

Talking with Your Doctor About Peyronie's Disease

Print this page and take it with you to your doctor to discuss your symptoms and the available treatments. Your physician may also ask for photographs of your erect penis so he/she can view your curvature.

Information for your doctor:

1) Describe your symptoms.

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2) How long have you been experiencing these symptoms?

.....

3) How bothersome are these symptoms and what level of impact have they had on your life?

.....

4) List medications you have taken or are taking for this problem.

.....

5) Have you tried any other forms of treatment?

.....

6) Have you ever injured your penis in an accident or during intercourse? If yes, describe.

.....

7) Have you ever noticed swelling or bruising of the penis after intercourse? If yes, describe.

.....

8) Do you experience pain when your penis is erect? If yes, describe.

.....

9) Do you experience pain when your penis is not erect? If yes, describe.

.....

10) Do you have problems maintaining an erection?

.....

11) What are your goals or expectations of your visit with a doctor?

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12) Please list any additional information or details you would like to share with your doctor.

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Questions to ask your doctor:

1) Do I have Peyronie's disease?

.....

2) What are my options for treatment?

.....

3) What do you recommend for my condition?

.....

4) Is there a specialist you think I should consult with?

.....

Sexual Health Inventory for Men (SHIM)

PATIENT NAME: _____

TODAY'S DATE: _____

PATIENT INSTRUCTIONS

Sexual health is an important part of an individual's overall physical and emotional well-being. Peyronie's disease is often accompanied by erectile dysfunction. This questionnaire is designed to help you and your doctor identify if you may be experiencing erectile dysfunction. If you are, you may choose to discuss treatment options with your doctor.

Each question has several possible responses. Circle the number of the response that **best describes** your own situation. Please be sure that you select one and only one response for **each question**.

OVER THE PAST 6 MONTHS:

1. How do you rate your confidence that you could get and keep an erection?		VERY LOW	LOW	MODERATE	HIGH	VERY HIGH
		1	2	3	4	5
2. When you had erections with sexual stimulation, how often were your erections hard enough for penetration (entering your partner)?	NO SEXUAL ACTIVITY	ALMOST NEVER OR NEVER	A FEW TIMES (MUCH LESS THAN HALF THE TIME)	SOMETIMES (ABOUT HALF THE TIME)	MOST TIMES (MUCH MORE THAN, HALF THE TIME)	ALMOST ALWAYS OR ALWAYS
	0	1	2	3	4	5
3. During sexual intercourse, how often were you able to maintain your erection after you had penetrated (entered) your partner?	DID NOT ATTEMPT INTERCOURSE	ALMOST NEVER OR NEVER	A FEW TIMES (MUCH LESS THAN HALF THE TIME)	SOMETIMES (ABOUT HALF THE TIME)	MOST TIMES (MUCH MORE THAN, HALF THE TIME)	ALMOST ALWAYS OR ALWAYS
	0	1	2	3	4	5
4. During sexual intercourse, how difficult was it to maintain your erection to completion of intercourse?	DID NOT ATTEMPT INTERCOURSE	EXTREMELY DIFFICULT	VERY DIFFICULT	DIFFICULT	SLIGHTLY DIFFICULT	NOT DIFFICULT
	0	1	2	3	4	5
5. When you attempted sexual intercourse, how often was it satisfactory for you?	DID NOT ATTEMPT INTERCOURSE	ALMOST NEVER OR NEVER	A FEW TIMES (MUCH LESS THAN HALF THE TIME)	SOMETIMES (ABOUT HALF THE TIME)	MOST TIMES (MUCH MORE THAN, HALF THE TIME)	ALMOST ALWAYS OR ALWAYS
	0	1	2	3	4	5

Add the numbers corresponding to questions 1-5.

TOTAL: _____

The Sexual Health Inventory for Men further classifies ED severity with the following breakpoints:

1-7 Severe ED

8-11 Moderate ED

12-16 Mild to Moderate ED

17-21 Mild ED