



EORTC SHQ-C22

Patients sometimes report changes in their sexual health after treatment.

Please respond to all of the statements below by circling the number that best applies to you. There are no “right” or “wrong” answers. The information that you provide will remain strictly confidential.

Please try to respond to as many questions as possible.

During the last 4 weeks:

	Not at all	A little	Quite a bit	Very much
1. How important to you is an active sex life?	1	2	3	4
2. Have you had decreased libido?	1	2	3	4
3. Have you been satisfied with your level of sexual desire?	1	2	3	4
4. Has sexual activity been enjoyable for you?	1	2	3	4
5. Have you been satisfied with your ability to reach an orgasm?	1	2	3	4
6. Have you been worried about being incontinent (urine/stool)?	1	2	3	4
7. Has fatigue or a lack of energy affected your sex life?	1	2	3	4
8. Has the treatment affected your sexual activity?	1	2	3	4
9. Have you felt pain during/after sexual activity?	1	2	3	4
10. Have you been worried that sex would be painful?	1	2	3	4
11. Have you had communication with health professionals about sexual issues?	1	2	3	4
12. Have you been satisfied with the communication about sexual issues between yourself and your partner?	1	2	3	4
13. Have you been worried that your partner may cause you pain during sexual contact?	1	2	3	4
14. Have you been satisfied with your level of intimacy?	1	2	3	4
15. Have you felt insecure regarding your ability to satisfy your partner?	1	2	3	4

Please go on to the next page

During the last 4 weeks:

	Not at all	A little	Quite a bit	Very much
16. Have you been sexually active?	1	2	3	4
17. To what extent did you feel sexual enjoyment?	1	2	3	4
18. Have you been satisfied with your sex life?	1	2	3	4

For men only**During the last 4 weeks:**

	Not at all	A little	Quite a bit	Very much
19. Were you confident about obtaining and maintaining an erection when you had sex?	1	2	3	4
20. Have you felt less masculine as a result of your disease or treatment?	1	2	3	4

For women only**During the last 4 weeks:**

	Not at all	A little	Quite a bit	Very much
21. Have you experienced a dry vagina during sexual activity?	1	2	3	4
22. Have you felt less feminine as a result of your disease or treatment?	1	2	3	4