SEXUAL FUNCTION QUESTIONNAIRE

MITCHELL, HOOLE & KANATAS

Date

Initials:
D.O.B:

For the purpose of this questionnaire we define sexual activity as any stimulation of the mind or body for pleasurable erotic stimulation. This includes penetrative intercourse, masturbation, sexual fantasies and any related or similar erotic activity. Please note we have deliberately included questions applicable to both males and females as responses relevant to your partner may have a direct impact on you.
Since your cancer diagnosis please indicate which single answer most applies to you from the following questions.

1(a) Do you think that your cancer has impacted your ability to enjoy a sex life? **Yes** □ **No** □

1(b) Compared to your sex life previously, how much has this impacted on how much you enjoy it now?

Not at all □ **A little** □ **Quite a bit** □ **Very much** □

2. How often have you thought about sex with real interest or desire in the last week?
Not at all □ **A little** □ **Quite a bit** □ **Very much** □

3(a) How often do you want to engage in any form of sexual activity?
Not at all □ **A little** □ **Quite a bit** □ **Very much** □

3(b) Is this different to before your diagnosis? **Yes** □ **No** □

3(c) Is this different from your partner(s)? **Yes** □ **No** □ **Not sure** □

3 (d) Can you identify a reason why this may be different…….

4(a) Do you feel that since your cancer diagnosis that your relationship with your partner has changed? (ie more of a carer than a partner)
Not at all □ **A little** □ **Quite a bit** □ **Very much** □

4(b) Would you like help/advice to discover a non-sexual and close relationship back with your partner,

Not at all □ **A little** □ **Quite a bit** □ **Very much** □

4(c) Would you like help/advice to discover your sexual relationship back with your partner
Not at all □ **A little** □ **Quite a bit** □ **Very much** □

For females:

1(a) Do you vaginally lubricate during sexual intercourse?
Not at all □ **Sometimes** □ **Often** □ **Always** □

1(b) Has this changed since your cancer treatment?
Yes □ **No** □ **Unsure** □
If Yes, do you have a reason why?.....

2(a) How often do you become aroused either mentally or physically and then lose interest?
Daily □ **Weekly** □ **Monthly** □ **Other (please state)……..**

2(b) Has this changed since your diagnosis of cancer?
Yes □ **No** □ **Unsure** □

If changed is it: 1) Better □ **2) worse** □

2(c) Has this changed since your treatment for cancer?
Yes □ **No** □ **Unsure** □

If changed is it: 1) Better □ **2) worse** □

3(a) Do you experience difficulty to achieve an orgasm?
Not at all □ **A little** □ **Quite a bit** □ **Very much** □

3(b) Is this different since your cancer treatment?
Yes □ **No** □ **Unsure** □

3(c) Is this important to you?
Yes □ **No** □ **Unsure** □

4. Are you: 1) Menstruating □ 2) Pre-menopausal □ 3) Menopausal □

For males: **:** 

1,How difficult is it for you to achieve a full or partial erection?

Not at all □ **A little** □ **Quite a bit** □ **Very much** □

a. Was this sufficient for penetrative sex? **Yes** □ **No** □
b. Is this different to before your cancer? **Yes** □ **No** □
c. Is this different to after your cancer treatment? **Yes** □ **No** □

2(a) Do you experience difficulty in achieving an orgasm?

Yes □ **No** □ **Unsure** □

2(b) Is this different since your cancer treatment?

Yes □ **No** □ **Unsure** □

If Yes, do you have a reason why?.....

2(c) Is this important to you?

Yes □ **No** □ **Unsure** □

2(d) Do you experience erections on waking in the morning?

Not at all □ A little □ Quite a bit □ Very much □

3(a) How often do you become aroused either mentally or physically and then lose interest?

Daily □ **Weekly** □ **Monthly** □ **Other (please state)……..**

3(b) Has this changed since your diagnosis of cancer?

Yes □ **No** □ **Unsure** □

If changed is it: 1) Better □ **2) Worse** □

3(c) Has this changed since your treatment for cancer?

Yes □ **No** □ **Unsure** □

If changed is it: 1) Better □ **2) Worse** □

Do any of the following affect your desire for intimacy (please tick):

Dry mouth	**Not at all** □	**A little** □	**Quite a bit** □	**A lot** □
Breath smelling	**Not at all** □	**A little** □	**Quite a bit** □	**A lot** □
Thick saliva	**Not at all** □	**A little** □	**Quite a bit** □	**A lot** □
Breathing difficulties	**Not at all** □	**A little** □	**Quite a bit** □	**A lot** □
Restricted tongue movement	**Not at all** □	**A little** □	**Quite a bit** □	**A lot** □
Loss of feeling in your lips	**Not at all** □	**A little** □	**Quite a bit** □	**A lot** □
Loss of control of lip suction	**Not at all** □	**A little** □	**Quite a bit** □	**A lot** □
Loss of feeling in your tongue	**Not at all** □	**A little** □	**Quite a bit** □	**A lot** □
Feeding tube	**Not at all** □	**A little** □	**Quite a bit** □	**A lot** □
Airway stoma	**Not at all** □	**A little** □	**Quite a bit** □	**A lot** □
Loss of confidence	**Not at all** □	**A little** □	**Quite a bit** □	**A lot** □
Anxiety	**Not at all** □	**A little** □	**Quite a bit** □	**A lot** □
Reflux	**Not at all** □	**A little** □	**Quite a bit** □	**A lot** □
Restricted neck movement	**Not at all** □	**A little** □	**Quite a bit** □	**A lot** □
Restricted head movement	**Not at all** □	**A little** □	**Quite a bit** □	**A lot** □
Scars from surgery	**Not at all** □	**A little** □	**Quite a bit** □	**A lot** □
Loss of sensation in fingertips due to chemotherapy	**Not at all** □	**A little** □	**Quite a bit** □	**A lot** □
Communication/speech difficulties	**Not at all** □	**A little** □	**Quite a bit** □	**A lot** □
Tiredness/exhaustion/fatigue	**Not at all** □	**A little** □	**Quite a bit** □	**A lot** □
Pain	**Not at all** □	**A little** □	**Quite a bit** □	**A lot** □
Thrush/oral candida	**Not at all** □	**A little** □	**Quite a bit** □	**A lot** □