



Peyronie's Disease Questionnaire (PDQ) Scale

The Peyronie's Disease Questionnaire (PDQ) is a 15-question self-reported questionnaire that evaluates the severity and physical and psychosexual issues of Peyronie's disease (PD) symptoms in three scales: "psychological and physical symptoms," "penile pain," and "symptom bother." Men with Peyronie's Disease may have problems during vaginal intercourse. Completing this questionnaire will allow your healthcare professional to evaluate your condition and offer the most appropriate advice on your next steps.

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

PLEASE CIRCLE **ONE NUMBER** FOR EACH QUESTION, if you did not experience the problem, circle 0



Question	Problem	None	Mild	Moderate	Severe	Very Severe				
Q1	Concern about damaging penis while having vaginal intercourse	0	1	2	3	4				
Q2	Bending or collapsing of penis while having vaginal intercourse	0	1	2	3	4				
Q3	Trouble inserting erect penis into partner's vagina	0	1	2	3	4				
Q4	Difficulty with some positions that you used to enjoy when having vaginal intercourse	0	1	2	3	4				
Q5	Awkwardness with some positions that you used to enjoy when having vaginal intercourse	0	1	2	3	4				
Q6	Discomfort with some positions that you used to enjoy when having vaginal intercourse	0	1	2	3	4				
Q7	IN THE LAST 24 HOURS , how much pain or discomfort have you felt in your penis when it was NOT erect? Please answer for the LAST 24 HOURS only.									
	<i>No Pain or Discomfort</i>									<i>Extreme Pain or Discomfort</i>
	0	1	2	3	4	5	6	7	8	9
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 for the LAST TIME YOU HAD AN ERECTION.									
	<i>No Pain or Discomfort</i>									<i>Extreme Pain or Discomfort</i>
	0	1	2	3	4	5	6	7	8	9
Q9	Thinking about the LAST TIME you were erect, 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.									
	<i>No Pain or Discomfort</i>									<i>Extreme Pain or Discomfort</i>
	0	1	2	3	4	5	6	7	8	9

Q10	<p>Thinking about the LAST TIME you had an erection, how bothered were you by any pain or discomfort did you may have felt in your erect penis? Please answer for the LAST TIME YOU HAD AN ERECTION.</p> <p><input type="checkbox"/> DID NOT feel any pain or discomfort- Please go to Q11</p> <p>Felt Pain or discomfort and I was:</p> <p><input type="checkbox"/> Not at all bothered <input type="checkbox"/> A little bit bothered <input type="checkbox"/> Moderately bothered <input type="checkbox"/> Very bothered <input type="checkbox"/> Extremely bothered</p>
Q11	<p>Thinking about the LAST TIME you looked at your erect penis, how bothered were you by the way your penis looked?</p> <p>Please answer for the LAST TIME YOU HAD AN ERECTION.</p> <p><input type="checkbox"/> Not at all bothered <input type="checkbox"/> A little bit bothered <input type="checkbox"/> Moderately bothered <input type="checkbox"/> Very bothered <input type="checkbox"/> Extremely bothered</p>
Q12	<p>Does your Peyronie's Disease make having vaginal intercourse difficult or impossible?</p> <p><input type="checkbox"/> No- Please go to Q14 <input type="checkbox"/> Yes- Go to Q13</p>
Q13	<p>Thinking of the LAST TIME you had or tried vaginal intercourse, how bothered were you by your Peyronie's Disease?</p> <p><input type="checkbox"/> Not at all bothered <input type="checkbox"/> A little bit bothered <input type="checkbox"/> Moderately bothered <input type="checkbox"/> Very bothered <input type="checkbox"/> Extremely bothered</p>
Q14	<p>Are you having vaginal intercourse LESS OFTEN than you used to due to your Peyronie's Disease?</p> <p><input type="checkbox"/> No- Thank you, you have completed the questionnaire <input type="checkbox"/> Yes- Please go to Q15</p>
Q15	<p>How bothered are YOU with having vaginal intercourse less often?</p> <p><input type="checkbox"/> Not at all bothered <input type="checkbox"/> A little bit bothered <input type="checkbox"/> Moderately bothered <input type="checkbox"/> Very bothered <input type="checkbox"/> Extremely bothered</p>
<p>Thank You for completing the questionnaire.</p>	

- Reference:**
- Hellstrom WJ, Feldman R, Rosen RC et al. Bother and distress associated with Peyronie's disease: validation of the Peyronie's disease questionnaire. J Urol. 2013 Aug;190(2):627-34.
 - Coyne KS, Currie BM, Thompson CL, Smith TM. The test-retest reliability of the Peyronie's disease questionnaire. J Sex Med. 2015 Feb;12(2):543-8.
 - Coyne KS, Currie BM, Thompson CL, Smith TM. Responsiveness of the Peyronie's Disease Questionnaire (PDQ). J Sex Med. 2015 Apr;12(4):1072-9.