

Sexual Health Inventory for Men (SHIM)

This questionnaire can help you and your doctor determine if you have symptoms of erectile dysfunction (ED). For each question, circle the number next to the response that best describes your experience. Then add these numbers together and refer to the table below to see what your score may mean. Remember, only your doctor can determine if you have ED.

Over the past 6 months:

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

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

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

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

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

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

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

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

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

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

Score	You may have signs of
1-7	Severe ED
8-11	Moderate ED
12-16	Mild to moderate ED
17-21	Mild ED
22-25	No signs of ED