

Number:

Date:

QUESTIONNAIRE

We are carrying out an evaluation of sexual problems in people with MS to assess barriers that you may experience when addressing this. We have prepared a questionnaire and would appreciate it if you could spend a few minutes going through this and sharing your thoughts. This questionnaire is anonymous and we will not be sharing any personal information.

If you wish not to participate in this questionnaire could you please tell us why?

1. I do not have any sexual problems

2. I am not interested in taking part

3. This is a problem that cannot be treated and so there's no point in answering questions about this

4. Other _____

Please read each question and be sure you answer every question. If the questions do not apply to you, please mark NA (not applicable).

Please provide your details

1. Gender

Male

OR

Female

2. How old are you? _____ years

3. Do you have any of the following illnesses (tick all that apply)?

Cardiovascular disease	
Diabetes mellitus	
High cholesterol	
High blood pressure	
Problems with your waterworks	
Problems with your bowels	
Gynaecological problems	
Breast disease	
Other	

4.

4. Have you ever had any surgery?

Yes

OR

No

If your answer is yes, please provide a short description below

5. What type of MS do you have?

Please tick one

Relapsing-Remitting MS (RRMS)	
Secondary-Progressive MS (SPMS)	
Primary-Progressive MS (PPMS)	
Progressive-Relapsing MS (PRMS)	

6. When was the diagnosis of MS made?

7. Did you have sexual problems before MS was diagnosed?

Please tick one

Yes OR No

If your answer is yes, could you tell us more about this?

If your answer is yes, did your sexual problems worsen after MS was diagnosed?

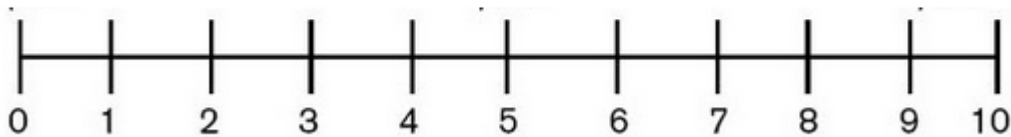
8. When did your sexual problems begin?

9. How important is this problem to you?

Please tick one

Not important at all

Very important



10. In order to better understand the impact of multiple sclerosis on intimacy and sexuality, this 15 – item questionnaire (called the Multiple Sclerosis Intimacy and Sexuality Questionnaire – 15 or MSISQ – 15) asks you to rate how various MS symptoms have interfered with your sexual activity or satisfaction **over the last six months**. Questions may be answered by placing a check or any other mark on the square located next to the question and below the appropriate number. There are no right or wrong answers. If you are unsure how to answer a question, please choose the best answer you can.

OVER THE LAST SIX MONTHS, THE FOLLOWING SYMPTOMS HAVE INTERFERED WITH MY SEXUAL ACTIVITY OR SATISFACTION:	never 1	almost never 2	occasionally 3	almost always 4	always 5
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Muscle tightness or spasms in my arms, legs or body					
Bladder or urinary symptoms					
Bowel symptoms					
Tremors or shaking in my hands or body					
Pain, burning, or discomfort in my body					
Feeling that my body is less attractive					
Feeling less masculine or feminine due to MS					
Less feeling or numbness in my genitals					
Fear of being rejected sexually because of MS					
Worries about sexually satisfying my partner					
Feeling less confident about my sexuality due to MS					
Lack of sexual interest or desire					

Less intense or pleasurable orgasms or climaxes					
Takes too long to orgasm or climax					
If you are a woman, is there inadequate vaginal wetness or lubrication					
If you are a man, any difficulty in getting or keeping a satisfactory erection					

11.

*Foley FW, Zemon V, Campagnolo D, Marrie RA, Cutter G, Tyry T, et al. The Multiple Sclerosis Intimacy and Sexuality Questionnaire -- re-validation and development of a 15-item version with a large US sample. *Mult Scler.* 2013;19(9):1197-203.

11.

When you had sexual stimulation or intercourse, how often did you ejaculate?	never 1	almost never 2	occasionally 3	almost always 4	always 5
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12.

12. Over the past 2 weeks, how often have you been bothered by any of the following problems (The Patient Health Questionnaire – 2 or PHQ – 2)

	Not at all	Several days	More than half the days	Nearly every day
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1 Little interest or pleasure in doing things				
2 Feeling down, depressed or hopeless				

*Kroenke K, Spitzer RL, Williams JB. The Patient Health Questionnaire-2: validity of a two-item depression screener. Medical care. 2003;41(11):1284-92.

