Regione del Veneto
Istituto Oncologico Veneto
Istituto di Ricovero e Cura a Carattere Scientifico

Dipartimento di Oncologia Clinica e Sperimentale
Unità Operativa Complessa Oncologia Medica 1
Direttore dott.ssa Vittorina Zagonel

Please write only the initial letter of your name and surname: _____
Date of birth (g, m, a): _____
Date of today (g, m, a): _____

Questionnaire on the Paternity for Patients with Testicular Cancer

With this questionnaire we would like to know some things about you, to understand if you have children or what you think about the possibility of having them. Please answer all questions by placing a cross in the box that best matches your answer. There is no "right" or "wrong" answer and if you don't know the answer or if you prefer not to answer, you are free to do so by ticking the appropriate box.

A - Family and work status	**YES**	**NO**	I don't answer
1 - Do you currently have a stable job?	□	□	□
2 - Who do you currently live with? □ Alone □ With my partner □ With my parents □ With some friends / girlfriends			

B - About your testicular cancer.	**YES**	**NO**	I don't answer
3 - At what age was the testicle removed?_____			
4 - Have you received chemotherapy? If YES, how many cycles? _____	□	□	□
5 - Have you undergone retroperitoneal lymphadenectomy?	□	□	□
6 - Have you been subjected to radiotherapy?	□	□	□
7 - Did you perform the cryopreservation of the semen?	□	□	□
Was the procedure successful?	□	□	□
If you did NOT perform it, was it proposed to you?	□	□	□
If YES, did you refuse it? Why?_____	□	□	□

C - Before the diagnosis of testicular cancer	**YES**	**NO**	I don't answer
8 - Have you had any other testicular surgeries or a history of cryptorchidism? If yes, what kind? _____	□	□	□
9 - Have you ever had problems with sexual desire?	□	□	□
10 - Have you ever had difficulties with erection or ejaculation?	□	□	□
11 - Have you ever had fertility problems?	□	□	□

D - Family situation and paternity after diagnosis of testicular cancer	YES	NO	I don't answer
12 - Did you have children before being diagnosed with testicular cancer? If YES, how many? _____	□	□	□
13 - Do you think you have fertility problems?	□	□	□
14 - Did you perform a semen examination after diagnosis and treatment?	□	□	□
If YES, were sperm present?	□	□	□
15 - Did you have children before being diagnosed with testicular cancer? If YES, how many? _____			
16 - After diagnosis and treatment, did you have or do you have a stable partner?	□	□	□
17 - Did you have children after diagnosis and treatment?	□	□	□
18 - If you did not have children after the surgery, what is the reason? □ I have not had / do not have a partner □ I'm not ready to have them yet □ I don't have the financial means to get them □ My partner doesn't want them or she can't have them □ I have tried unsuccessfully for… years □ I don't want to resort to assisted fertilization			
19 - If you have had children after diagnosis and treatment, write how many and in what year_____	□	□	□
20-did you have them naturally?	□	□	□
21 - Have you made use of assisted fertilization?	□	□	□
22 - Did you use cryopreserved semen?	□	□	□
23 - How many assisted fertilization attempts have you made?_____			
24 - Did you resort to adoption?	□	□	□