

## Supplementary Material

### **Sexual function in reproductive-aged women following radiotherapy: a cross sectional study**

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# Appendix S1

The sexual activity questionnaire

## Appendix 1: Sexual activity questionnaire (© Fallowfield)

### STRICTLY CONFIDENTIAL

Occasionally, around the time of the menopause, some women notice hormonal changes which may affect their sexual relationships. Although the following questions are sensitive and personal, they are important in determining how hormonal treatment affects this part of your life. Please be assured that your responses to these questions will remain confidential.

- |   |                                 |                                |
|---|---------------------------------|--------------------------------|
| 1. Are you currently married or having an intimate relationship with someone? | yes<br><input type="checkbox"/> | no<br><input type="checkbox"/> |
| 2. Have you changed your sexual partner in the last 6 months?                 | yes<br><input type="checkbox"/> | no<br><input type="checkbox"/> |
| 3. Do you engage in sexual activity with anyone at the moment?                | yes<br><input type="checkbox"/> | no<br><input type="checkbox"/> |
- If 'Yes' please go to next page      If 'No' please answer remaining questions on this page

*I am not sexually active at the moment because:*  
(please tick as many of these items as apply)

- |  |                          |
|--|--------------------------|
| a) I do not have a partner at the moment   | <input type="checkbox"/> |
| b) I am too tired  | <input type="checkbox"/> |
| c) My partner is too tired   | <input type="checkbox"/> |
| d) I am not interested in sex  | <input type="checkbox"/> |
| e) My partner is not interested in sex   | <input type="checkbox"/> |
| f) I have a physical problem which makes sexual relations difficult or uncomfortable         | <input type="checkbox"/> |
| g) My partner has a physical problem which makes sexual relations difficult or uncomfortable | <input type="checkbox"/> |
| h) Other reasons (please describe)   | <input type="checkbox"/> |

**STRICTLY CONFIDENTIAL**

Please read each of the following questions carefully and tick the box that best indicates your sexual feelings and experiences during the past month.

<i>During the past month:</i>	very much	somewhat	a little	not at all
1. Was 'having sex' an important part of your life this month?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Did you enjoy sexual activity this month?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. In general, were you too tired to have sex?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Did you desire to have sex with your partner(s) this month?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. During sexual relations, how frequently did you notice dryness of your vagina this month?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Did you feel pain or discomfort during penetration this month?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. In general, did you feel satisfied after sexual activity this month?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	5 times or more	3-4 times	1-2 times	not at all
8. How often did you engage in sexual activity this month?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	much more	somewhat more	about the same	less than usual
9. How did this frequency of sexual activity compare with what is usual for you?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	very much	somewhat	a little	not at all
10. Were you satisfied with the frequency of sexual activity this month?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Any other comments

Thank you very much for answering these questions.