**This form is Supplemental (not required and use depended on study design).**

 *During the past 2 weeks:*

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| 1. Worry about my overall health has been:
 | None | Minimal | Slight | Moderate | Substantial | Extreme | Very Extreme |
| 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 2. My distress about my priapism has been: | None | Minimal | Slight | Moderate | Substantial | Extreme | Very Extreme |
| 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 3. The effect of priapism on my daily activities has been: | None | Minimal | Slight | Moderate | Substantial | Extreme | Very Extreme |
| 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 4. The negative effect of priapism on my feelings have been: | None | Minimal | Slight | Moderate | Substantial | Extreme | Very Extreme |
| 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 5. The effect of priapism on my sexual satisfaction has been: | None | Minimal | Slight | Moderate | Substantial | Extreme | Very Extreme |
| 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 6. The effect of priapism on my relationship with my partner has been: | None | Minimal | Slight | Moderate | Substantial | Extreme | Very Extreme |
| 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 7. The effect of priapism on my sexual confidence has been: | None | Minimal | Slight | Moderate | Substantial | Extreme | Very Extreme |
| 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 8. Having trouble getting an erection has been: | None | Minimal | Slight | Moderate | Substantial | Extreme | Very Extreme |
| 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 9. Problems with my sexual desire have been: | None | Minimal | Slight | Moderate | Substantial | Extreme | Very Extreme |
| 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 10. Physical discomfort caused by my priapism has been: | None | Minimal | Slight | Moderate | Substantial | Extreme | Very Extreme |
| 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 11. The level of pain in my penis caused by my priapism has been: | None | Minimal | Slight | Moderate | Substantial | Extreme | Very Extreme |
| 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 12. The abnormal shape of my penis caused my priapism has been: | None | Minimal | Slight | Moderate | Substantial | Extreme | Very Extreme |
| 1 | 2 | 3 | 4 | 5 | 6 | 7 |

|  |
| --- |
| **Scoring** |
| **Domain** | **Quality of Life** | **Sexual Function** | **Physical Impact** |
| **Questions** | 1.  | 5.  | 10.  |
|  | 2.  | 6.  | 11.  |
|  | 3.  | 7.  | 12.  |
|  | 4.  | 8.  |  |
|  |  | 9.  |  |
| **Total Score** |  |  |  |
|  | (4-28) | (5-35) | (3-21) |

Total PIP Score (*L* Items 1-12) =

|  |
| --- |
| **Rating** |
| **Number of Questions with** | **Importance** | **Clarity** |
| **High** |  |  |
| **Medium** |  |  |
| **Low** |  |  |

Please **read the following list** of questions and circle the response that best rates your opinion regarding each item's importance and clarity.

|  |  |
| --- | --- |
| 1.Worry about my overall health has been: | To me this question was of: **High Importance** I **Medium Importance** I **Low Importance**To me, this question was of: **High Clarity** [ **Medium Clarity** I **Low Clarity** |
| 2.My distress about my priapism has been: | To me this question was of: **High Importance** I **Medium Importance** I **Low Importance**To me, this question was of: **High Clarity** I **Medium Clarity** I **Low Clarity** |
| 3. The effect of priapism on my daily activities has been: | To me this question was of: **High Importance** I **Medium Importance** I **Low Importance**To me, this question was of: **High Clarity** I **Medium Clarity** I **Low Clarity** |
| 4.The negative effect of priapism on my feelings have been: | To me this question was of: **High Importance** I **Medium Importance** I **Low Importance**To me, this question was of: **High Clarity** I **Medium Clarity** I **Low Clarity** |
| 5.The effect of priapism on my sexual satisfaction has been: | To me this question was of: **High Importance** I **Medium Importance** I **Low Importance**To me, this question was of: **High Clarity** l **Medium Clarity** I **Low Clarity** |
| 6. The effect of priapism on my relationship with my partner has been: | To me this question was of: **High Importance** I **Medium Importance** I **Low Importance**To me, this question was of: **High Clarity** I **Medium Clarity** I **Low Clarity** |
| 7.The effect of priapism on my sexual confidence has been: | To me this question was of: **High Importance** I **Medium Importance** I **Low Importance**To me, this question was of: **High Clarity** I **Medium Clarity** I **Low Clarity** |
| 8.Having trouble getting an erection has been: | To me this question was of: **High Importance** I **Medium Importance** I **Low Importance**To me, this question was of: **High Clarity** I **Medium Clarity** I **Low Clarity** |
| 9.Problems with my sexual desire have been: | To me this question was of: **High Importance** I **Medium Importance** I **Low Importance**To me, this question was of: **High Clarity** I **Medium Clarity** I **Low Clarity** |
| 10. Physical discomfort caused by my priapism has been: | To me this question was of: **High Importance** I **Medium Importance** I **Low Importance**To me, this question was of: **High Clarity** I **Medium Clarity** I **Low Clarity** |
| 11**.**The level of pain in my penis caused by my priapism has been: | To me this question was of: **High Importance** I **Medium Importance** I **Low Importance**To me, this question was of: **High Clarity** I **Medium Clarity** I **Low Clarity** |
| Please **read the following list** of questions and circle the response that best rates your opinion regarding each item's importance and clarity. |

|  |  |
| --- | --- |
| 12.The abnormal shape of my penis caused by priapism has been | To me this question was of: **High Importance** I **Medium Importance** I **Low Importance**To me, this question was of: **High Clarity** l **Medium Clarity** I **Low Clarity** |