



Name: _____ DOB: _____ Date: _____

Questions Related to Your Sexual Health and Function

The following questions pertain to your sexual health and function, in particular your sexual feelings and responses over the past month. We feel the assessment of sexual health is an important component of our care. In fact, sexual function problems are often related to pelvic floor and bladder disorders. The information obtained from these questions will allow us to provide you with the best possible treatment. Let us assure you that your responses will remain confidential. If you do not feel comfortable answering the questions, or feel that they don't apply to you, please feel free to leave that question blank.

1. Are you currently in a relationship?

- Yes
- No

2. Are you currently:

- Married
- Separated/Divorced
- Widowed
- Not married, but in a relationship
- Single

3. Have you ever been treated for depression?

- Yes
- No

4. If you answered Yes to question 3, were you treated with medication and/or psychological counseling within the last year?

- Yes
- No

5. Have you ever been sexually abused?

- Yes
- No

6. If you answered Yes to question 5, did you tell anyone?

- Yes
- No
- No history of sexual abuse



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7. If you answered Yes to question 5 and 6. Do you feel that you received adequate support from your family members, friends, and /or loved ones?
- Yes
 - No
 - I did not tell anyone
 - No history of sexual abuse
8. If you are currently married or in a relationship, are you satisfied with the level of closeness and intimacy in your relationship>
- Yes, always
 - Most of the time
 - Some of the time
 - Rarely
 - Never, I am not satisfied
 - I am not married or in a relationship
9. If you are in a sexual relationship, are you satisfied with your partner's ability to stimulate you sexually?
- Yes
 - No
 - I am not in a relationship
10. Are you able to achieve orgasm with sexual stimulation, intercourse or self-stimulation?
- Yes
 - No
 - I have never had an orgasm with sexual intercourse or self-stimulation

In answering the following questions, the terms below apply:

Sexual activity, includes 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), oral stimulation, or sexual fantasy.

Sexual desire or interest, 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.



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1. Over the Past 4 weeks, how often did you feel sexual desire or interest?
 - Almost always or always
 - Most of the time (more than half the time)
 - Some of the time (about half the time)
 - A few times (less than half the time)
 - Almost never or never

2. Over the past 4 weeks, how would you rate your level (degree) of sexual desire or interest?
 - Very high
 - High
 - Moderate
 - Low
 - Very low or none at all

3. Over the past 4 weeks, how often did you feel sexually aroused (“turned on”) during sexual activity or intercourse?
 - No sexual activity
 - Almost always or always
 - Most of the time (more than half the time)
 - Some of the time (about half the time)
 - A few times (less than half the time)
 - Almost never or never

4. Over the past 4 weeks, how would you rate your level of sexual arousal (“turned on”) during sexual activity or intercourse?
 - No sexual activity
 - Very high
 - High
 - Moderate
 - Low
 - Very low or none at all

5. Over the past 4 weeks, 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



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6. Over the past 4 weeks, how often have you been satisfied with your arousal (excitement) during sexual activity or intercourse?
- No sexual activity
 - Almost always or always
 - Most of the time (more than half the time)
 - Some of the time(about half the time)
 - A few times (less than half the time)
 - Almost never or never
7. Over the past 4 weeks, how often did you become lubricated (“wet”) during sexual activity or intercourse?
- No sexual activity
 - Almost always or always
 - Most of the time (more than half the time)
 - Some of the time(about half the time)
 - A few times (less than half the time)
 - Almost never or never
8. Over the past 4 weeks, 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. Over the past 4 weeks, how often did you maintain your lubrication (wetness”) until completion of sexual activity or intercourse?
- No sexual activity
 - Almost always or always
 - Most of the time (more than half the time)
 - Some of the time(about half the time)
 - A few times (less than half the time)
 - Almost never or never
10. Over the past 4 weeks, how difficult was it to maintain your lubrication (wetness”) until completion of sexual activity or intercourse?
- No sexual activity
 - Extremely difficult or impossible
 - Very difficult
 - Difficult
 - Slightly difficult
 - Not difficult



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11. Over the past 4 weeks, when you had sexual stimulation or intercourse, how often did you reach orgasm (climax)?
- No sexual activity
 - Almost always or always
 - Most of the time (more than half the time)
 - Some of the time(about half the time)
 - A few times (less than half the time)
 - Almost never or never
12. Over the past 4 weeks, 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. Over the past 4 weeks, 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. Over the past 4 weeks, 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
15. Over the past 4 weeks, 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



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16. Over the past 4 weeks, how satisfied have you been with your overall sexual life?

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

17. Over the past 4 weeks, how often did you experience discomfort or pain during vaginal penetration?

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

18. Over the past 4 weeks, how often did you experience discomfort or pain following vaginal penetration?

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

19. Over the past 4 weeks, how would you rate your level (degree) of discomfort or pain during or following vaginal penetration?

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

Thank you for completing this questionnaire.



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MCGILL PAIN QUESTIONNAIRE

Please complete all questions regardless of presence or absence of pain.

