**Survey Sexual Health**

**Demographic data**

**Please enter your date of birth:**

**Place of residance**

a) Countryside

b) City <50,000 Inhabitants

c) City 50–100 thousand Inhabitants

d) City 100–250 thousand Inhabitants

e) City >250,000 Inhabitants

**Education:**

a) Basic

b) Vocational

c) Medium

d) Higher

**Employment:**

a) I work professionally

b) Unemployed

c) I am on sick leave

d) Maternity / parental leave

e) Disability pension / retirement pension

**Place where the therapy will be / is / was conducted:**

a) Academic / university hospital

b) Cancer Center

c) Multidisciplinary hospital

d) Specialist clinic

**Do you have a child?**

a) Yes

b) No

**What treatment have you received / are receiving for breast cancer (you can select multiple answers):**

a) Chemotherapy in the past

b) Chemotherapy in progress

c) Hormone therapy in progress

d) Hormone therapy in the past

e) Trastuzuamab, pertuzumab in the past

f) Trastuzuamab, pertuzumab in progress

g) Radiotherapy in the past

h) Radiotherapy in progress

**What kind of surgical treatment did you receive?**

a) Mastectomy

b) Mastectomy with reconstruction

c) Breast conserving treatment (BCT)

**The main part of the survey**

**Did you use the available measures to improve the comfort of sexual intercourse?**

a) Yes

b) No

**What measures were you using? (if you did not apply, please skip this question)**

a) Lubricants

b) Creams with hormones

c) Vaginal globules

**Were you sexually active before your illness?**

a) Yes

b) No

**Are you currently sexually active?**

a) Yes

b) No

**If NO, what is the reason why you are not currently sexually active? (if you are, please skip this question)**

a) I do not have a partner

b) I have ceased to be sexually active due to my illness

c) I've never liked sex

d) Others

**Do you have a sexual partner?**

a) Yes

b) No

**Are you satisfied with your sex life? (please skip this question if you are not sexually active)**

a) Yes

b) No

**Do you concern any of the following problems? (you can choose more than one answer)**

a) Pain during intercourse (dyspareunia)

b) Reluctance and lack of sexual pleasure

c) Lack or loss of sexual need

d) Lack of pleasure during intercourse

e) Orgasm disorders

f) Decrease in libido

g) Lubrication disorders (vaginal dryness)

h) Lower sense of attractiveness to the sexual partner

i) Problem with accepting your own body

j) Depression

k) Feeling of frustration

l) None of the above applies to me

m) Others

**During the treatment, did you receive any information from the medical staff about possible post-sexual disorders, i.e. discussion of problems related to vaginal dryness, painful intercourse, decreased desire for sex?**

a) Yes

b) No

**Has anyone from the medical staff informed you about the methods of supporting disorders, sexual problems related to the disease (i.e. psycho-oncology, sexual rehabilitation, or the possibility of participating in a session for couples)?**

a) Yes

b) No

**If YES, from whom did you receive information about post-sexual dysfunction, psycho-oncology, sexual rehabilitation, participation in a session for couples?**

a) Doctor

b) Nurse

c) Physiotherapist

d) Psychologist

e) Other

**What is the reason why you would like to be sexually active? (you can choose several answers)**

a) I would like to have a child

b) I would like to enjoy sexual activity

c) I would like to please my partner