**All the data elements on this form are Supplemental. Form should be used in its entirety and not modified.** Physical discomfort caused by my priapism has been:

Absent Minimal Slight Moderate Substantial Extreme Very Extreme

 1 2 3 4 5 6 7

2. Worry about my overall health has been:

 Absent Minimal Slight Moderate Substantial Extreme Very Extreme

 1 2 3 4 5 6 7

3. My distress about my priapism has been:

 Absent Minimal Slight Moderate Substantial Extreme Very Extreme

 1 2 3 4 5 6 7

4. The effect of priapism on my daily activities has been:

 Absent Minimal Slight Moderate Substantial Extreme Very Extreme

 1 2 3 4 5 6 7

5. Negative feelings about myself have been:

 Absent Minimal Slight Moderate Substantial Extreme Very Extreme

 1 2 3 4 5 6 7

6. The level of pain in my penis caused by my priapism has been:

 Absent Minimal Slight Moderate Substantial Extreme Very Extreme

 1 2 3 4 5 6 7

7. Having trouble getting an erection has been:

 Absent Minimal Slight Moderate Substantial Extreme Very Extreme

 1 2 3 4 5 6 7

8. The abnormal shape of my penis caused by priapism has been:

 Absent Minimal Slight Moderate Substantial Extreme Very Extreme

 1 2 3 4 5 6 7

PIP Score (∑ Items 1-8) = \_\_\_\_\_\_