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Sexual Health Inventory For Men

Patient Instructions:

Sexual Health is an important part of an individual's overall physical and emotional well-being. Erectile dysfunction, also known as impotence, is one type of very common medical condition affecting sexual health. Fortunately, there are many different treatment options for erectile dysfunction. This questionnaire is designed to help you and your doctor identify if you may be experiencing erectile dysfunction. If you are, you may choose to discuss treatment options with your doctor.

Each question has several possible responses. Check the appropriate response that best describes your own situation. Please be sure that you select one and only one response for each question.

Over the past 6 months:

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

POINTS

- | | |
|-----------------|-----|
| _____ 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 (entering your partner)?

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

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

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

SCORE: _____

Add the numbers corresponding to questions 1-5. If your score is 21 or less, you may want to speak with your doctor.