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 <u>ALL</u> that apply)
☐ Arthritis (ie Osteoarthritis, Rheumatoid arthritis) ☐ Cancer ☐ Chapaig Bain
□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)

Appendix 1

6) How many modications do you take daily?
6) How many medications do you take daily? (choose one)
□None
\Box 1-5
$\Box 6-10$
□>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)?
8) What is the gender of your sexual partner(s)? (choose one)
(choose one)
(choose one) □Female
(choose one) □Female □Male □Both
(choose one) □Female □Male □Both 9) Are you currently sexually active?
(choose one) □Female □Male □Both 9) Are you currently sexually active? (choose one)
(choose one) □Female □Male □Both 9) Are you currently sexually active? (choose one) □Yes
(choose one) □Female □Male □Both 9) Are you currently sexually active? (choose one)
(choose one) □Female □Male □Both 9) Are you currently sexually active? (choose one) □Yes □No
(choose one) □Female □Male □Both 9) Are you currently sexually active? (choose one) □Yes □No 10) When were you last sexually active?
(choose one) □Female □Male □Both 9) Are you currently sexually active? (choose one) □Yes □No 10) When were you last sexually active? (choose one)
(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
(choose one) □Female □Male □Both 9) Are you currently sexually active? (choose one) □Yes □No 10) When were you last sexually active? (choose one)
(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
(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

11) How frequently are (choose one) □ 0 times per month □ 1-3 times per month □ 4-5 times per month □ >5 times per month	h h	tive?			
12) In the past 12 mont (choose <u>ALL</u> that apply) ☐ Oral sex ☐ Vaginal intercourse ☐ Anal intercourse ☐ Masturbation				participated	l in?
13) How <u>IMPORTANT</u> is	s it for you to be	sexually	active?		
□ 1 Not Important	2	3 Somev Impor		4	□ 5 Very Important
14) Which of the following sexual health issues apply do you? (choose ALL that apply) Difficulty achieving/maintaining erections Performance anxiety Physical health problems limiting sex Premature ejaculation Premature ejaculation Risk of sexually transmitted infections Sex is not pleasurable Pain with intercourse Other Other Partner not interested in sex					olems limiting sex on smitted infections le
15) Do you <u>AVOID</u> sex (choose one) □Yes □No	ual activity beca	use of ar	ny of the is	ssues listed a	bove?

Part D) Access to	Health Care			
16) Have you talked (choose one) □Yes □No	d about your sexual he	ealth with yo	our family doctor in	the past 12 months?
17) Which of the fo ll (choose <u>ALL</u> that app	llowing have you disc	ussed with y	our family doctor ir	ı the past 12 months?
□Grief □Have not met w □Inability to clim □Religious beliefs □Pain with interd □Partner not inte	ax sourse erested in sex		□ Premature ejacul □ Risk of sexually to □ Sex is not pleasur □ Other □ None of the above	roblems limiting sex ation ransmitted infections rable
18) Do you leel com	fortable discussing yo	our sexuai ne	eaith with your fami	ny doctor?
1	2	3	4	5
Not		Somewhat		Very
Comfortable	(Comfortable		Comfortable
19) Do you want to	talk to your doctor ab	out any of th	e following?	
Yes No A) Your current sexual activity? B) Ways to improve your sexual function? C) Sexually transmitted infections?			o 	
20) How would you (choose one) □ By myself □ By my doctor	want a conversation a	about your s	exual health to be s	tarted?

Appendix 1

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

6) How many medications do you take daily? (choose one)
□None
□1-5
\Box 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)
\square Male
□ Male □ Female
□Female
□Female
☐ Female ☐ Both 9) Are you currently sexually active?
☐ Female ☐ Both 9) Are you currently sexually active? (choose one)
□ Female □ Both 9) Are you currently sexually active? (choose one) □ Yes □ No
□ Female □ Both 9) Are you currently sexually active? (choose one) □ Yes
☐ Female ☐ Both 9) Are you currently sexually active? (choose one) ☐ Yes ☐ No 10) When were you last sexually active?
□Female □Both 9) Are you currently sexually active? (choose one) □Yes □No 10) When were you last sexually active? (choose one)
☐ Female ☐ Both 9) Are you currently sexually active? (choose one) ☐ Yes ☐ No 10) When were you last sexually active? (choose one) ☐ <3 months ago
☐ 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
☐ 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

11) How frequently are y (choose one)	you sexually ac	tive?		
$\Box 0$ times per month				
\Box 1-3 times per month				
\Box 4-5 times per month				
\square >5 times per month				
12) In the past 12 month (choose <u>ALL</u> that apply)	ıs what sexual a	activities have you	participated i	n?
□Oral sex				
□Vaginal intercourse				
☐Anal intercourse				
\square Masturbation				
13) How <u>IMPORTANT</u> is	it for you to be	sexually active?		
<u> </u>	2	3	4	
Not Important		Somewhat		Very Important
		Important		
14) Which of the follow	ving sexual hea	lth issues apply do	o you?	
(choose <u>ALL</u> that apply)		□ Dt	:	
☐ Bleeding with sexu	•		not interested i	n sex
☐ Difficulty with vagin	nal lubrication		ance anxiety	oc limiting cov
□Grief		-	health problem exually transmi	
☐ Have not met willin	ig partner		exuany transin ot pleasurable	itted infections
☐ Inability to climax				
□Religious beliefs □Pain with intercour				
□Pain with intercour	se			
15) Do you <u>AVOID</u> sexu (choose one)	ıal activity beca	use of any of the i	ssues listed ab	oove?
□Yes				
□No				

Part D) Access to	Health Care					
16) Have you talke (choose one) □Yes □No	d about your sexual	health wit	h you	r family doctor in	the past 12 months?	
17) Which of the fo (choose <u>ALL</u> that app		scussed wi	th you	ır family doctor in	the past 12 months?	
☐ 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		
18) Do you feel com	fortable discussing	your sexua	ıl hea	Ith with your fami	ly doctor?	
1	2	3		4	5	
Not Comfortable		Somewhat Comfortable			Very Comfortable	
19) Do you want to	talk to your doctor a	bout any o	of the	following?		
		Yes	No			
A) Your current sexu	al activity?					
B) Ways to improve your sexual function?						
C) Sexually transmitt	ed infections?					
20) How would you (choose <u>ALL</u> that app ☐By myself ☐By my doctor	want a conversation	about you	ur sex	cual health to be st	tarted?	