

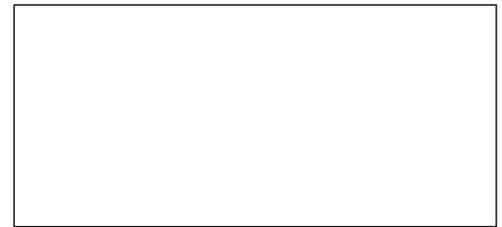


**Lakeridge  
Health**



Central  
Regional Cancer Program  
in partnership with Cancer Care Ontario

**WISH Clinic: New Patient Questionnaire**



Please complete this questionnaire before you see the nurse practitioner for the WISH clinic. The nurse practitioner will review your answers to plan the next steps for your care and treatment with you. Skip any questions you don't want to answer. Your answers on this questionnaire will only be shared with members of your healthcare team in the cancer centre.

**1. What gender do you identify with?**

- Female
- Male
- Intersex
- Trans
- Non-binary/Genderqueer/Transgender
- Questioning
- Agender
- Bigender
- Other \_\_\_\_\_
- Prefer not to answer

**2. Which of the following best describes you?**

- Straight or heterosexual
- Lesbian
- Bisexual
- Queer, pansexual or questioning
- Two-spirit
- Other
- Don't know
- Prefer not to answer

**3. How do you describe your current relationship?**

- Single, no sexual partner
- Single, with 1 sexual partner
- Single, with more than 1 sexual partners
- Married or with a common-law partner
- Married and in an open relationship with multiple partners
- Separated or divorced or widowed
- Other: \_\_\_\_\_

**4. What do you expect from this appointment today?**

\_\_\_\_\_



**5. What was your level of sexual activity before your cancer diagnosis?**

- Very high level of sexual activity
- High level of sexual activity
- Moderate sexual activity
- Low sexual activity
- Very low sexual activity
- No sexual activity at all

**6. What is your level of sexual activity now?**

- Very high level of sexual activity
- High level of sexual activity
- Moderate sexual activity
- Low sexual activity
- Very low sexual activity
- No sexual activity at all

**7. Choose the rating that best describes the importance to you (5 is very important and 0 is not important at all).**

	5	4	3	2	1	0
Importance of emotional intimacy to you (Emotional intimacy defined as being able to express romantic feelings, thoughts, values to other people or your partner)	<input type="checkbox"/>					
Importance of physical intimacy to you (Physical intimacy is defined as being able to use physical romantic touch, hugging, holding, kissing to other people or your partner)	<input type="checkbox"/>					
Importance of sexual intimacy to you (Sexual intimacy is defined as sexual intercourse using an organ/instrument to achieve pleasure)	<input type="checkbox"/>					

**8. Choose the rating that best describes your satisfaction (5 is very satisfied and 0 is very unsatisfied).**

	5	4	3	2	1	0
Satisfaction with emotional intimacy <u>before</u> your cancer diagnosis.	<input type="checkbox"/>					
Satisfaction with emotional intimacy <u>now</u> .	<input type="checkbox"/>					
Satisfaction with physical intimacy <u>before</u> your cancer diagnosis.	<input type="checkbox"/>					





	5	4	3	2	1	0
Satisfaction with physical intimacy <u>now</u> .	<input type="checkbox"/>					
Satisfaction with sexual intimacy <u>before</u> your cancer diagnosis.	<input type="checkbox"/>					
Satisfaction with sexual intimacy <u>now</u> .	<input type="checkbox"/>					
<b>9. Choose the time frame that best completes the sentences below.</b>						
	In the past week	In the past month	In the past 6 months	In the past year	More than a year ago	
The last time I experienced emotional intimacy was...	<input type="checkbox"/>					
The last time I experienced physical intimacy was...	<input type="checkbox"/>					
The last time I experienced sexual intimacy was...	<input type="checkbox"/>					

**10. What is currently affecting your sexual health and intimacy (choose all that apply)?**

- Feelings of anger, fear/worry, frustration, hopelessness, sadness, anxiety, depression, shame, embarrassment or guilt
- Concerns with changes in your appearance caused by cancer treatments (for example: hair loss, weight gain/loss, scars)
- Inability to communicate emotional/physical/sexual changes or desires to your partner
- Low sexual drive or changes in sexual interest
- Pressure on sexual performance
- Conflict or difficulty with sexual intimacy
- Hot flashes
- Vaginal dryness or inability to get lubricated during sexual intercourse
- Vaginal/pain/discomfort with sexual intercourse
- Vaginal bleeding with sexual intercourse
- Inability to get turned on or reach orgasm
- Bowel or urine problems (for example: diarrhea, constipation, dribbling/incontinence of urine, ostomy care)
- Other \_\_\_\_\_





**11. Have you talked about your sexual health concerns with your spouse/partner(s)?**

- Yes
- No
- I do not have a spouse/partner

**12. I have tried the following to help with my sexual health concerns:**

- A prescription medication(s) \_\_\_\_\_
- A vaginal enhancement medication (suppositories, injections, hormone creams/tablets/rings)
- Surgical modification/enhancement
- Erotica self help books/adult movies
- Vaginal dilators
- Vibrators
- Moisturizers/lubricants
- Pelvic physiotherapy
- Seen a counsellor, marriage counsellor, sex therapist
- Guided imagery, cognitive behaviour therapy, journalling
- Other: \_\_\_\_\_

**13. Below is a list of feelings women sometimes have concerning their sexuality. Check the rating that best describes how often this feeling or problem has bothered you or caused you distress during the past 30 days.**

	Never	Rarely	Occasionally	Frequently	Always
Distressed about your sex life	<input type="checkbox"/>				
Unhappy about your sexual relationship	<input type="checkbox"/>				
Guilty about sexual difficulties	<input type="checkbox"/>				
Frustrated by your sexual problems	<input type="checkbox"/>				
Stressed about sex	<input type="checkbox"/>				
Inferior because of sexual problems	<input type="checkbox"/>				
Worried about sex	<input type="checkbox"/>				
Sexually inadequate	<input type="checkbox"/>				
Regrets about your sexuality	<input type="checkbox"/>				
Embarrassed about sexual problems	<input type="checkbox"/>				
Dissatisfied with your sex life	<input type="checkbox"/>				
Angry about your sex life	<input type="checkbox"/>				
Bothered by low sexual desire	<input type="checkbox"/>				

Reference: The Female Sexual Distress Scale – Revised (2005)

