

Prostate Cancer Survivorship Questionnaire

Following prostate cancer treatment, some patients develop erectile dysfunction and/or prolonged bladder health issues. Complete both sides of this questionnaire to assess your sexual and bladder health. Treatment options are available to you, as needed.

Date: _____

Patient name: _____

Birth date: _____

Phone: _____

My urologist: _____

Sexual Health Inventory for Men (SHIM)¹

Answer the sexual health questions by circling your answers and adding up your score.

Over the past 6 months:

1. How do you rate your confidence that you could get and keep an erection?						+ + + + =
Very low 1	Low 2	Moderate 3	High 4	Very high 5		
2. When you had erections with sexual stimulation, how often were your erections hard enough for penetration?						
No sexual activity 0	Almost never or never 1	A few times 2	Sometimes 3	Most times 4	Almost always or always 5	
3. During sexual intercourse, how often were you able to maintain your erection after you had penetrated your partner?						
Did not attempt intercourse 0	Almost never or never 1	A few times 2	Sometimes 3	Most times 4	Almost always or always 5	
4. During sexual intercourse, how difficult was it to maintain your erection to completion of intercourse?						
Did not attempt intercourse 0	Extremely difficult 1	Very difficult 2	Difficult 3	Slightly difficult 4	Not difficult 5	
5. When you attempted sexual intercourse, how often was it satisfactory for you?						
Did not attempt intercourse 0	Almost never or never 1	A few times 2	Sometimes 3	Most times 4	Almost always or always 5	
The Sexual Health Inventory for Men (SHIM) classifies ED severity with the following breakpoints:						SHIM Score (add the corresponding numbers from questions 1–5)
12345678910111213141516171819202122232425 Severe EDModerate EDMild-moderate EDMild EDNo ED						

6. Check ED treatments you have tried:

☐ Pills/Medication

☐ Vacuum Device

☐ Injection Therapy

☐ Suppositories

☐ Wave Therapy

☐ Homeopathic

Please provide any additional information that you would like to discuss (optional).

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 July-Aug;17(4):307-19.

Bladder Health Assessment

1. If you have had prostate cancer, how long ago did you complete your treatment?			_____ Years _____ Months
2. What prostate cancer treatment did you receive?	☐ Radical prostatectomy ☐ Radiation therapy ☐ Combination therapy (e.g., Radiation and surgery)	☐ Medication ☐ Other ☐ None, I have not had prostate cancer	
3. Do you experience urine leakage? If Yes, proceed to the next set of questions. If no, disregard this assessment.			☐ Yes ☐ No
a. How often do you leak urine?	☐ About once a week or less (1) ☐ Two or three times a week (2) ☐ About once a day (3)	☐ Several times a day (4) ☐ All the time (5)	+ + =
b. How much urine do you think usually leaks (whether protection is worn or not)?	☐ A small amount (2) ☐ A moderate amount (4)	☐ A large amount (6)	
c. Overall, how much does leaking urine interfere with your everyday life? (circle one)	Not at all 0 1 2 3 4 5 6 7 8 9 10 A great deal		
d. When do you leak urine? (select all that apply)	☐ Before I can get to the toilet ☐ When I cough or sneeze ☐ When I am sleeping ☐ During sex or upon orgasm	☐ When I have finished urinating and am dressed ☐ For no obvious reason ☐ All the time	
e. 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	☐ Male sling ☐ Artificial urinary sphincter ☐ Penile clamp ☐ Other	
f. How would you feel if you were to spend the rest of your life with your current urinary condition the way it is now? (circle one)	Pleased 0 1 2 3 4 5 6 7 8 9 10 Terrible		

Bladder Leakage Score

(add the corresponding numbers from questions 3 a, b and c)

+

+

=

Follow the steps to customize this form:

1	Enter the consulting physician's name or names, if multiple
2	Enter office phone number
3	Choose one call to action Seminar visit — or Office visit
4	Spanish spoken
5	Method of questionnaire return Office visit — or Return in provided envelope

Please contact:

To make a priority appointment to discuss your assessment results and learn about durable treatment options.

To attend an upcoming group patient education seminar or private in-office seminar and learn if your assessment results indicate you are a candidate for a durable treatment option.

Please bring this questionnaire to your appointment.

Please return this questionnaire in the enclosed self-addressed envelope.

☐ Check this box if you prefer to speak with a Spanish-speaking provider.

If you received this letter in error please disregard.
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