

Name \_\_\_\_\_

Date

San Diego Sexual Medicine

PDQ

INSTRUCTIONS:

The purpose of this questionnaire is to identify any problems you may be having with erection or vaginal intercourse with a female partner.

Please answer all of the questions in the space provided.

If you HAVE NOT had vaginal intercourse with a female partner within the last 3 months, please mark the box below and DO NOT COMPLETE the remainder of this questionnaire.

No vaginal intercourse within the last 3 months

If you HAVE had vaginal intercourse with a female partner within the last 3 months, please mark the box below and COMPLETE the remainder of this questionnaire.

Yes vaginal intercourse within the last 3 months

Approximately how many times have you had vaginal intercourse in the last 3 months

\_\_\_\_\_

What was the date of the last time you had vaginal intercourse?

\_\_\_\_\_

Men with Peyronie's disease may have problems during vaginal intercourse.

The questions below ask about the severity of any problems that you may be having during vaginal intercourse.

For each problem below, please circle the number that best describes how severe the problem was THE LAST TIME YOU HAD VAGINAL INTERCOURSE.

Name \_\_\_\_\_

Date

PLEASE CIRCLE ONE NUMBER FOR EACH QUESTION

Q1. Concern about damaging penis while having vaginal intercourse

0 None

1 Mild

2 Moderate

3 Severe

4 Very Severe

Q2. Bending or collapsing of penis while having vaginal intercourse

0 None

1 Mild

2 Moderate

3 Severe

4 Very Severe

Q3. Trouble inserting erect penis into partner's vagina

0 None

1 Mild

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2 Moderate

3 Severe

4 Very Severe

Q4. Difficulty with some positions that you used to enjoy when

0 None

1 Mild

2 Moderate

3 Severe

4 Very Severe

Q5. Awkwardness with some positions that you used to enjoy when having vaginal intercourse

0 None

1 Mild

2 Moderate

3 Severe

4 Very Severe

Q6. Discomfort with some positions that you used to enjoy when having vaginal intercourse

0 None

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Date

1 Mild

2 Moderate

3 Severe

4 Very Severe

Thinking of your last erection or the last time you had vaginal intercourse, please indicate the level of pain or discomfort you felt.

PLEASE CIRCLE ONE NUMBER FOR EACH QUESTION

If you felt no pain or discomfort, circle 0

Q7. In the LAST 24 HOURS, how much pain or discomfort have you felt in your penis when it is NOT erect? Please answer for the LAST 24 HOURS only.

No Pain or  
Pain  
Discomfort  
Discomfort

Extreme  
or

\_\_\_\_\_

0      1      2      3      4      5      6      7      8      9  
10

Name \_\_\_\_\_

Date \_\_\_\_\_

Q8. Thinking about the LAST TIME you were erect, how much pain or discomfort did you feel in your penis when it was erect? Please answer to the LAST TIME YOU HAD AN ERECTION.

No Pain or  
Pain  
Discomfort  
Discomfort

Extreme  
or

\_\_\_\_\_

0 1 2 3 4 5 6 7 8 9  
10

Q9. Thinking about the LAST TIME you had vaginal intercourse, how much pain or discomfort did you feel in your penis when having vaginal intercourse? Please answer for the LAST TIME YOU HAD VAGINAL INTERCOURSE.

No Pain or  
Pain  
Discomfort  
Discomfort

Extreme  
or

\_\_\_\_\_

0 1 2 3 4 5 6 7 8 9  
10

Q10. Thinking about the LAST TIME you had an erection, how bothered were you by any pain or discomfort you may have felt in your erect penis?

Please answer for the LAST TIME YOU HAD AN ERECTION

\_\_\_ DID NOT feel any pain or discomfort -- Please go to Q 11.

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Felt pain or discomfort and I was:

- Not at all bothered
- A little bit bothered
- Moderately bothered
- Very bothered
- Extremely bothered

Q11. Thinking about the LAST TIME you looked at your erect penis, how bothered were you by the way your penis looked?

Please answer for the LAST TIME YOU HAD AN ERECTION

- Not at all bothered
- A little bit bothered
- Moderately bothered
- Very bothered
- Extremely bothered

Q12. Does your Peyronie's Disease make having vaginal intercourse difficult or impossible?

- No -- Please go to Q 14.

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\_\_\_ Yes -- Please go to Q 13.

Q13. Thinking of the LAST TIME you had tried to have vaginal intercourse, how bothered were you by your Peyronie's Disease?

\_\_\_ Not at all bothered

\_\_\_ A little bit bothered

\_\_\_ Moderately bothered

\_\_\_ Very bothered

\_\_\_ Extremely bothered

Q14. Are you having vaginal intercourse LESS OFTEN than you used to due to your Peyronie's Disease?

\_\_\_ No -- Thank you, you have completed the questionnaire.

\_\_\_ Yes -- Please go to Q 15.

\_\_\_ Moderately bothered

\_\_\_ Very bothered

\_\_\_ Extremely bothered

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Q15. How bothered are YOU with having vaginal intercourse less often?

- Not at all bothered
- A little bit bothered
- Moderately bothered
- Very bothered
- Extremely bothered

Thank you, you have completed the questionnaire



Name \_\_\_\_\_

Date

\_\_\_\_\_

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