



## Screening Patients for Sexual Issues

The following questionnaire is more comprehensive and specific in screening sexual concerns. Consider these questions as you develop your own custom assessment for patients in your clinic. These questions will help determine a patient's need for additional physical or emotional services, the need for clarification or education, or the need for a referral to a specialist, counselor, or coach.

Sexual dysfunction from various cancer treatments can be caused by surgery, chemotherapy, radiation, or medication. Sexual functioning issues and concerns are present for men and women, in 40-100% of all patients. Some physical issues are short term (experienced in the first year after treatment) and other may be long term. Because we are discussing sexuality, issues may involve another person, not only a physical relationship, but an emotional one as well. These questions are designed to normalize the topic of sexual functioning and give the basic information needed to initiate a discussion with patients.

1. What concerns you about your sexual functioning?
2. What changes have you experienced in your sexual functioning from before cancer to now?
3. How satisfied are you with your sex life?
4. How has this changed since before cancer?
5. How, if at all, has your cancer or its treatment affected your sexual functioning?
6. Sometimes patients worry about knowing the right words in describing parts of their anatomy and how those parts relate to their sexual functioning. Would you like additional information related to anatomy and sexual functioning?
7. Do you feel comfortable with how your body works?
8. Do you view yourself as sexually attractive?
9. How has this changed since before cancer?
10. How would you describe your sexual orientation?
11. Are there any topics related to sexual functioning you prefer not discussed in the presence of your partner or person accompanying you?
12. Are you satisfied with your level of interest in sex?
13. How has this changed since before cancer?
  - a. Are you satisfied with your physical arousal and/or ability to orgasm?
  - b. For men: Are you satisfied with your physical arousal including erection and ejaculation?

14. Please give as much detail as you can about aspects of sex you are dissatisfied about:
15. Do you experience any kind of pain or lack of physical response with sexual activity?
16. Describe when and how:
17. Are there any times when you don't experience pain?
18. Are you comfortable communicating concerns about physical issues with your sexual partner?
19. Are you comfortable in addressing emotional concerns about sexual issues with your partner?
20. Do you feel you need additional information on communicating concerns?
21. Are you comfortable communicating on-going changes and concerns to your medical team?
22. Would you like additional information on any of these issues at this time?

Comments/Questions: