

**Patient Satisfaction with Physician Discussions of Treatment Impact on Fertility, Menopause and Sexual Health among Pre-menopausal Women with Cancer**

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**The Influence of Fertility and Sexual Health Discussions on Cancer Treatment Choice in Young Women**

This survey explores the conversations young women have with their oncologist about sexual health issues. Your answers will enhance our understanding about the importance of these topics, and lead to improvements in professional guidance through the cancer treatment planning process.

You will be asked to consider these topics with regard to three different time periods: **prior to your cancer diagnosis, during treatment planning, and today.**

Please answer each question carefully and honestly for each time period specified. Indicate your selected answer by placing an “X” in each box.

**SECTION I: *Prior to your cancer diagnosis***

**1. Were you interested in becoming pregnant in the future?**

- Yes
- No
- Unsure

**2. Were you having menstrual periods?**

- Yes
- No → (Skip to **Question 4**)
- Unsure

**3. (If YES) Were your menstrual periods regular (once monthly)?**

- Yes
- No
- Unsure

4. On a scale from 1-5, please rate whether or not you were experiencing problems with the following issues by circling one number per statement:

	No Problems					Extremely Problematic	N/A
a. Libido (desire to have sex)	1	2	3	4	5	N/A	
b. Vaginal dryness	1	2	3	4	5	N/A	
c. Pain during intercourse	1	2	3	4	5	N/A	
d. Personal satisfaction with your sexual relationship	1	2	3	4	5	N/A	
e. Partner satisfaction with your sexual relationship	1	2	3	4	5	N/A	

**SECTION II: At the time of your *diagnosis* and at any time during the *planning* stage of your cancer treatment**

**Part A**

5. On a scale from 1-5, please rate how strongly you agree or disagree with the following statements by circling one number per statement:

	Strongly Disagree				Strongly Agree		N/A
a. "It was important for me to preserve my fertility during cancer treatment."	1	2	3	4	5	N/A	

b.	“I was concerned about how cancer treatment would affect my general sexual health (libido or satisfaction with sex).”	1	2	3	4	5	N/A
c.	“The risk of becoming infertile influenced my decision about what cancer treatment to select.”	1	2	3	4	5	N/A

## Part B

6. What was the gender of your oncologist at the time of treatment planning?

- Male
- Female
- Cannot recall

7. Did your oncologist discuss with you how your proposed cancer therapy will impact you:

a.	Fertility or ability to become pregnant in the future	→ Yes	→ No	→ Unsure
b.	Menstrual periods	→ Yes	→ No	→ Unsure
c.	Potential to go into menopause	→ Yes	→ No	→ Unsure
d.	General sexual health (libido, satisfaction with sex, etc)	→ Yes	→ No	→ Unsure

If your oncologist did **NOT** discuss any of the topics from Part B, Question 7 with you,

→ please **check this box**  and GO to Question 17.

If your oncologist **DID** discuss one or more of the topics from Part B, Question 7 with you,

→ please **check this box**  and continue with the following questions.

**8. How long was your initial discussion about these issues?**

- 1-5 minutes
- 5-10 minutes
- More than 10 minutes
- Cannot recall

**9. Who initiated the conversation about these issues?**

- The physician
- I did
- A third party in the room

**10. How many follow up discussions did you have with your oncologist?**

- 0
- 1
- 2 or more

**11. Did you discuss any of these topics with a member of your cancer team other than your oncologist (e.g. a nurse practitioner or physician assistant, nurse, social worker, another physician)?**

- Yes
- No
- Unsure

**12. Did you discuss any of these topics with your primary care physician or obstetrician-gynecologist?**

- Yes
- No
- Unsure

**13. Were you encouraged by your oncologist to speak to a fertility specialist?**

- Yes
- No
- Unsure

14. Were you given additional resources about these topics (pamphlets, websites)?

- Yes
- No
- Unsure

15. Did you look for additional resources on these topics on your own?

- Yes
- No
- Unsure

16. On a scale from 1-5, please rate how strongly you agree or disagree with the following statements by circling one number per statement:

	Strongly Disagree					Strongly Agree	N/A
a. "I was satisfied with the quality of the content that I discussed with my oncologist about these topic(s)."	1	2	3	4	5		N/A
b. "I was satisfied with the length of discussion(s) with my oncologist about these topic(s)."	1	2	3	4	5		N/A

### Part C

17. On a scale from 1-5, how important was it for you to have had a conversation with your oncologist about the following topics as they related to your proposed cancer therapy:

	Not Important					Extremely Important	N/A
a. Fertility or the ability to become pregnant in the future	1	2	3	4	5		N/A

b.	Menstrual periods	1	2	3	4	5	N/A
c.	The possibility of treatment causing you to go into menopause	1	2	3	4	5	N/A
d.	General sexual health (libido, satisfaction with sex, etc)	1	2	3	4	5	N/A

**SECTION III: At the *present* time**

**Part A**

**18. On a scale from 1-5, please rate whether or not you are experiencing problems with the following issues by circling one number per statement:**

		No Problems				Extremely Problematic	N/A
a.	Libido (desire to have sex)	1	2	3	4	5	N/A
b.	Vaginal dryness	1	2	3	4	5	N/A
c.	Pain during intercourse	1	2	3	4	5	N/A
d.	Personal satisfaction with your sexual relationship	1	2	3	4	5	N/A
e.	Partner satisfaction with your sexual relationship	1	2	3	4	5	N/A

## Part B

19. Did you have your ovaries and/or uterus surgically removed as part of your cancer therapy?

Yes → Skip to Question 23       No → Continue on to Part C

## Part C

20. On a scale from 1-5, please rate how strongly you agree or disagree with the following statements by circling one number per statement:

	Strongly Disagree					Strongly Agree	N/A
a. "I am interested in becoming pregnant in the future."	1	2	3	4	5		N/A
b. "I am concerned about cancer recurrence."	1	2	3	4	5		N/A
c. "My concern about cancer recurrence has decreased my interest in becoming pregnant in the future."	1	2	3	4	5		N/A
d. "I am considering adoption, surrogacy or other methods for having children"	1	2	3	4	5		N/A

21. Are you having menstrual periods?

- Yes
- No → (Skip to Question 23)
- Unsure

22. (If YES) Are your menstrual periods regular (once monthly)?

- Yes
- No
- Unsure

<b>23.</b>	<b>Please answer the following questions about your OB/Gynecological History:</b>	
	a.	<b>Number of all previous pregnancies:</b>  _ _ _
	b.	<b>Number of pregnancies resulting in delivery:</b>  _ _ _
	c.	<b>Approximate month and year of your last menstrual period (if applicable):</b>   _ _ _  /  _ _ _ _ _

<b>SECTION IV: Demographic Information</b>
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**24. Are you (please check all that apply):**

- Single and not in a relationship
- Single and in a heterosexual relationship
- Single and in a homosexual relationship
- Married
- Divorced
- Widowed

<b>SECTION V: Additional Comments</b>
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**You are welcome to submit any additional comments regarding these topics that you feel may be useful for future cancer patients or their treating oncologists.**

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