

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



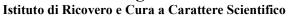
Please write only the initial letter of your name and surname Date of birth (g, m, a):	ne:		_
Questionnaire on the Paternity for Patients with Testicular With this questionnaire we would like to know some things about you, to use you think about the possibility of having them. Please answer all questions matches your answer. There is no "right" or "wrong" answer and if you do not to answer, you are free to do so by ticking the appropriate box.	anderstand if you by placing a	you have ch cross in th	e box that be
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?			

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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?			

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