

# 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)<sup>1</sup>

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

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

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