

***FSFI – Female Sexual Function Index***

These 19 questions ask about your sexual feelings and responses during the past 4 weeks. Please answer the following questions as honestly and clearly as possible. 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 (entry) of the vagina.
- Sexual stimulation includes situations like foreplay with a partner, self-stimulation (masturbation), or sexual fantasy.

Check only one box per question.

<b>Sexual desire or 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</b>	
<p><b>1. Over the past 4 weeks, how often did you feel sexual desire or interest?</b></p> <p><input type="checkbox"/> 5-Almost always or always</p> <p><input type="checkbox"/> 4-Most times (more than half the time)</p> <p><input type="checkbox"/> 3-Sometimes (about half the time)</p> <p><input type="checkbox"/> 2-A few times (less than half the time)</p> <p><input type="checkbox"/> 1-Almost never or never</p>	<p><b>2. Over the past 4 weeks, how would you rate your level (degree) of sexual desire or interest?</b></p> <p><input type="checkbox"/> 5-Very high</p> <p><input type="checkbox"/> 4-High</p> <p><input type="checkbox"/> 3-Moderate</p> <p><input type="checkbox"/> 2-Low</p> <p><input type="checkbox"/> 1-Very low or none at all</p>
<b>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.</b>	
<p><b>3. Over the past 4 weeks, how often did you feel sexually aroused (“turned on”) during sexual activity or intercourse?</b></p> <p><input type="checkbox"/> 0-No sexual activity</p> <p><input type="checkbox"/> 5-Almost always or always</p> <p><input type="checkbox"/> 4-Most times (more than half the time)</p> <p><input type="checkbox"/> 3-Sometimes (about half the time)</p> <p><input type="checkbox"/> 2-A few times (less than half the time)</p> <p><input type="checkbox"/> 1-Almost never or never</p>	<p><b>4. Over the past 4 weeks, how would you rate your level of sexual arousal (“turn on”) during sexual activity or intercourse?</b></p> <p><input type="checkbox"/> 0-No sexual activity</p> <p><input type="checkbox"/> 5-Very high</p> <p><input type="checkbox"/> 4-High</p> <p><input type="checkbox"/> 3-Moderate</p> <p><input type="checkbox"/> 2-Low</p> <p><input type="checkbox"/> 1-Very low or none at all</p>
<p><b>5. Over the past 4 weeks, how confident were you about becoming sexually aroused during sexual activity or intercourse?</b></p> <p><input type="checkbox"/> 0-No sexual activity</p> <p><input type="checkbox"/> 5-Very high confidence</p> <p><input type="checkbox"/> 4-High confidence</p> <p><input type="checkbox"/> 3-Moderate confidence</p> <p><input type="checkbox"/> 2-Low confidence</p> <p><input type="checkbox"/> 1-Very low or no confidence</p>	<p><b>6. Over the past 4 weeks, how often have you been satisfied with your arousal (excitement) during sexual activity or intercourse?</b></p> <p><input type="checkbox"/> 0-No sexual activity</p> <p><input type="checkbox"/> 5-Almost always or always</p> <p><input type="checkbox"/> 4-Most times (more than half the time)</p> <p><input type="checkbox"/> 3-Sometimes (about half the time)</p> <p><input type="checkbox"/> 2-A few times (less than half the time)</p> <p><input type="checkbox"/> 1-Almost never or never</p>
<b>Lubrication</b>	
<p><b>7. Over the past 4 weeks, how often did you become lubricated (“wet”) during sexual activity or intercourse?</b></p> <p><input type="checkbox"/> 0-No sexual activity</p> <p><input type="checkbox"/> 5-Almost always or always</p> <p><input type="checkbox"/> 4-Most times (more than half the time)</p> <p><input type="checkbox"/> 3-Sometimes (about half the time)</p> <p><input type="checkbox"/> 2-A few times (less than half the time)</p> <p><input type="checkbox"/> 1-Almost never or never</p>	<p><b>8. Over the past 4 weeks how difficult was it to become lubricated (“wet”) during sexual activity or intercourse?</b></p> <p><input type="checkbox"/> 0-No sexual activity</p> <p><input type="checkbox"/> 1-Extremely difficult or impossible</p> <p><input type="checkbox"/> 2-Very difficult</p> <p><input type="checkbox"/> 3-Difficult</p> <p><input type="checkbox"/> 4-Slightly difficult</p> <p><input type="checkbox"/> 5-Not difficult</p>
<p><b>9. Over the past 4 weeks, how often did you maintain your lubrication (“wetness”) until completion of sexual activity or intercourse?</b></p> <p><input type="checkbox"/> 0-No sexual activity</p> <p><input type="checkbox"/> 5-Almost always or always</p> <p><input type="checkbox"/> 4-Most times (more than half the time)</p> <p><input type="checkbox"/> 3-Sometimes (about half the time)</p> <p><input type="checkbox"/> 2-A few times (less than half the time)</p> <p><input type="checkbox"/> 1-Almost never or never</p>	<p><b>10. Over the past 4 weeks, how difficult was it to maintain your lubrication (“wetness”) until completion of sexual activity or intercourse?</b></p> <p><input type="checkbox"/> 0-No sexual activity</p> <p><input type="checkbox"/> 1-Extremely difficult or impossible</p> <p><input type="checkbox"/> 2-Very difficult</p> <p><input type="checkbox"/> 3-Difficult</p> <p><input type="checkbox"/> 4-Slightly difficult</p> <p><input type="checkbox"/> 5-Not difficult</p>

