

# Cancer Care Sexual Health Inventory for Men



PATIENT NAME \_\_\_\_\_

\_\_\_\_/\_\_\_\_/\_\_\_\_  
DATE OF BIRTH DATE

**Each question has several possible responses. Please circle the response that best describes your own situation. Make sure that you select only one response for each question:**

**Over the past six months...**

How do you rate your confidence that you could get and keep an erection?	<b>0</b> – Very low	<b>1</b> – Low	<b>2</b> – Moderate	<b>3</b> – High	<b>4</b> – Very High	
When you had erections with sexual stimulation, how often were they hard enough for penetration (entering your partner)?	<b>0</b> – No sexual activity	<b>1</b> – Never or almost never	<b>2</b> – A few times (much less than ½ the time)	<b>3</b> – Sometimes (about ½ the time)	<b>4</b> – Most times (much more than ½ the time)	<b>5</b> – Always or almost always
During sexual intercourse, how often were you able to maintain your erection after you had penetrated (entered your partner)?	<b>0</b> – Did not attempt intercourse	<b>1</b> – Never or almost never	<b>2</b> – A few times (much less than ½ the time)	<b>3</b> – Sometimes (about ½ the time)	<b>4</b> – Most times (much more than ½ the time)	<b>5</b> – Always or almost always
During sexual intercourse, how difficult was it to maintain your erection to completion of intercourse?	<b>0</b> – Did not attempt intercourse	<b>1</b> – Extremely difficult	<b>2</b> – Very difficult	<b>3</b> – Difficult	<b>4</b> – Slightly difficult	<b>5</b> – Not difficult
When you attempted sexual intercourse, how often was it satisfactory to you?	<b>0</b> – Did not attempt intercourse	<b>1</b> – Never or almost never	<b>2</b> – A few times (much less than ½ the time)	<b>3</b> – Sometimes (about ½ the time)	<b>4</b> – Most times (much more than ½ the time)	<b>5</b> – Always or almost always

**Total score:** \_\_\_\_\_

How many times have you attempted sexual intercourse in the past 6 weeks?

<b>0</b>	<b>1-2</b>	<b>3-4</b>	<b>4-6</b>	<b>7-10</b>	<b>11+</b>
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