

# Female Sexual Health Function Index

Name \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

The following form is presented to our female patients at Central Wyoming Urological Associates to offer the chance to discuss their sexual health. Answers to the questionnaire will be handled with discretion and confidentiality, as with all health information.

If you do not wish to complete the questionnaire, please check the box below.

Thank you!

☐ I do not wish to complete this optional form.

# Female Sexual Health Function Index

Patient Name \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

These questions ask about your sexual feelings and responses. Please answer the following questions as honestly and clearly as possible, checking only one box per question. Your responses will be kept completely confidential. In answering these questions, the following definitions apply:

**Sexual activity** can include caressing, foreplay, masturbation, and vaginal intercourse.

**Sexual intercourse** is defined as penile penetration, or entry, of the vagina.

**Sexual stimulation** includes situations like foreplay with a partner, self-stimulation (masturbation), or sexual fantasy.

**Sexual desire** or **sexual interest** is a feeling that includes wanting to have a sexual experience, feeling receptive to a partner's sexual initiation, and thinking or fantasizing about having sex.

**Sexual arousal** is a feeling that includes both physical and mental aspects of sexual excitement. It may include feelings of warmth or tingling in the genitals, lubrication (wetness), or muscle contractions.

Over the past four weeks...

1. How often did you feel sexual desire or interest?
  - ☐ Almost always or always
  - ☐ Most times (more than half the time)
  - ☐ Sometimes (about half the time)
  - ☐ A few times (less than half the time)
  - ☐ Almost never or never
2. How often would you rate your level (degree) of sexual desire or interest?
  - ☐ Very high
  - ☐ High
  - ☐ Moderate
  - ☐ Low
  - ☐ Very low or none at all

Over the past four weeks...

3. How often did you feel sexually aroused ("turned on") during sexual activity or intercourse?
  - ☐ No sexual activity
  - ☐ Almost always or always
  - ☐ Most times (more than half the time)
  - ☐ Sometimes (about half the time)
  - ☐ A few times (less than half the time)
  - ☐ Almost never or never
4. How would you rate your level of sexual arousal during sexual activity or intercourse?
  - ☐ No sexual activity
  - ☐ Very high
  - ☐ High
  - ☐ Moderate
  - ☐ Low
  - ☐ Very low or none at all
5. How confident were you about becoming sexually aroused during sexual activity or intercourse?
  - ☐ No sexual activity
  - ☐ Very high confidence
  - ☐ High confidence
  - ☐ Moderate confidence
  - ☐ Low confidence
  - ☐ Very low or no confidence
6. How often have you been satisfied with your sexual arousal (excitement) during sexual activity or intercourse?
  - ☐ No sexual activity
  - ☐ Almost always or always
  - ☐ Most times (more than half the time)
  - ☐ Sometimes (about half the time)
  - ☐ A few times (less than half the time)
  - ☐ Almost never or never

Over the past four weeks...

7. How often did you become lubricated ("wet") during sexual activity or intercourse?
- ☐ No sexual activity
  - ☐ Almost always or always
  - ☐ Most times (more than half the time)
  - ☐ Sometimes (about half the time)
  - ☐ A few times (less than half the time)
  - ☐ Almost never or never
8. How difficult was it to become lubricated ("wet") during sexual activity or intercourse?
- ☐ No sexual activity
  - ☐ Extremely difficult or impossible
  - ☐ Very difficult
  - ☐ Difficult
  - ☐ Slightly difficult
  - ☐ Not difficult
9. How often did you maintain your lubrication ("wetness") until the completion of sexual activity or intercourse?
- ☐ No sexual activity
  - ☐ Almost always or always
  - ☐ Most times (more than half the time)
  - ☐ Sometimes (about half the time)
  - ☐ A few times (less than half the time)
  - ☐ Almost never or never
10. How difficult was it to maintain your lubrication ("wetness") until the completion of sexual activity or intercourse?
- ☐ No sexual activity
  - ☐ Extremely difficult or impossible
  - ☐ Very difficult
  - ☐ Difficult
  - ☐ Slightly difficult
  - ☐ Not difficult

Over the past four weeks...

11. When you had sexual stimulation or intercourse, how often did you reach orgasm (climax)?

- ☐ No sexual activity
- ☐ Almost always or always
- ☐ Most times (more than half the time)
- ☐ Sometimes (about half the time)
- ☐ A few times (less than half the time)
- ☐ Almost never or never

12. When you had sexual stimulation or intercourse, how difficult was it for you to reach orgasm (climax)?

- ☐ No sexual activity
- ☐ Extremely difficult or impossible
- ☐ Very difficult
- ☐ Difficult
- ☐ Slightly difficult
- ☐ Not difficult

13. How satisfied were you with your ability to reach orgasm (climax) during sexual activity or intercourse?

- ☐ No sexual activity
- ☐ Very satisfied
- ☐ Moderately satisfied
- ☐ About equally satisfied and dissatisfied
- ☐ Moderately dissatisfied
- ☐ Very dissatisfied

14. How satisfied have you been with the amount of emotional closeness during sexual activity between you and your partner?

- ☐ No sexual activity
- ☐ Very satisfied
- ☐ Moderately satisfied
- ☐ About equally satisfied and dissatisfied
- ☐ Moderately dissatisfied
- ☐ Very dissatisfied

Over the past four weeks...

15. How satisfied have you been with your sexual relationship with your partner?

- ☐ Very satisfied
- ☐ Moderately satisfied
- ☐ About equally satisfied and dissatisfied
- ☐ Moderately dissatisfied
- ☐ Very dissatisfied

16. How satisfied have you been with your overall sexual life?

- ☐ Very satisfied
- ☐ Moderately satisfied
- ☐ About equally satisfied and dissatisfied
- ☐ Moderately dissatisfied
- ☐ Very dissatisfied

17. How often did you experience discomfort or pain during vaginal penetration?

- ☐ Did not attempt intercourse
- ☐ Almost always or always
- ☐ Most times (more than half the time)
- ☐ Sometimes (about half the time)
- ☐ A few times (less than half the time)
- ☐ Almost never or never

18. How often did you experience discomfort or pain following vaginal penetration?

- ☐ Did not attempt intercourse
- ☐ Almost always or always
- ☐ Most times (more than half the time)
- ☐ Sometimes (about half the time)
- ☐ A few times (less than half the time)
- ☐ Almost never or never

19. How would you rate your level (degree) of discomfort or pain during or following vaginal intercourse?

- ☐ Did not attempt intercourse
- ☐ Very high
- ☐ High
- ☐ Moderate
- ☐ Low
- ☐ Very low or none at all

Thank you for completing this questionnaire