13. What medication are you taking at the moment?

14. Do you think that the medications you are using may be contributing to your sexual problems?

Please tick one

Yes OR No

If your answer is no, please skip the next question

Are there any medications that you specifically feel are contributing to the problem?

15. Did you ever discuss your sexual problems with a doctor or nurse?

Please tick one

Yes OR No

If you have ticked yes, with whom have you discussed this with?

If you have ticked yes, could you tell us when you had this discussion and where?

If you have ticked yes, who started the conversation about sexual problems?

Please tick one

Me OR Doctor or nurse

16. In your opinion, how important is it that a doctor or nurse addresses the question of sexual problems in people with MS?

Please tick one

Not important at all

Very important



17. Have you ever received any help for your sexual difficulties?

Please tick one

Yes

OR

No

If you have ticked yes, where have you received help from:

Specialist	
GP	
Junior doctor	
Nurse	
Physiotherapist	
Another person with MS	
Friend or Relative	
MS organisations eg. MS Trust or MS society	
The internet	
Other (please explain)	

Have you been satisfied with the help that was given?

Please tick one

Yes

OR

No

18. Below is a possible list of barriers which may prevent you from discussing sexual problems with your doctor or nurse. To what extent would you Strongly Disagree, Disagree, Neither agree nor disagree, Agree or Strongly Agree with these statements?

Please circle one number on each line.

	Strongly Disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree
My own attitudes and beliefs towards sexual problems	1	2	3	4	5
I do not see sexual dysfunction as being an MS-related problem	1	2	3	4	5

My other MS symptoms overshadow sexual problems	1	2	3	4	5
Sexual problems are low in my priorities	1	2	3	4	5
My anxiety and discomfort about discussing sexual problems	1	2	3	4	5
Religious or cultural factors	1	2	3	4	5
Language barriers	1	2	3	4	5
Age gap between the doctor/ nurse and myself	1	2	3	4	5
The doctor/ nurse is of the opposite gender	1	2	3	4	5
Presence of other doctors/nurses in the consultation room	1	2	3	4	5

Presence of family or friends in the consultation room	1	2	3	4	5
Feeling shy or embarrassed about talking to the doctor/nurse	1	2	3	4	5
Fear of appearing to be inappropriate	1	2	3	4	5
Fear of offending the doctor/ nurse by asking	1	2	3	4	5
Lack of rapport with the doctor/ nurse	1	2	3	4	5
Feeling that it's pointless to ask because there's no treatment	1	2	3	4	5
The doctor/ nurse not asking about the problem	1	2	3	4	5
Lack of time	1	2	3	4	5
I am currently not in a relationship	1	2	3	4	5

A discussion on sexual problems interferes with my privacy	1	2	3	4	5
A discussion on sexual problems might reveal something embarrassing like masturbation or buying viagra	1	2	3	4	5

19. Are there any other barriers not mentioned above that may prevent you from discussing sexual problems with your doctor or nurse?

Please tick one

Yes OR No

If you have ticked yes, please give details

20. Have you had a relapse of your MS within the last six months?

Please tick one

Yes

OR

No

21. How often do you have relapses?

22. When was your last MS relapse?

23. Do you think relapses have a negative impact on sexual functions?

Please tick one

Yes

OR

No

If your answer is yes, for how long did the relapse have an effect on your sexual function?

24. When do you think it is most appropriate to discuss your sexual concerns with healthcare professional after a relapse?

25. Who do you think should be involved in the management of sexual problems in individuals with MS?

Please tick any of the following

Consultant	
GP	
Junior doctor	
Nurse	
Physiotherapist	
Another person with MS	
Friend or Relative	
MS organisations eg. MS Trust or MS society	
The internet	
Other (please explain)	

26. Do you think your sexual problems are due to MS?

Yes OR No

27. Do you think factors other than MS may be causing your sexual problems?

Yes

OR

No

If your answer is yes, could you tell us about this?

28. For women- Do you have gynaecological problems (eg: prolapse)?

Please tick one

Yes

OR

No

Please could you tell us about this?

Do you think it has a bearing on sexual function?

Please tick one

Yes

OR

No

29. This is the end of the questionnaire. Would you like to make any other comments?
