



SHIM Form

Name: _____ D.O.B ____/____/____ Date: ____/____/____

Primary Goal: Erectile Performance / ED / Peyronie's

Medical History: DM / HTN / CVD

Current Med Use: Beta-Blockers / SSRI / PDE5i

Prior Use of PDE5i: YES or NO

Response: Non / Poor / Good

Test

(Please fill out all the questions)

Erectile Hardness Score (Circle the number that corresponds with you)

1. Penis is larger but not hard
2. Penis is hard, but not hard enough for penetration
3. Penis is hard enough for penetration, but not completely hard.
4. Penis is completely hard and fully rigid.

SHIM Score (On a scale 0-5 give a honest rating of what you are experiencing)

____ How do you rate your confidence that you can get & keep a erection? 1= Never 2=Low 3= moderate 4= high 5 = very high

____ 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

____ During sexual intercourse, how often were you able to maintain your erection after you had penetrated your partner?
0= not sexually active 1= never 2= a few times 3= sometimes 4= most times 5= always

____ During sexual intercourse, how difficult was it to maintain your erection to completion of intercourse?
0= not sexually active 1= extremely difficult 2=very difficult 3= difficult 4=slightly difficult 5=not difficult

____ When you attempted sexual intercourse, how often was it satisfactory for you? 0= not sexually active 1= never 2= a few times 3= sometimes 4= most times 5= always

Post Procedure Test

(Please fill out if you have completed your Gainswave treatment)

YES / NO Over the past 4 weeks, has the Gainswave improved your erectile dysfunction?

YES / NO If yes, has the treatment improved your ability to engage in sexual activity over the past 4 weeks?

YES / NO Have you experienced an increase in sensitivity?

YES / NO Have you sensed an increase in fullness or size of erections?

YES / NO Has your sexual performance increased?

If prior use of PDE5i (Viagra or Cialis) please answer questions below:

(Please fill out if you have completed your Gainswave treatment)

YES / NO Have you been able you been able to stop PDE5i use?

YES / NO If no, do the medications work better?

Results

(for physicians only)

Prior to Procedure #1 Date: ____/____/____

SHIM Score _____ Erectile Hardness Score _____

1-7 Severe 8-11 Moderate 12-16 Mild Moderate 17-21 Mild 22+ No ED

Prior to Procedure #6 Date: ____/____/____

SHIM Score _____ Erectile Hardness Score _____

1-7 Severe 8-11 Moderate 12-16 Mild Moderate 17-21 Mild 22+ No ED

Maintenance Procedure #____ Date: ____/____/____

SHIM Score _____ Erectile Hardness Score _____

1-7 Severe 8-11 Moderate 12-16 Mild Moderate 17-21 Mild 22+ No ED

Notes: _____

