Appendix 1

MALE SURVEY Study ID __ __ __ __ __
Date (dd/mm/yy) ___/___/___

Part A) Demographics

1) Age _____ years

2) Gender
(choose one)

☐Male
☐Transgender (Female to Male)
☐Transgender (Male to Female)

3) Marital Status
(choose one)

☐Married
☐Separated or Divorced
☐Widowed
☐Never Married

Part B) Health History

4) How would you rate your CURRENT health status?
(choose one)

☐Poor
☐Good
☐Excellent

5) Select all the medical conditions you have ever been diagnosed with.
(choose ALL that apply)

☐Arthritis (*ie Osteoarthritis, Rheumatoid arthritis*)
☐Cancer
☐Chronic Pain
☐Diabetes
☐Heart disease (ie *High blood pressure, Heart attack, Stroke, TIA, Heart failure*)
☐Mental Health Illness (*ie Dementia, Depression, Addictions, Anxiety)*
☐Respiratory Disease (*ie Asthma, COPD, Emphysema, Chronic Bronchitis)*

6) How many medications do you take daily?
(choose one)

☐None
☐1-5
☐6-10
☐>10

7) How often have you seen your family doctor in the past year?
(choose one)

☐Once
☐Every 6 months
☐Every 3 months
☐Every month

Part C) Sexual Health

8) What is the gender of your sexual partner(s)?
(choose one)

☐Female
☐Male
☐Both

9) Are you currently sexually active?
(choose one)

☐Yes
☐No

10) When were you last sexually active?
(choose one)

☐<3 months ago
☐3-6 months ago
☐7-12 months ago
☐1-5 years ago
☐6-10 years ago
☐>10 years ago

11) How frequently are you sexually active?
(choose one)

☐0 times per month
☐1-3 times per month
☐4-5 times per month
☐>5 times per month

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12) In the past 12 months what sexual activities have you participated in?
(choose ALL that apply)

☐Oral sex
☐Vaginal intercourse
☐Anal intercourse
☐Masturbation

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13) How IMPORTANT is it for you to be sexually active?

☐	☐	☐	☐	☐
1	2	3	4	5
Not Important		Somewhat Important		Very Important

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14) Which of the following sexual health issues apply do you?
(*choose ALL that apply)*

☐Difficulty achieving/maintaining erections
☐Grief
☐Have not met willing partner
☐Inability to climax
☐Religious beliefs
☐Pain with intercourse
☐Partner not interested in sex
☐Performance anxiety
☐Physical health problems limiting sex
☐Premature ejaculation
☐Risk of sexually transmitted infections
☐Sex is not pleasurable
☐Other ____________________________

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15) Do you AVOID sexual activity because of any of the issues listed above?
(choose one)

☐Yes
☐No

Part D) Access to Health Care

16) Have you talked about your sexual health with your family doctor in the past 12 months?
(choose one)

☐Yes
☐No

17) Which of the following have you discussed with your family doctor in the past 12 months?
(*choose ALL that apply)*

☐Difficulty achieving/maintaining erections
☐Grief
☐Have not met willing partner
☐Inability to climax
☐Religious beliefs
☐Pain with intercourse
☐Partner not interested in sex
☐Performance anxiety
☐Physical health problems limiting sex
☐Premature ejaculation
☐Risk of sexually transmitted infections
☐Sex is not pleasurable
☐Other ___________________________

☐None of the above

18) Do you feel comfortable discussing your sexual health with your family doctor?

☐	☐	☐	☐	☐
1 Not Comfortable	2	3 Somewhat Comfortable	4	5 Very Comfortable

19) Do you want to talk to your doctor about any of the following?

