

# headandneck 5000

As part of the head and neck 5000 research study you agreed to take part in, there are some additional questions we would like to ask you. There is some new evidence that a small number of head and neck cancers may be related to a virus, which could be sexually transmitted. To better understand this process, we wish to gather information about all head and neck cancer patient's sexual history. We have a few questions for you about your sexual history, which will take about 2 minutes to answer. While we understand that this is a very sensitive topic, we would appreciate it if you would be willing to answer the questions on the following page. If you find a question upsetting, you always have the option of skipping it. Only the research team has access to your answers and we will keep this information confidential.

Thank you

Professor Andy Ness

**Sexual History**

1. How old were you when you first had sexual intercourse? \_\_\_\_\_<sup>1</sup> Years
2. How many different sexual partners have you had in your lifetime? \_\_\_\_\_<sup>1</sup>
- 3A. Have you ever performed oral sex on a partner? Yes <sub>1</sub> No <sub>2</sub>

***If no, please skip to question 4 below***

- 3B. If yes, how many different sexual partners have you performed oral sex on? \_\_\_\_\_<sup>1</sup>
4. Have you ever had sex with a same sex partner?  
Yes <sub>1</sub> No <sub>2</sub> Don't Know <sub>3</sub>

***If no, please skip to question 5 below***

- 4B. If yes, how many different same sex partners have you had in your lifetime? \_\_\_\_\_<sup>1</sup>

5. Have you ever been diagnosed or treated for genital warts?  
Yes <sub>1</sub> No <sub>2</sub> Don't Know <sub>3</sub>

6. Have you ever had a sexual partner who had genital warts?  
Yes <sub>1</sub> No <sub>2</sub> Don't Know <sub>3</sub>

- 7A. **If female**, have you ever had an abnormal pap smear?  
Yes <sub>1</sub> No <sub>2</sub> Don't Know <sub>3</sub>

- 7B. **If male**, have any of your sexual partners ever had an abnormal pap smear?  
Yes <sub>1</sub> No <sub>2</sub> Don't Know <sub>3</sub>

- 8A. **If female**, have you ever been diagnosed with cervical cancer?  
Yes <sub>1</sub> No <sub>2</sub> Don't Know <sub>3</sub>

- 8B. **If male**, have any of your sexual partners ever been diagnosed with cervical cancer?  
Yes <sub>1</sub> No <sub>2</sub> Don't Know <sub>3</sub>

9. **If male**, are you circumcised?  
Yes <sub>1</sub> No <sub>2</sub> Don't Know <sub>3</sub>