Original Paper - Supplementary material

Sexual dysfunctions of rheumatological patients are a neglected issue: Results from a national survey of Italian Society of Rheumatology

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Supplementary Tables 1.

Questionnaire.

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| | a. Women < 40 years old | a. Never |

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| b. Infrequently | d. Frequently |
|---|---|
| c. Sometimes | e. Always |
| d. Frequently | 25. Which specialists should treat SD? |
| e. Always | a. Urologist/andrologist for men |
| 16. Do you know, which kind of rheumatological drugs are related to SD? | b. Gynecologist for women |
| a. Yes | c. Sexologist |
| b. No | d. Endocrinologist |
| 17. What are the drugs that generally, in your experience, are the most common cause of SD? | 26. Do you know PDE5i side effect? |
| a. Immunosuppressant | a. Yes |
| b. Antidepressant | b. No |
| c. Biological drugs | 27. Which is a side effect of PDE5i? |
| d. Corticosteroids | a. Dyspeptic symptoms |
| 18. How often do patients refer that their SD is apparently related to the therapy you have prescribed? | b. Flushing and headache |
| a. Never | c. Lumbar pain |
| b. Infrequently | d. None of the previous |
| c. Sometimes | e. All of the previous |
| d. Frequently | 28. Have you ever prescribed PDE5i or other treatments to your patients? |
| e. Always | a. No, I refer patients to the andrologist |
| 19. Have you ever changed your therapy after referred SD? | b. Yes, I have prescribed supplements |
| a. No | c. Yes, I have prescribed 5-PDEi |
| b. Yes | d. Yes, I have prescribed both |
| 20. If the answer is Yes to question 19, indicate the therapy you suspended due to iatrogenic SD | 29. How often do your patients refer using PDE5i independently? |
| 21. Do rheumatologists have the responsibility to discuss SD with their patients? I do not know | a. Never |
| a. Totally agree | b. Infrequently |
| b. Partially agree | c. Sometimes |
| c. I do not know | d. Frequently |
| d. Partially disagree | e. Always |
| e. Totally disagree | 30. Do you feel the need to broaden your knowledge about sexual disorders? |
| 22. Do you think that assessing SD in clinical practice can help patients? | a. Yes |
| a. No, it would have no impact on therapeutic diagnostic process. | b. No |
| b. Yes, it would improve the diagnostic and/or therapeutic pathway | 31. Do you feel that your education has given you enough knowledge to discuss sexual problems with your |
| c. Yes, it would improve the relationship with patients | patients: |
| 23. Discussing SD pertains only to andrologist or gynecologist, sexologist, or endocrinologist. | a. No knowledge |
| a. Totally agree | b. Enough knowledge |
| b. Partially agree | c. Little knowledge |
| c. I do not know | d. More Knowledge |
| d. Partially disagree | 32. It would be useful for gastroenterologists to attend courses on SD: |
| e. Totally disagree | a. Totally agree |
| 24. How often do you refer your male patients to andrologist for their sexual problems? | b. Partially agree |
| a. Never | c. I do not know |
| b. Infrequently | d. Partially disagree |
| c. Sometimes | e. Totally disagree |
| | |