



PEYRONIE'S DISEASE PATIENT QUESTIONNAIRE

Date:

Name:

Age:

Marital Status:

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SPECIALIST IN:

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"Please circle the most accurate answer or fill in the blank"

1. When did you first notice the presence of Peyronie's Disease?

2. What was your first symptom? Pain Lump Curvature or bend

3. Did your penile deformity occur: suddenly gradually

4. Do you recall experiencing any pain, injury or bending of your penis during intercourse before developing Peyronie's Disease?

No

Yes

If yes, please describe:

5. Have you always (all your life) had some curve of your penis before this recent bend happened?

No

Yes

6. Have you been treated for Peyronie's Disease prior to this visit?

No

Yes

(Please circle the treatment you have received)

Vitamin E Potaba Colchicine Anti-inflammatory meds

Verapamil Injections Interferon Injections Steroid Injections

Other: _____

7. Are you currently undergoing treatment for Peyronie's Disease?

No

Yes

If yes, what treatment are you currently receiving?

8. Has your penile curvature worsened over time? No Yes

Is the curvature stable now?:

No

Yes

If yes, for how long has it been stable?

9. Would you describe your penile curvature as:

Up Down Left Right Twist

Can you estimate the degree of curvature? (right angle is 90 degrees ,straight is 0 degrees)

_____degrees

10. Have you noticed any shrinking or loss of length of your penis?

No Yes

Estimate how much length, in inches or centimeters, has been lost. _____

11. Have you noticed any other deformity? No Yes

(If yes -Circle all that apply)

Softening of penis beyond the lump or curve?

Deformity all around like an hourglass?: (identify where)

Base of penis Mid Shaft End of shaft

"Hinge" effect ?:(identify where)

Base of penis Mid Shaft End of shaft

Narrowing of shaft:?(identify where) Left side/Right side

The following questions ask you to grade the quality of your erections. Please circle the number between 1 and 4 that best describes the quality of your erections.

(As a guide, anything less than a 3 cannot be pushed into the vagina. A (4) is a fully "rock-hard" erection.

Please answer the questions regarding your penile rigidity while imagining that your penis has no curvature.)

No erection -1 Fullness but no firmness- 2 Firmness -3 Full hard erection -4

12. Before developing Peyronie's Disease, would you grade your erection strength as:

Grade: 1 2 3 4

13. Do you have any difficulty in maintaining your erection after penetration?

No Yes

14. Do you currently have an erection in the morning before you urinate?

If so, what grade?: 1 2 3 4

15. Do you currently ever awaken at night and notice an erection? If so, what grade:

1 2 3 4

16. At the present time, are you capable of having sexual intercourse?

No Yes

17. Currently, do you experience pain in your penis during sexual activity?

No Yes How often?

18. Have you experienced pain in your penis at any time while you have had Peyronie's Disease symptoms?

No Yes At first, but now gone Still having pain

19. Does your partner experience pain during sexual intercourse due to the penile deformity?

No Yes

20. Do you have difficulty with penetration due to any of the following?:

(Please circle all that apply) Curvature Hinge effect Lack of firmness

21. Do you feel the presence of Peyronie's Disease has affected your emotional status?

No Yes

22. Has the presence of Peyronie's Disease affected your relationship with your partner?

No Yes

23. Do you consider your sexual desire/libido: Normal Low High

24. Have you noticed any change in the sensation of your penis since developing Peyronie's Disease?

No Yes

If yes – decreased sensation numbness painful sensation

25. Are you able to ejaculate? No Yes

If yes by what method –

(circle all that apply) Intercourse Masturbation Oral sex

26. Are you troubled by rapid ejaculation? No Yes

(If yes indicate how often)

Recently-only occasionally

Occasionally throughout lifetime

Consistently throughout lifetime

Recently - almost always