

## S.H.I.M. QUESTIONNAIRE

PATIENT NAME: \_\_\_\_\_ PATIENT DOB: \_\_\_\_\_

EMAIL: \_\_\_\_\_ PHONE NUMBER: \_\_\_\_\_

### Instructions

Each question has several possible responses. Circle the number of the response that best describes your own situation **over the past 6 months**. Please be sure that you select one and only one response for each question.

### S.H.I.M.

1. How would you rate your confidence that you can get and keep an erection?  
 1 = *very low*      2 = *low*      3 = *moderate*      4 = *high*      5 = *very high*
2. When you have erections with sexual stimulation how often were your erections hard enough for penetration?  
 1 = *never*      2 = *a few times*      3 = *sometimes*      4 = *most times*      5 = *always*
3. During sexual intercourse, how often were you able to maintain your erection after you had penetrated your partner?  
 1 = *never*      2 = *a few times*      3 = *sometimes*      4 = *most times*      5 = *always*
4. During sexual intercourse, how difficult was it to maintain your erection to completion of 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?  
 1 = *never*      2 = *a few times*      3 = *sometimes*      4 = *most times*      5 = *always*

### The Erectile Hardness Score [choose one]

Which statement best describes the quality of your erections most recently?

- |   |   |  |  |   |
|---|---|--|--|---|
| 1 = <i>Not able to achieve erection</i> | 2 = <i>Penis is larger but not hard</i> | 3 = <i>Penis is hard but not hard enough for penetration</i> | 4 = <i>Penis is hard enough for penetration, but not completely hard</i> | 5 = <i>Penis is completely hard and fully rigid</i> |
|---|---|--|--|---|

Have you had Procedure: **GAINSWave**      **GAINSWave + Gaines Enhancement**

Primary Goal: **Erectile Performance**    **ED**    **Peyronie's**

Medical History: **DM**    **HTN**    **CVD**

Current Med Use: **Beta-Blockers**    **SSRIs**    **PDE5i [Cialis, Viagra]**

Prior use of PDE5i: **(circle one) YES**    **NO**    PDE5i Response: **None / Poor / Good**