CECA®
Quality of life questionnaire for patients with
genital warts

Instructions

Below you will find some sentences describing very common situations for people with the same health problem as yourself.

These are questions on how you have felt during the last 7 days. Please mark only one of the answer options for each statement. Mark the statement that most applies to you.

Remember there are no right or wrong answers. We are simply interested in what you experience due to your health problem.

It is very important that you answer all the questions.

Due to genital warts, in the last 7 days...

1. I am afraid that the lesions won't disappear

1- Always....................
2- Almost always........
3- Sometimes ..........
4- Rarely ...................
5- Never ...................

2. I am anxious to know whether I'm going to recover from the infection for good

1- Always....................
2- Almost always........
3- Sometimes ..........
4- Rarely ...................
5- Never ...................
Due to genital warts, in the last 7 days...

3. I worry about whether the warts will get worse or if there will be complications

1- Always .................. □
2- Almost always ........ □
3- Sometimes ............. □
4- Rarely .................. □
5- Never ................... □

4. My state of mind is upset (anxiety, depression, sadness, uneasiness,...)

1- Always .................. □
2- Almost always ........ □
3- Sometimes ............. □
4- Rarely .................. □
5- Never ............ □

5. I feel more insecure

1- Always .................. □
2- Almost always ........ □
3- Sometimes ............. □
4- Rarely .................. □
5- Never ............ □

6. Knowing I have the illness affects me in my daily life

1- Always .................. □
2- Almost always ........ □
3- Sometimes ............. □
4- Rarely .................. □
5- Never ............ □

7. My sexual drive has decreased

1- Always .................. □
2- Almost always ........ □
3- Sometimes ............. □
4- Rarely .................. □
5- Never ............ □
Due to genital warts, in the last 7 days...

8. I feel worried during the act
   1- Always ....................
   2- Almost always...........
   3- Sometimes ..............
   4- Rarely ....................
   5- Never ....................

9. I avoid sexual relations
   1- Always ....................
   2- Almost always...........
   3- Sometimes ..............
   4- Rarely ....................
   5- Never ...........

10. My sexual relations have decreased in quality and/or frequency
    1- Always ....................
    2- Almost always...........
    3- Sometimes ..............
    4- Rarely ....................
    5- Never ....................

THANK YOU VERY MUCH