have you had to urinate less than every two hours?	0	1	2	3	4	5	Your Answer:
3. Intermittency How often have you found you stopped and started again several times when you urinated?	0	1	2	3	4	5	Your Answer:
4. Urgency How often have you found it difficult to postpone urination?	0	1	2	3	4	5	Your Answer:
5. Weak Stream How often have you had a weak urinary stream?	0	1	2	3	4	5	Your Answer:
6. Straining How often have you had to strain to start urination?	0	1	2	3	4	5	Your Answer:
	None	1 Time	2 Times	3 Times	4 Times	5 Times	
7. Nocturia How many times did you typically get up at night to urinate?	0	1	2	3	4	5	Your Answer:
Initial Total I-PSS Score							

Quality of Life Due to Urinary Symptoms	Delighted	Pleased	Mostly Satisfied	Mixed	Mostly Dissatisfied	Unhappy	Terrible	Your score
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	Your Answer:

Name:

Date: