OREGON HEALTH & SCIENCE UNIVERSITY

Urology Follow Up Visit

Patient Name: _____
Date of Birth: _____

Patient Label

Male Urinary and Sexual Health Questionnaire (Male patients ONLY complete this section)

AUA SYMPTOM SCORE:	Not at all	Less than 1 time in 5	Less than half the time	About half the time	More than half the time	Almost Always
1. Over the past month or so, how often have you had a sensation of not emptying your bladder completely after you finished urinating?	☐ 0	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
2. Over the past month or so, how often have you had to urinate again less than two hours after you had finished urinating?	☐ 0	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
3. Over the past month or so, how often have you found you stopped and started again several times when you urinated?	☐ 0	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
4. Over the past month or so, how often have you found it difficult to postpone urination?	☐ 0	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
5. Over the past month or so, how often have you had a weak urinary stream?	☐ 0	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
6. Over the past month or so, how often have you had to push or strain to begin urination?	☐ 0	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
7. Over the past month or so, how many times did you most typically get up to urinate from the time you went to bed at night until the time you got up in the morning?	None ☐ 0	1 time ☐ 1	2 times ☐ 2	3 times ☐ 3	4 times ☐ 4	5 times ☐ 5
8. If you were to spend the rest of your life with your urinary condition the way it is now, how would you feel about it?	Delighted ☐ 0	Pleased ☐ 1	Mostly Satisfied ☐ 2	Mixed ☐ 3	Unhappy ☐ 4	Terrible ☐ 5

SHIM – Sexual Health Inventory for Men (Male patients ONLY complete this section, Mark one box on each question)

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 (entering your partner?)

Almost never or never	A few times (much less than half the time)	Sometimes (about half the time)	Most times (much more than half the time)	Almost always or always
☐ 1	☐ 2	☐ 3	☐ 4	☐ 5

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

Almost never or never	A few times (much less than half the time)	Sometimes (about half the time)	Most times (much more than half the time)	Almost always or always
☐ 1	☐ 2	☐ 3	☐ 4	☐ 5

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

Extremely difficult	Very difficult	Difficult	Slightly difficult	Not difficult
☐ 1	☐ 2	☐ 3	☐ 4	☐ 5

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

Almost never or never	A few times (much less than half the time)	Sometimes (about half the time)	Most times (much more than half the time)	Almost always or always
☐ 1	☐ 2	☐ 3	☐ 4	☐ 5