

COPS-P FOR MEN QUESTIONNAIRE

Name _____ Date: _____

This questionnaire is about the way you feel about the size or appearance of your penis.

Please read the questions carefully and circle the number which best describes the way you have felt about your penis over the past week.

	Not At All	1	2	3	4	5	6	7	Extremely
To what extent do you feel the size or appearance of your penis is defective or unattractive?	0	1	2	3	4	5	6	7	8
To what extent do you feel the size or appearance of your penis currently causes you distress?	0	1	2	3	4	5	6	7	8
To what extent does the size or appearance of your penis currently lead you to avoid situations or activities?	0	1	2	3	4	5	6	7	8
To what extent does thinking about the size or appearance of your penis currently preoccupy you?	0	1	2	3	4	5	6	7	8
To what extent do your concerns about the size or appearance of your penis currently have an effect on an existing sexual relationship, or stop you from developing a sexual relationship?	0	1	2	3	4	5	6	7	8
To what extent do your concerns about the size or appearance of your penis currently interfere with your ability to work or study?	0	1	2	3	4	5	6	7	8
To what extent do your concerns about the size or appearance of your penis currently interfere with your social life e.g. going to parties, pubs, clubs, outings, visits?	0	1	2	3	4	5	6	7	8
To what extent do your concerns about the size or appearance of your penis currently interfere with leisure activities e.g. being in a public changing room?	0	1	2	3	4	5	6	7	8
To what extent do you feel the size or appearance of your penis is the most important aspect of who you are?	0	1	2	3	4	5	6	7	8

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