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]

Over the past 6 months:

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?

No sexual activity	Almost never or never	A few times	Sometimes	Most times	Almost always or always
0	1	2	3	4	5

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

Did not attempt intercourse	Almost never or never	A few times	Sometimes	Most times	Almost always or always
0	1	2	3	4	5

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

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

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

Did not attempt intercourse	Almost never or never	A few times	Sometimes	Most times	Almost always or always
0	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 [XXX-XXXX] to make an appointment [with Dr(s). X]. Please bring your assessment to your appointment.

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

(Turn over for bladder health assessment)

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) What prostate cancer treatment did you receive?	□ Radical prostatectomy □ Radiation therapy □ Combination therapy (i.e., Radiation and surgery) □ Medication □ Other
3) Do you experience urine leakage? If Yes, proceed to the next question. If no, disregard this assessment.	□ Yes □ No
4) How often do you leak urine?	Never _____ 0 About once a day _____ 1 About once a week or less _____ 2 Two or three times a week _____ 3 Several times a day _____ 4 All the time _____ 5
5) How much urine do you *think* usually leaks (whether protection is worn or not)?	None _____ 0 A small amount _____ 2 A moderate amount _____ 4 A large amount _____ 6
6) Overall, how much does leaking urine interfere with your everyday life?	Not at all A great deal 0 1 2 3 4 5 6 7 8 9 10
7) When do you leak urine? (select all that apply)	□ Never □ Leaks before I can get to the toilet □ Leaks when I cough or sneeze □ Leaks when I am sleeping □ Leaks when I am physically active/exercising □ Leaks when I have finished urinating and am dressed □ Leaks for no obvious reason □ Leaks all the time
8) What solutions have you tried to cope with your bladder leakage? (select all that apply)	□ Lifestyle modifications (decrease liquid consumption, diet changes) □ Bladder muscle exercise regime (Kegels) □ Pads or diapers □ Urinary catheter □ Other
9) How would you feel if you were to spend the rest of your life with your current urinary condition the way it is now?	□ Delighted □ Pleased □ Undecided, don't know □ Unhappy □ Terrible
Bladder Leakage Score (add the corresponding numbers from Questions 4, 5, and 6)	

If you are interested in discussing your assessment results and learning about durable treatment options, call [XXX-XXXX] to make an appointment with **[Dr(s). X].** Please bring your assessment to your appointment.

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 provider.]

[For more information on sexual and/or bladder health, visit **EDCure.org** and **FixIncontinence.com,** websites sponsored by Boston Scientific Corporation.]

If you received this letter in error please disregard.

1. Cappelleri JC, Rosen RC. The Sexual Health Inventory for Men (SHIM): a 5-year review of research and clinical experience. *Int J Impot Res*. 2005 Jul-Aug;17(4):307-19.