



XM

NIDDK

VIRAL HEPATITIS C

SEXUAL FUNCTION QUESTIONNAIRE: MEN

1/18/2002
Version 1.0

FORM KEYS

Patient ID ____ - ____ - ____

Time point:

- Screen 2 visit
- Treatment day 28
- Treatment week 12
- Treatment week 24
- Treatment week 48
- Follow-Up week 24
- Premature discontinuation of treatment
- Premature discontinuation of follow-up

COMPLETION LOG

Data Collector ID _____
Initials

Data Collection ____ - ____ - ____

Date Entered ____ - ____ - ____

Date Verified ____ - ____ - ____
MM DD YY

This form was completed by (check one)

- the patient without assistance
- the patient with assistance from the Virahep-C coordinator
- the patient with assistance from family member

SEXUAL FUNCTION QUESTIONNAIRE: MEN

Instructions: These questions ask about your sexual feelings and responses *during the past month*. Please answer them as honestly as possible. The answers to these questions will be kept confidential and will not be revealed even to the nurses or physicians taking care of you in this study.

1. Please record today's date ____ / ____ / ____ (month/day/year)
2. *Over the past month*, how often have you felt sexual desire?
 - 1 Almost always or always
 - 2 Most times (more than half the time)
 - 3 Sometimes (about half the time)
 - 4 A few times (less than half the time)
 - 5 Almost never or never
3. *Over the past month*, how often were you able to get an erection during sexual activity?
 - 0 No sexual activity
 - 1 Almost always or always
 - 2 Most times (more than half the time)
 - 3 Sometimes (about half the time)
 - 4 A few times (less than half the time)
 - 5 Almost never or never
4. *Over the past month*, when you had sexual stimulation or intercourse how often did you ejaculate?
 - 0 No sexual stimulation or intercourse
 - 1 Almost always or always
 - 2 Most times (more than half the time)
 - 3 Sometimes (about half the time)
 - 4 A few times (less than half the time)
 - 5 Almost never or never
5. *Over the past month*, how satisfied have you been with your overall sexual life?
 - 1 Very satisfied
 - 2 Moderately satisfied
 - 3 About equally satisfied and dissatisfied
 - 4 Moderately dissatisfied
 - 5 Very dissatisfied
6. *Since your therapy began*, is your sexual functioning in general:
 - 1 Much better
 - 2 Somewhat better
 - 3 About the same
 - 4 Somewhat worse
 - 5 Much worse