

Priapism Survey

Record ID _____

The Purpose of the Study of Sexual Functioning Experiences

Thank you for your participation in this study. We appreciate your willingness to participate in this important research. This questionnaire is part of a study to assess the experiences of men with sickle cell disease about sexual functioning.

This questionnaire is administered with secure standards to ensure your privacy. Only authorized study personnel will have access to your responses. All answers are completely confidential.

This survey makes reference to priapism which is defined as prolonged, unwanted erections (erections that do not go down) and may occur with or without sexual stimulation.

Date _____

Section A: Demographic and Socioeconomic Information

Age _____

Marital Status

- Married
- Divorced
- Widowed
- Single
- Undisclosed

What is your level of education?

- Primary
- Secondary
- Tertiary
- none

What is your job?

- Senior civil servant (level 7-10)
- Senior civil servant (level 11-16)
- Junior civil servant (< level 7)
- Trader/Private business
- Work in a private sector
- Unemployed
- Others

If others... Please specify _____

(Job)

How much do you earn per month?

- < 18, 000 (< \$50)
 000 to 36,000 (\$50- \$100)
 360 - 72000 (\$101-\$200)
 others
 (Naira (N))

If others... Please specify.

(Monthly income)

Do you have dependents?

- Yes No

If yes, how many?

(Number of dependents)

Do you take alcohol?

- Yes No

Do you smoke?

- Yes No

Answer the next two questions if you have answered yes to the above question

For how many years?

(years of smoking cigarettes)

How many cigarettes per day?

(Number of cigarettes intake per day)

Section B: Sickle Cell Activity

What type of Sickle Cell Disease do you have?

- HbSS
 HbSC
 HbSBThal
 Not sure

Have you ever had a pain crisis (vaso-occlusive crisis)?

- Yes No

Pain crisis sub session: Please provide answers to this session if you have answered yes to the above question.

When was your last pain crisis (vaso-occlusive crisis)?

- 1 week ago
 2 weeks ago
 4 weeks ago
 others

If others, please specify:

Over the last year, how often have you had pain or a vaso-occlusive crisis?

- At least once a week
 2-3 times per month
 Once every 1-3 months
 Once every 4-6 months
 Once every 7-11 months
 Once a year or less frequent

How many times were you admitted to the hospital in the last year for a pain crisis?

- None
 1-2 times
 3-5 times
 5-9 times
 10 times

Please give the last admission date for a pain crisis?

_____ (d-m-y)

End of sub session for additional details on pain crisis

Have you ever been hospitalized for acute chest syndrome or pneumonia?

- yes no unsure

Do you have a history of avascular necrosis or bone problems other than a typical crisis?

- Yes No

Have you had any type of joint surgery or replacement?

- Yes No

If yes, what joint?

- Hip
 Shoulder
 Knee
 Other

If other..... please, state:

_____ (State the joint replaced)

Section C: Priapism Assessment

Have you ever experienced priapism?

- Yes No

When did you first experience priapism?

- childhood (less than 12 years old)
 teenager (13-17 years old)
 young adult (18-25 years old)
 adult (more than 25 years old)

In what situations do you experience priapism?

- sexual arousal
 sexual intercourse
 sleep
 other

If you checked other to the previous question, please enter the situation.

_____ (Situation you experienced priapism)

How often do you experience priapism?

- daily
 every other day
 once a week
 once a month
 other
-

If you checked other, please specify how often.

How long does a typical priapism episode last?

- less than half an hour
 1 hour
 2 hours
 3-4 hours
 5-6 hours
 More than 6 hours
-

Does your typical priapism episode last for at-least 3 days?

- Yes No
-

Have these priapism episodes caused pain?

- Yes No
-

Have you noticed a deformity or scarring of the penis?

- Yes No
-

What methods if any, have you used for these priapism episodes?

- sexual activity
 shower or bath
 cold or hot packs
 exercise
 other
-

If you entered other , please specify the method:

What methods if any, have helped?

- sexual activity
 shower or bath
 cold or hot packs
 exercise
 other
-

If you entered other, please specify the method that was helpful.

Have you ever received medical treatment for these priapism episodes?

- Yes No
-

What medical treatments have been given to you, if any?

- sedation
 pain medication
 anesthesia
 oxygen
 blood transfusion
 hormone shots or pills
 penile injections
 penile surgery
 other

If you selected other for the previous question, please specify what treatment.

Have any of these treatments helped? (Please describe)

Is your priapism condition better or worse since it began?

- better
 worse
 about the same

Have your erections for "wanted" sexual situations worsened over time?

- Yes No Not applicable

What treatments, if any, have you used to improve erections for "wanted" sexual situation?

- herbal supplements
 yohimbine
 Viagra or Levitra or Cialis
 penile constrictive ring
 penile injections
 other

If you entered other to the previous question, please specify the treatment.

Has your priapism condition affected your partner relationship?

- Yes No Not applicable

If you selected yes to the previous question, please describe how the condition has affected your relationship.

Has your priapism condition affected your feelings about yourself (self-image)?

- Yes No

If you selected yes, mark all that are applicable.

- exhausted
 confused
 angry
 frustrated
 sad
 embarrassed
 frightened
 depressed
 anxious