

Case Report Form

**Developing a Stepped Approach to Improving Sexual Function after
 Gynaecological Cancer:
 a feasibility study. (SAFFRON)**

Study ID: Date (dd/mm/yyyy):

DEMOGRAPHICS

1.1. Date of Birth

D	D	M	M	Y	Y	Y	Y
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1.2. Age

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 years

1.3. Ethnicity

(please tick one)

White

- White British
- White Irish
- White Other

Mixed race

- White & Black Caribbean
- White & Black African
- White & Asian
- Other mixed background

Black or Black British

- Caribbean
- African
- Black Other

Chinese

- Chinese

Asian or Asian British

- Indian
- Bangladeshi
- Pakistani
- Other Asian background

Other ethnicity

- Other (please specify below)

1.4. Living Situation

(please tick one)

- Living alone
- Living with partner
- Living with others (children, relatives etc.)

1.5. Highest completed level of education

(please tick one)

- Higher degree
- Degree
- A level (or equivalent)
- HNC/HND (or equivalent)
- NVQ (or equivalent)
- GCSE (or equivalent)
- No qualification
- Other (Please specify):

1.6. Employment status

(please tick one)

- Full time
- Part time
- Unemployed - seeking work
- Unemployed - not seeking work
- Home maker
- Retired
- On sick leave
- Student
- Other (Please specify):

DISEASE RELATED INFORMATION

1.7. Type of Cancer:

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1.8. Stage of disease (FIGO)

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1.9. Histological type

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**1.10. Date of primary diagnosis
(dd/mm/yyyy)**

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1.11. Disease recurrence

Yes No

Date (if applicable) (dd/mm/yyyy)

**1.12. Menopausal status at diagnosis
(Menopause = 12 months without a period)**

- Pre-menopausal
- Post-menopausal
- Unknown

1.13. Co-morbidity

Yes No

If yes, which one

- Renal disease
- Cardiac disease
- Respiratory disease
- Rheumatic disease
- Diabetes
- Liver disease
- Other (specify)

TREATMENT RELATED INFORMATION

1.14. Surgery

Yes No

1.15. Mode of surgery

- Laparotomy
- Laparoscopy
- Vaginal

1.16. Organs removed

- Uterus
- Ovaries/ adnexae
- Pelvic nodes
- Para aortic nodes
- Omentum
- Vagina
- Vulva
- Other

1.17. Radiotherapy

Yes No

1.18. Mode of radiotherapy

- External
- Brachytherapy

Other (please specify):

1.19. Chemotherapy

Yes No

Number of cycles given:

1.20. Hormone Therapy

Yes No

1.21. Other form of therapy

Please Specify:

**1.22. Date of first primary treatment
(dd/mm/yyyy)**

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**1.23. Date of completion of last
treatment (dd/mm/yyyy)**

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ECOG/ WHO Performance Status

- Fully active, no restrictions on activities
- Unable to do strenuous activities, but able to carry out light housework and sedentary activities
- Able to walk and manage self care, but unable to work. Out of bed more than 50% of waking hours
- Confined to a bed or chair more than 50% of waking hours. Capable of limited self-care
- Completely disabled. Totally confined to a bed or chair. Unable to do any self care.
- Death