	Yes	No
A) Your current sexual activity?	☐	☐
B) Ways to improve your sexual function?	☐	☐
C) Sexually transmitted infections?	☐	☐

20) How would you want a conversation about your sexual health to be started?
(choose one)

☐By myself
☐By my doctor

Appendix 1

FEMALE SURVEY Study ID _ _ _ _ _
Date (dd/mm/yy) ___/___/___

Part A) Demographics

1) Age _____ years

2) Gender
(choose one)

☐Female
☐Transgender (Male to Female)
☐Transgender (Female to Male)

3) Marital Status
(choose one)

☐Married
☐Separated or Divorced
☐Widowed
☐Never Married

Part B) Health History

4) How would you rate your CURRENT health status?
(choose one)

☐Poor
☐Good
☐Excellent

5) Select all the medical conditions you have ever been diagnosed with.
(choose ALL that apply)

☐Arthritis (*ie Osteoarthritis, Rheumatoid arthritis*)
☐Cancer
☐Chronic Pain
☐Diabetes
☐Heart disease (ie *High blood pressure, Heart attack, Stroke, TIA, Heart failure*)
☐Mental Health Illness (*ie Dementia, Depression, Addictions, Anxiety)*
☐Respiratory Disease (*ie Asthma, COPD, Emphysema, Chronic Bronchitis)*

6) How many medications do you take daily?
(choose one)

☐None
☐1-5
☐6-10
☐>10

7) How often have you seen your family doctor in the past year?
(choose one)

☐Once
☐Every 6 months
☐Every 3 months
☐Every month

Part C) Sexual Health

8) What is the gender of your sexual partner(s)?
(choose one)

☐Male
☐Female
☐Both

9) Are you currently sexually active?
(choose one)

☐Yes
☐No

10) When were you last sexually active?
(choose one)

☐<3 months ago
☐3-6 months ago
☐7-12 months ago
☐1-5 years ago
☐6-10 years ago
☐>10 years ago

11) How frequently are you sexually active?
(choose one)

☐0 times per month
☐1-3 times per month
☐4-5 times per month
☐>5 times per month

12) In the past 12 months what sexual activities have you participated in?
(choose ALL that apply)

☐Oral sex
☐Vaginal intercourse
☐Anal intercourse
☐Masturbation

13) How IMPORTANT is it for you to be sexually active?

☐	☐	☐	☐	☐
1	2	3	4	5
Not Important		Somewhat Important		Very Important

14) Which of the following sexual health issues apply do you?
(*choose ALL that apply)*

☐Bleeding with sexual activity
☐Difficulty with vaginal lubrication
☐Grief
☐Have not met willing partner
☐Inability to climax
☐Religious beliefs
☐Pain with intercourse
☐Partner not interested in sex
☐Performance anxiety
☐Physical health problems limiting sex
☐Risk of sexually transmitted infections
☐Sex is not pleasurable
☐Other ___________________________

15) Do you AVOID sexual activity because of any of the issues listed above?
(choose one)

☐Yes
☐No

Part D) Access to Health Care

16) Have you talked about your sexual health with your family doctor in the past 12 months? *(choose one)*

☐Yes
☐No

17) Which of the following have you discussed with your family doctor in the past 12 months? (*choose ALL that apply)*

☐Bleeding with sexual activity
☐Difficulty with vaginal lubrication
☐Grief
☐Have not met willing partner
☐Inability to climax
☐Religious beliefs
☐Pain with intercourse
☐Partner not interested in sex
☐Performance anxiety
☐Physical health problems limiting sex
☐Risk of sexually transmitted infections
☐Other ____________________________

☐None of the above

18) Do you feel comfortable discussing your sexual health with your family doctor?

☐	☐	☐	☐	☐
1	2	3	4	5
Not Comfortable		Somewhat Comfortable		Very Comfortable

19) Do you want to talk to your doctor about any of the following?

	Yes	No
A) Your current sexual activity?	☐	☐
B) Ways to improve your sexual function?	☐	☐
C) Sexually transmitted infections?	☐	☐

20) How would you want a conversation about your sexual health to be started? *(choose ALL that apply)*

☐By myself
☐By my doctor