

**Mischel Neill**  
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Hello,

Please find a score sheet Mr Neill would like you to fill in and return **prior to your surgery**.

You can send this directly to Mr Neill's email  
**[misch@aucklandurologist.co.nz](mailto:misch@aucklandurologist.co.nz)**

Or in the self addressed envelope if this form has been printed for you.

This information may also be collected again following your surgery and at various intervals throughout your follow up.

Please be assured this information will be kept in the strictest of confidence and will be used to assess your health following your surgery.

Thanking you in advance for taking the time to fill this in.

Kind regards

**MISCHEL NEILL**  
**UROLOGIST**

## SEXUAL HEALTH INVENTORY FOR MEN (SHIM) PRE - OPERATIVE

Name:

DOB:

NHI:

Date of Completion .....

Please choose from appropriate column for each question about your sexual abilities over the past four weeks

How do you rate your confidence that you could get and keep an erection?	Very Low	Low	Moderate	High	Very high
When you had erections with sexual stimulation, how often were your erections hard enough for penetration?	Never or almost never	A few times	Sometimes	Most times	Almost always or always
During sexual intercourse, how often were you able to maintain your erection after you had penetrated (entered) your partner?	Never or almost never	A few times	Sometimes	Most times	Almost always or always
During sexual intercourse, how difficult was it to maintain your erection to completion of intercourse?	Extremely difficult	Very difficult	Difficult	Slightly difficult	Not difficult
When you attempted sexual intercourse, how often was it satisfactory for you?	Never or almost never	A few times	Sometimes	Most times	Almost always or always