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**PEYRONIE'S DISEASE – PATIENT QUESTIONNAIRE**

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

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

**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                      ◇ Verapamil Injections  
     ◇ Potaba                      ◇ Interferon Injections  
     ◇ Colchicine                      ◇ Steroid Injections  
     ◇ Anti-inflammatory meds                      ◇ 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 now:                      \_\_\_ No                      \_\_\_ Yes                      If yes, for how long? \_\_\_\_\_
9. Would you describe your penile curvature as:                      \_\_\_ Up                      \_\_\_ Down                      \_\_\_ Left                      \_\_\_ Right  
     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?                      \_\_\_ No                      \_\_\_ Yes  
     Estimate how much length, in inches or centimeters, has been lost. \_\_\_\_\_
11. Have you noticed any other deformity?                      \_\_\_ No                      \_\_\_ Yes  
     Circle all that apply:  
     ◇ Hinge effect at base                      ◇ Hinge effect at the head  
     ◇ Softening of penis beyond lump/scar or curve                      ◇ Narrowing of shaft: Left side/Right side  
     ◇ All around like hourglass: (identify where) \_\_\_\_\_ base of penis                      \_\_\_ Mid Shaft                      \_\_\_ end of shaft

