



Name: \_\_\_\_\_

Date: \_\_\_\_\_

16. Do you currently have an erection in the morning before you urinate?  
( ) No ( ) Yes (How often?) (0) (1) (2) (3)
17. Do you currently ever awaken at night and notice an erection?  
( ) No ( ) Yes (How often?) (0) (1) (2) (3)
18. At present time, are you capable of having sexual intercourse?  
( ) No ( ) Yes
19. What is your sexual partner preference? (Women) (Men) (Both)
20. Currently do you experience pain in your penis during sexual activity? ( ) No ( ) Yes
21. Have you experienced pain in your penis at any time while you've had Peyronie's disease? ( ) Yes ( ) No  
(At first but now gone) (From start till now)
22. Does your partner experience pain during sexual intercourse due to the penile deformity? ( ) No ( ) Yes
23. Do you have difficulty with penetration due to (Circle all that applies):  
(Curvature) (Hinge effect) (Lack of firmness).
24. Has the presence of Peyronie's disease has effected your relationship with your sexual partner?  
( ) No ( ) Yes
25. Do you feel the presence of Peyronie's disease has affected your emotional status?  
( ) No ( ) Yes
26. Do you consider your current sexual desire/libido: (Normal) (Low) (High)
27. Have you noticed any change in the sensation of your penis since developing Peyronie's disease?  
( ) No ( ) Yes (Decreased sensation) (Numbness) (painful sensation).
28. Are you able to ejaculate? ( ) No ( ) Yes (By what method-circle all that apply)  
(Intercourse) (Masturbation) (Oral sex)
29. Are you troubled by rapid ejaculation? ( ) No ( ) Yes (Recently- only occasionally)  
(Consistently throughout lifetime) (Occasionally throughout lifetime) (Recently – almost always)
30. Do you currently smoke? ( ) No ( ) Yes: (Cigarettes) (Cigars) (Pipes) How much and long? (Per day/week/month \_\_\_\_\_) (For \_\_\_\_\_ Years/Months)
31. Have you smoked tobacco in the past? ( ) No ( ) Yes (How much : \_\_\_\_\_) (For how long : \_\_\_\_\_) (When did you quit \_\_\_\_\_)
32. Do you currently consume alcoholic beverages? ( ) No ( ) Yes: (wine) (Beer) (Other) How much: (Rarely) (\_\_\_\_\_ Drinks per day) (\_\_\_\_\_ Drinks per week) (\_\_\_\_\_ Drinks per month).
33. Have you in the past consumed alcoholic beverages? ( ) No ( ) Yes: (wine) (Beer) (Other) How much: (Rarely) (\_\_\_\_\_ Drinks per day) (\_\_\_\_\_ Drinks per week) (\_\_\_\_\_ Drinks per month) When did you stop: \_\_\_\_\_ (Have a history of alcoholism)
34. Are you presently taking medication prescribed by any doctor? ( ) No ( ) Yes  
(Please list all – Include aspirin, etc.): \_\_\_\_\_
35. Do you have a history of any of the following (even if under control with medicine)? (Circle all that apply):  
(Diabetes) (High blood pressure) (Elevated cholesterol) (Coronary heart disease) (severe straddle injury) (Back trauma/ Surgery)  
(Any other vascular disease; if yes, what : \_\_\_\_\_)

Name: \_\_\_\_\_

Date: \_\_\_\_\_

**Write the number that best describes your erectile function for the past 4 weeks in the space provided**

1. How often were you able to **get** an erection during sexual activity?
  - 0 = No sexual activity
  - 1 = Almost never/never
  - 2 = A few times (much less than half the time)
  - 3 = Sometimes (about half the time)
  - 4 = Most times (much more than half the time)
  - 5 = Almost always/always
  
2. When you had erections with sexual stimulation, how **often** were your erections hard enough for penetration?
  - 0 = No sexual activity
  - 1 = Almost never/never
  - 2 = A few times (much less than half the time)
  - 3 = Sometimes (about half the time)
  - 4 = Most times (much more than half the time)
  - 5 = Almost always/always
  
3. When you attempted sexual intercourse, how **often** were you able to penetrate (enter) your partner?
  - 0 = Did not attempt intercourse
  - 1 = Almost never/never
  - 2 = A few times (much less than half the time)
  - 3 = Sometimes (about half the time)
  - 4 = Most times (much more than half the time)
  - 5 = Almost always/always
  
4. During intercourse, how **often** were you able to **maintain** your erection after you have penetrated (entered) your partner?
  - 0 = Did not attempt
  - 1 = Almost never/never
  - 2 = A few times (much less than half the time)
  - 3 = Sometimes (about half the time)
  - 4 = Most times (much more than half the time)
  - 5 = Almost always/always
  
5. During sexual intercourse, how **difficult** was it to **maintain** your erection to completion of intercourse?
  - 0 = Did not attempt intercourse
  - 1 = Extremely difficult
  - 2 = Very difficult
  - 3 = Difficult
  - 4 = Slightly difficult
  - 5 = Not difficult
  
6. How many times have you attempted sexual intercourse?
  - 0 = No attempts
  - 1 = One to two attempts
  - 2 = Three to four attempts
  - 3 = Five to six attempts
  - 4 = Seven to ten attempts
  - 5 = Eleven or more attempts
  
7. When you attempted sexual intercourse, how often was it **satisfactory** for you?
  - 0 = Did not attempt intercourse
  - 1 = Almost never/never
  - 2 = A few times (much less than half the time)
  - 3 = Sometimes (about half the time)
  - 4 = Most times (much more than half the time)
  - 5 = Almost always/always

Name: \_\_\_\_\_

Date: \_\_\_\_\_

8. How much have you enjoyed sexual intercourse?

- 0 = No intercourse
- 1 = No enjoyment
- 2 = Not very enjoyable
- 3 = Fairly enjoyable
- 4 = Highly enjoyable
- 5 = Very highly enjoyable

9. When you had sexual stimulation or intercourse, how **often** did you ejaculate?

- 0 = No sexual stimulation/intercourse
- 1 = Almost never/never
- 2 = A few times (much less than half the time)
- 3 = Sometimes (about half the time)
- 4 = Most times (much more than half the time)
- 5 = Almost always/always

10. When you had sexual stimulation or intercourse, how **often** did you have the feeling of orgasm or climax?

- 0 = No sexual stimulation/intercourse
- 1 = Almost never/never
- 2 = A few times (much less than half the time)
- 3 = Sometimes (about half the time)
- 4 = Most times (much more than half the time)
- 5 = Almost always/always

11. How often have you felt sexual desire?

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

12. How would you rate your sexual desire?

- 1 = Very low/none at all
- 2 = Low
- 3 = Moderate
- 4 = High
- 5 = Very High

13. How satisfied have you been with your overall sex life?

- 1 = Very dissatisfied
- 2 = Moderately dissatisfied
- 3 = About equally satisfied & dissatisfied
- 4 = Moderately satisfied
- 5 = Very satisfied

14. How satisfied have you been with your sexual relationship with your partner?

- 1 = Very dissatisfied
- 2 = Moderately dissatisfied
- 3 = About equally satisfied & dissatisfied
- 4 = Moderately satisfied
- 5 = Very satisfied

15. How would you rate your **confidence** that you could get and keep an erection?

- 1 = Very low
- 2 = Low
- 3 = Moderate
- 4 = High
- 5 = Very high