**All the data elements on this form are Supplemental (not required).**

1. When did you first experience priapism?
	1. Childhood (less than 12 years old)
	2. Teenager (13-17 years old)
	3. Young Adult (18-25 years old)
	4. Adult (more than 25 years old)
2. In what situations do you experience priapism?
	1. Sexual arousal
	2. Sexual intercourse
	3. Sleep
	4. Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. How often do you experience priapism?
	1. Daily
	2. Every other day
	3. Once a week
	4. Once a month
	5. Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
4. How long does a typical priapism episode last?
	1. Less than half an hour
	2. 1 hour
	3. 2 hours
	4. 2-5 hours
	5. More than 5 hours
5. Have these priapism episodes caused pain? [ ]  Yes [ ]  No
6. Have you noticed a deformity or scarring of the penis? [ ]  Yes [ ]  No
7. What methods, if any, have you used for these priapism episodes? Have they helped?
	1. Sexual activity [ ]  Yes [ ]  No
	2. Shower or bath [ ]  Yes [ ]  No
	3. Cold or hot packs [ ]  Yes [ ]  No
	4. Exercise [ ]  Yes [ ]  No
	5. Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
8. Have you received medical treatment for these priapism episodes [ ]  Yes [ ]  No
9. What medical treatments have been given to you, if any?
	1. Sedation
	2. Pain medication
	3. Anesthesia
	4. Oxygen
	5. Blood transfusion
	6. Hormone shots or pills
	7. Penile injections
	8. Penile surgery
	9. Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Have any of these treatments helped? (Please describe)

1. Is your priapism condition better or worse since it began?
	1. Better
	2. Worse
	3. About the same
2. Have your erections for “wanted” sexual situations worsened over time?

[ ]  Yes [ ]  No

1. What treatments, if any, have you used to improve erections for “wanted” sexual situations?
	1. Herbal supplements
	2. Yohimbine
	3. Viagra, Levitra or Cialis
	4. Penile constructive ring
	5. Penile injections
	6. Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. Has your priapism condition affected your partner relationship?
[ ]  Yes [ ]  No [ ]  Not applicable
3. Has your priapism condition affected your feelings about yourself (self-image)?

[ ]  Yes [ ]  No

Please mark all that are applicable below:

* 1. Exhausted
	2. Confused
	3. Angry
	4. Frustrated
	5. Sad
	6. Embarrassed
	7. Frightened
	8. Depressed
	9. Anxious

Note: Write in additional comments below if you need more space