

# PEYRONIE'S DISEASE QUESTIONNAIRE

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

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

Age: \_\_\_\_\_ Marital Status: \_\_\_\_\_

**Dr Christopher Love**

Urological Surgeon

M.B. B.S. F.R.A.C.S.

Provider No. 0494287F

**CONTACT:**

1800 DRLOVE

1800 375 683

chris@drlove.com.au

www.drlove.com.au

**CONSULTING AT:**

Bayside Urology

66 Balcombe Road

Mentone VIC 3194

Men's Health Melbourne

Level M 233 Collins St

Melbourne VIC 3000

**SPECIALIST IN:**

Penile Implant Surgery

Erectile Dysfunction

Peyronie's Disease

BPH Management

Greenlight Laser

Penile Rehabilitation

Incontinence after Cancer

"No Scalpel" Vasectomy

Men's Health Advice

Stone Disease

General Urology

**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* Please describe:

\_\_\_\_\_

5. Do you recall any other injury to your penis? *No/Yes*

If yes, when did this occur and what was the nature of your injury?  
\_\_\_\_\_

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 medications

◇ 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 it stable (unchanged) now: *No/Yes*

If yes, for how long has it been stable?  
\_\_\_\_\_

9. Would you describe your penile curvature as:  $\angle$ ;  $^\circ$ : B9 L01? #423?

Can you estimate the degree of curvature?

(right angle is 90°; straight is 0°)



10. Have you noticed any shrinking or loss of length of your penis?  $\checkmark$ :  $^* O$

Estimate how much length, in inches or centimeters, has been lost:  $\checkmark$



11. Have you noticed any other deformity: 1?3000 74 9?  $\checkmark$ :  $^* O$

Circle all that apply:

Hinge effect at  $\angle$ : 1. @A ?@0?  $\checkmark$ :  $^* O$

Softening of penis beyond lump/scar or curve  $\checkmark$ :  $^* O$

All around 9, = B42 like, 91 hourglass:  $\checkmark$ :  $^* O$

(identify where) -,  $\checkmark$ : 1; 0947 4 \$3, 1? 09/; 1>3, 1?

Hinge effect at the head  $\checkmark$ :  $^* O$

Narrowing: =4/09?, 74 9 of shaft: L01? >A0 #423? >A0

12. If developing Peyronie's Disease, would you grade your erection,  $\checkmark$

Grade:  $\checkmark$   $^* \checkmark$  (see EHS sheet)

13. Since developing Peyronie's disease, would you grade your erection as:

Grade:  $\checkmark$   $^* \checkmark$  (see EHS sheet)

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

No/Yes

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

No/Yes

16. Have you experienced pain in your penis at any time while you have had Peyronie's Disease? No/Yes

At first but now gone \_\_\_\_\_ From onset to present \_\_\_\_\_

17. Does your partner experience pain during sexual intercourse due to the penile deformity? No/Yes

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

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

19. 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