<b>Orgasm</b>	
<p><b>11. Over the past 4 weeks, when you had sexual stimulation or intercourse, how often did you reach orgasm (climax)?</b></p> <p><input type="checkbox"/> 0-No sexual activity  <input type="checkbox"/> 5-Almost always or always  <input type="checkbox"/> 4-Most times (more than half the time)  <input type="checkbox"/> 3-Sometimes (about half the time)  <input type="checkbox"/> 2-A few times (less than half the time)  <input type="checkbox"/> 1-Almost never or never</p>	<p><b>12. Over the past 4 weeks, when you had sexual stimulation or intercourse, how difficult was it for you to reach orgasm (climax)?</b></p> <p><input type="checkbox"/> 0-No sexual activity  <input type="checkbox"/> 1-Extremely difficult or impossible  <input type="checkbox"/> 2-Very difficult  <input type="checkbox"/> 3-Difficult  <input type="checkbox"/> 4-Slightly difficult  <input type="checkbox"/> 5-Not difficult</p>
<p><b>13. Over the past 4 weeks, how satisfied were you with your ability to reach orgasm (climax) during sexual activity or intercourse?</b></p> <p><input type="checkbox"/> 0-No sexual activity  <input type="checkbox"/> 5-Very satisfied  <input type="checkbox"/> 4-Moderately satisfied  <input type="checkbox"/> 3-About equally satisfied and dissatisfied  <input type="checkbox"/> 2-Moderately dissatisfied  <input type="checkbox"/> 1-Very dissatisfied</p>	
<b>Satisfaction</b>	
<p><b>14. Over the past 4 weeks, how satisfied have you been with the amount of emotional closeness during sexual activity between you and your partner?</b></p> <p><input type="checkbox"/> 0-No sexual activity  <input type="checkbox"/> 5-Very satisfied  <input type="checkbox"/> 4-Moderately satisfied  <input type="checkbox"/> 3-About equally satisfied and dissatisfied  <input type="checkbox"/> 2-Moderately dissatisfied  <input type="checkbox"/> 1-Very dissatisfied</p>	<p><b>15. Over the past 4 weeks, how satisfied have you been with your sexual relationship with your partner?</b></p> <p><input type="checkbox"/> 5- Very satisfied  <input type="checkbox"/> 4-Moderately satisfied  <input type="checkbox"/> 3-About equally satisfied and dissatisfied  <input type="checkbox"/> 2-Moderately dissatisfied  <input type="checkbox"/> 1-Very dissatisfied</p>
<p><b>16. Over the past 4 weeks, how satisfied have you been with your overall sexual life?</b></p> <p><input type="checkbox"/> 5-Very satisfied  <input type="checkbox"/> 4-Moderately satisfied  <input type="checkbox"/> 3-About equally satisfied and dissatisfied  <input type="checkbox"/> 2-Moderately dissatisfied  <input type="checkbox"/> 1-Very dissatisfied</p>	
<b>Pain</b>	
<p><b>17. Over the past 4 weeks, how often did you experience discomfort or pain during vaginal penetration?</b></p> <p><input type="checkbox"/> 0-Did not attempt intercourse  <input type="checkbox"/> 1-Almost always or always  <input type="checkbox"/> 2-Most times (more than half the time)  <input type="checkbox"/> 3-Sometimes (about half the time)  <input type="checkbox"/> 4-A few times (less than half the time)  <input type="checkbox"/> 5-Almost never or never</p>	<p><b>18. Over the past 4 weeks, how often did you experience discomfort or pain <u>following</u> vaginal penetration?</b></p> <p><input type="checkbox"/> 0-Did not attempt intercourse  <input type="checkbox"/> 1-Almost always or always  <input type="checkbox"/> 2-Most times (more than half the time)  <input type="checkbox"/> 3-Sometimes (about half the time)  <input type="checkbox"/> 4-A few times (less than half the time)  <input type="checkbox"/> 5-Almost never or never</p>
<p><b>19. Over the past 4 weeks, how would you rate your level (degree) of discomfort or pain during or following vaginal penetration?</b></p> <p><input type="checkbox"/> 0-Did not attempt intercourse  <input type="checkbox"/> 1-Very high  <input type="checkbox"/> 2-High  <input type="checkbox"/> 3-Moderate  <input type="checkbox"/> 4-Low  <input type="checkbox"/> 5-Very low or none at all</p>	