Informed Consent
I have read this consent form to the best of my ability and agree to participate in this study voluntarily. By selecting Yes, I am effectively providing my signature and agreeing to the statements above.
If you do not agree with the above two statements or do not wish to participate, please select no and you will be taken out of the survey.

Yes
No

Survey Instructions
Lung Cancer History
What type of lung cancer do you have?
Non-Small Cell - Unsure what kind
Non-Small Cell - Adenocarcinoma
Non-Small Cell - Squamous cell carcinoma
Non-Small Cell - Large cell neuroendocrine/carcinoid
Small Cell
Unsure
Other (please specify)

What stage is your lung cancer? Please respond with the stage right now, not at the time of diagnosis.
Stage definitions can vary. For example, some people are told stage 1 while others are told 1A or 1B. Choose the stage that most closely represents your cancer's current stage.

Stage 0
Stage I
Stage I A
Stage I B
Stage II
Stage II A
Stage II B
Stage III
Stage III A
Stage III B
Stage III C
Stage IV
Stage IV A
Stage IV B
Small cell extensive
Small cell limited
Unsure
Other (please specify)

Regarding your lung cancer pill or targeted therapy for lung cancer:
I am currently taking a lung cancer pill only (tyrosine kinase inhibitor or targeted therapy pill), including the following medications: osimertinib (TAGRISSO), erlotinib (TARCEVA), gefitinib (IRESSA), crizotinib (XALKORI), alectinib (ALECENSA), brigatinib (ALUNBRIG), lorlatinib (LORBRENA), dabrafenib (TENFILAR), trametinib (MEKINIST), cobimetinib (COLLETIC), vemurafenib (ZELBORAF), entrectenib (ROZYLTREK) and others.

I am currently taking a lung cancer pill (described above) in combination with chemotherapy.

I have taken a lung cancer pill (targeted therapy pill) in the past (I am no longer taking it).

I have never taken a lung cancer pill (targeted therapy pill).

I do not know.

**Current TKI Duration**

If you are taking a lung cancer (targeted therapy pill), for how long have you been taking it?

- Less than 3 months
- 3 months to 6 months
- More than 6 months to 1 year
- Over 1 year
- Over 3 years

**Previous TKI Duration**

If you have stopped taking a targeted therapy pill or lung cancer pill, how long ago was your last dose?

- Less than 3 months
- 3 months to 6 months
- More than 6 months to 1 year
- Over 1 year
- Over 3 years

**Other treatment**

If you are NOT taking a targeted therapy pill or tyrosine kinase inhibitor for your lung cancer which medication are you taking:

- Immunotherapy (KEYTRUDA, OPDIVO, TECENTRIQ, IMFINZI, etc.)
- Chemotherapy (Carboplatin [PARAPLATIN], Pemetrexed [ALIMTA], Paclitaxel [ABRAZANE or TAXOL], Gemcitabine [GEMZAR], others)
- Immunotherapy plus chemotherapy
- Other targeted therapy (IV infusion)
- I am NOT receiving any treatment for my lung cancer at this time
- Other

**Medications & Sexual Activity**

Are you currently enrolled in a clinical trial for your lung cancer treatment?

- Yes
- No
- I don't know
Are you taking any of the following medications regularly (daily or every other day)? Please check all that apply.

- Anti-depressants such as amitriptyline (ELAVIL), doxepin (SINEQUAN), fluoxetine (PROZAC), sertraline (ZOLOFT), paroxetine (PAXIL), escitalopram (LEXAPRO) and bupropion (WELLBUTRIN)
- Medication to control mood disorders like bi-polar disease (LITHIUM)
- Anti-anxiety drugs such as alprazolam (XANAX), diazepam (VALIUM), clonazepam (KLONOPIN) or lorazepam (ATIVAN)
- Blood pressure medications called beta-blockers such as carvedilol (COREG), metoprolol (LOPRESSOR) and propranolol (INDERAL)
- Hormonal contraceptives: "The Pill", IUD with hormones, a vaginal ring with hormones, others
- Anti-seizure medication, levetiracetam (KEPPRA), phenytoin (DILANTIN), others
- Specific anti-acid medication like ranitidine (ZANTAC) or famotidine (PEPCID)
- None of the above

Before your diagnosis of lung cancer, were you experiencing any of the following? Please check all that apply.

- Discomfort or pain with sexual activity
- Decreased sexual desire or interest in sex
- Vaginal dryness
- Dry mouth
- Other sexual health problems not listed above
- I did not have any sexual health problems

In the past 30 days, how interested have you been in sexual activity?

- Not at all
- A little bit
- Somewhat
- Quite a bit
- Very

In the past 30 days, how often have you felt like you wanted to have sexual activity?

- Never
- Rarely
- Sometimes
- Often
- Always

In the last 30 days, How much has fatigue or lack of energy affected your satisfaction with your sex life?

- Have not had fatigue or lack of energy in the past 30 days
- Not at all
- A little bit
- Somewhat
- Quite a bit
- Very much
In the last 30 days, How much has feeling sad or unhappy affected your satisfaction with your sex life?

