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 \Box No \Box									
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 □ 									
	-	<u>1 want to</u> A little		y form of sex Quite a bit		ty? Very much			
3(b) Is this different to before your diagnosis? Yes \Box No \Box									
3(c) Is this different from your partner(s)? Yes \Box No \Box Not sure \Box									
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	<i>,</i>	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			
		elp/advic A little		your sexual r Quite a bit		ip back with y Very much	-		
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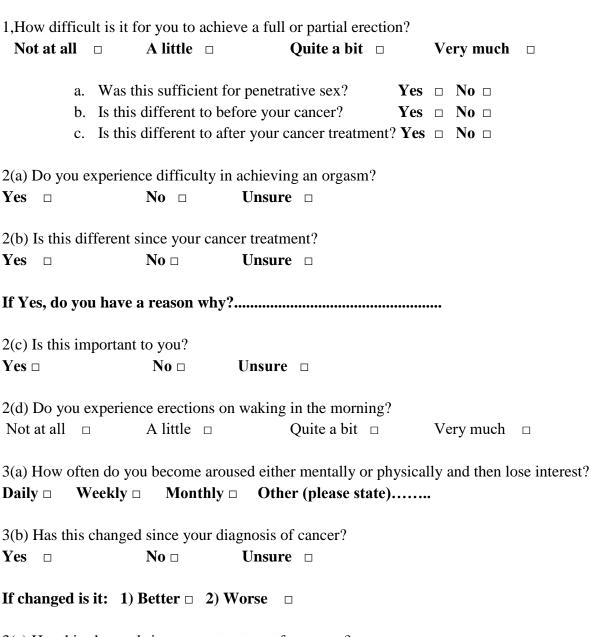


For females:

1(a) Do you vaginally lubricate during sexual intercourse? Not at all \Box Sometimes \Box Often 🗆 Always \Box 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? Monthly
Other (please state)..... **Daily** \square Weekly \Box 2(b) Has this changed since your diagnosis of cancer? No 🗆 Unsure \Box Yes 🗆 If changed is it: 1) Better \Box 2) worse \Box 2(c) Has this changed since your treatment for cancer? Yes \Box No \square Unsure \Box If changed is it: 1) Better \Box 2) worse \Box 3(a) Do you experience difficulty to achieve an orgasm? Not at all \Box A little □ Quite a bit \Box Very much \Box 3(b) Is this different since your cancer treatment? No 🗆 Yes □ **Unsure** □ 3(c) Is this important to you? Yes \square No 🗆 **Unsure** □ 4. Are you: 1) Menstruating 2) Pre-menopausal \Box 3) Menopausal □

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For males:



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

If changed is it: 1) Better
2) Worse

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

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