

Prostate Cancer Survivorship Questionnaire

Following prostate cancer treatment, some patients may have prolonged sexual and/or bladder health concerns. Complete this questionnaire to assess your sexual and/or bladder health. If needed, treatments are available.

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

1

2

3

4

5

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

1

2

3

4

5

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

1

2

3

4

5

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

1

2

3

4

5

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

1

2

3

4

5

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 **916-262-9390** to make an appointment **Dr. Kadee Thompson**. Please bring your assessment to your appointment.

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

Bladder Health Assessment

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

1) How long ago did you complete your prostate cancer treatment?	_____ Years _____ Months
2) Do you experience urine leakage? If "Yes," proceed to the next question. If "No," disregard this assessment.	<input type="checkbox"/> Yes <input type="checkbox"/> No
3) Which symptoms best describe you? (Check all that apply)	<input type="checkbox"/> Leakage with little or no warning (sometimes unable to make it to the bathroom in time) <input type="checkbox"/> Frequent urination (day, night or both) <input type="checkbox"/> Accidental leakage with physical activity (e.g., exercising) <input type="checkbox"/> Other _____
4) Do you wear pads or diapers, use a urine collection device or a penile clamp? (Check all that apply)	<input type="checkbox"/> Pads: how many per day _____ <input type="checkbox"/> Diapers: how many per day _____ <input type="checkbox"/> Urine collection device <input type="checkbox"/> Penile clamp
5) 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?	0 1 2 3 4 5

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[___ Please let us know if you have a preference to speak with a Spanish-speaking team member.]