- Have not been sad or unhappy in the past 30 days
- Not at all
- A little bit
- Somewhat
- Quite a bit
- Very much

In the past 30 days, How much have issues with your partner affected your satisfaction with your sex life? (For example, relationship problems, not feeling attracted to your partner, your partner's health, or your partner’s ability to have sexual activity.)

- No partner
- Have not had issues with my partner in the past 30 days
- Not at all
- A little bit
- Somewhat
- Quite a bit
- Very much

Please select which of the following have also affected your sex life or intimacy? (check all that apply)

- Scars from previous surgery
- Incontinence (urine or stool)
- Problems with your bowels (e.g., gas, diarrhea, constipation)
- Shortness of breath during sexual activity or exertion
- Hair loss from medical treatments
- None of these affected my sex life or intimacy

In the past 30 days, did you have any type of sexual activity by yourself or with someone else?

- Yes
- No

Sexual Activity - More Information

There are many reasons why people may not have had sexual activity. What are the reasons why you did not have sexual activity in the past 30 days?

Please read the list carefully and check every reason that applies to you, even if it happened only one time during the past 30 days (Check all that apply)

- Was not interested in having sexual activity
- Dryness or pain in or around my vagina
- Difficulties with orgasm/climax
- Don't enjoy sexual activity
- Health condition
- No partner
- Partner was away
Partner was not interested in sexual activity
Partner's health condition
Not applicable (I did have sexual activity in the past 30 days by myself or with someone else)
Some other reason

If you answered "Some other reason" please specify the reason for this answer.

PROMIS1
In the past 30 days, how often did you become lubricated ("wet") during sexual activity or intercourse?
Almost never or never
A few times (less than half the time)
Sometimes (about half the time)
Most times (more than half the time)
Almost always or always

In the past 30 days, how often have you felt your vagina was lubricated ("wet") enough during sexual activity? (without using any added lubrication [lube])
Never
Rarely
Sometimes
Often
Always

In the past 30 days, how difficult was it to become lubricated ("wet") during sexual activity or intercourse?
Extremely difficult or impossible
Very difficult
Difficult
Slightly difficult
Not difficult

In the past 30 days, how difficult was it to maintain your lubrication ("wetness") until completion of sexual activity or intercourse?
Extremely difficult or impossible
Very difficult
Difficult
Slightly difficult
Not difficult

In the past 30 days, when you have had sexual activity, how much pain have you felt inside your vagina?
None
A little bit
Some
Quite a bit
A lot

**In the past 30 days, when you have had sexual activity, how much discomfort have you felt inside your vagina?**

None
A little bit
Some
Quite a bit
A lot

**In the past 30 days, when you have had sexual activity, how much discomfort have you had in your labia (lips or area around the opening of the vagina)?**

None
A little bit
Some
Quite a bit
A lot

**In the past 30 days, when you have had sexual activity, how much discomfort have you had in your clitoris (CLIT)?**

None
A little bit
Some
Quite a bit
A lot

**PROMIS2**

**In the past 30 days, when you have had sexual activity, how much discomfort have you had in or around your anus or rectum?**

None
A little bit
Some
Quite a bit
A lot

**In the past 30 days, how often have you been able to have an orgasm/climax when you wanted to?**

Have not tried to have an orgasm/climax in the past 30 days
Never
Rarely
Sometimes
Often
Always

**In the past 30 days, how satisfying have your orgasms or climaxes been?**
Have not tried to have an orgasm/climax in the past 30 days
Not at all
A little bit
Somewhat
Quite a bit
Very

**In the past 30 days, how often have you had discomfort in your mouth during sexual activity? (including oral sex and kissing)**
Never
Rarely
Sometimes
Often
Always

**In the past 30 days, how often have you had dryness in your mouth during sexual activity? (including oral sex and kissing)**
Never
Rarely
Sometimes
Often
Always

**In the past 30 days, how often have you felt like you did not have enough saliva (spit) for kissing or sexual activity?**
Never
Rarely
Sometimes
Often
Always

**In the past 30 days, how satisfied have you been with your sex life?**
None
A little bit
Some
Quite a bit
A lot

**COVID-19**
Have the circumstances associated with COVID-19 affected your sex life or intimacy?
Yes
No
I am not sure

**COVID-19 Follow-up**
In the past 30 days, how much has your sex life been affected by the circumstances associated with COVID-19?
None
A little bit
Some
Quite a bit
A lot

Which of the following associated COVID-19 reasons have caused issues with your sex life:
Please check all that apply.
- Emotional state (depression, anxiety, fear, etc.)
- Physical separation
- Being physically ill/sick
- Lack of privacy
- Lack of time
- Lack of interest
- Other reasons not mentioned
- There has been no impact on my sex life

Follow-up

We would like to learn about all the effects of your lung cancer medications on your sexual health. Please feel free to write any comments or symptoms below.
Please do not add any personal information (Name, address, email, etc.)