1. Please check in the appropriate column the degree to which you experienced each type of pain.

	<u>NONE</u> 0	<u>MILD</u> 1	<u>MODERATE</u> 2	<u>SEVERE</u> 3
THROBBING				
SHOOTING				
STABBING				
SHARP				
CRAMPING				
GNAWING				
HOT-BURNING				
ACHING				
HEAVY				
TENDER				
SPLITTING				
TIRING- EXHAUSTING				
SICKENING				
FEARFUL				
PUNISHING- CRUEL				

2. Please use scale below to rate severity of pain:



3. Please check in appropriate columns the overall intensity of pain.

- 0 Pain
- 1 Mild
- 2 Discomforting
- 3 Distressing
- 4 Horrible
- 5 Excruciating



Sexual Distress Scale

Name: _____ DOB: _____ Date: _____

Below is a list of feelings and problems that men and women sometimes have concerning their sexuality. Please read each item carefully, and check the box that best describes how often that problem has bothered you or caused distress over the last 4 weeks. Please check only one box for each item, and take care not to skip ANY items. If you change your mind, erase your markings carefully. If you have any questions, please ask about them.

Please check one box per question

1. How often did you feel distressed about your sex life?
 - 0 Never
 - 1 Rarely
 - 2 Occasionally
 - 3 Frequently
 - 4 Always

2. How often did you feel unhappy about your sexual relationship?
 - 0 Never
 - 1 Rarely
 - 2 Occasionally
 - 3 Frequently
 - 4 Always

3. How often did you feel guilty about your sexual difficulties?
 - 0 Never
 - 1 Rarely
 - 2 Occasionally
 - 3 Frequently
 - 4 Always

4. How often did you feel frustrated by your sexual problems?
 - 0 Never
 - 1 Rarely
 - 2 Occasionally
 - 3 Frequently
 - 4 Always

5. How often did you feel stressed about sex?
 - 0 Never
 - 1 Rarely
 - 2 Occasionally
 - 3 Frequently
 - 4 Always



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6. How often did you feel inferior because of sexual problems?

- 0 Never
- 1 Rarely
- 2 Occasionally
- 3 Frequently
- 4 Always

7. How often did you feel worried about sex?

- 0 Never
- 1 Rarely
- 2 Occasionally
- 3 Frequently
- 4 Always

8. How often did you feel sexually inadequate?

- 0 Never
- 1 Rarely
- 2 Occasionally
- 3 Frequently
- 4 Always

9. How often did you feel regrets about your sexuality?

- 0 Never
- 1 Rarely
- 2 Occasionally
- 3 Frequently
- 4 Always

10. How often did you feel embarrassed about sexual problems?

- 0 Never
- 1 Rarely
- 2 Occasionally
- 3 Frequently
- 4 Always

11. How often did you feel dissatisfied with your sex life?

- 0 Never
- 1 Rarely
- 2 Occasionally
- 3 Frequently
- 4 Always

12. How often did you feel angry about your sex?

- 0 Never
- 1 Rarely
- 2 Occasionally
- 3 Frequently
- 4 Always



Perceived Stress Scale

Name: _____ DOB: _____ Date: _____

The questions in this scale ask you about your feelings and thoughts during the last month. In each case, you will be asked to indicate *how often* you felt or thought a certain way by checking the box next to it.

1. In the last month, how often have you been upset because of something that happened unexpectedly?
 - 0 Never
 - 1 Almost never
 - 2 Sometimes
 - 3 Fairly often
 - 4 Very often

2. In the last month, how often have you felt that you were unable to control the important things in your life?
 - 0 Never
 - 1 Almost never
 - 2 Sometimes
 - 3 Fairly often
 - 4 Very often

3. In the last month, how often have you felt nervous and “stressed”?
 - 0 Never
 - 1 Almost never
 - 2 Sometimes
 - 3 Fairly often
 - 4 Very often

4. In the last month, how often have you felt confident about your ability to handle your personal problems?
 - 0 Never
 - 1 Almost never
 - 2 Sometimes
 - 3 Fairly often
 - 4 Very often

5. In the last month, how often have you felt that things were going your way?
 - 0 Never
 - 1 Almost never
 - 2 Sometimes
 - 3 Fairly often
 - 4 Very often



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6. In the last month, how often have you found that you could not cope with all the things that you had to do?
- 0 Never
 - 1 Almost never
 - 2 Sometimes
 - 3 Fairly often
 - 4 Very often
7. In the last month, how often have you been able to control irritations in your life?
- 0 Never
 - 1 Almost never
 - 2 Sometimes
 - 3 Fairly often
 - 4 Very often
8. In the last month, how often have you felt that you were on top of things?
- 0 Never
 - 1 Almost never
 - 2 Sometimes
 - 3 Fairly often
 - 4 Very often
9. In the last month, how often have you been angered because of things that were outside of your control?
- 0 Never
 - 1 Almost never
 - 2 Sometimes
 - 3 Fairly often
 - 4 Very often
10. In the last month, how often have you felt difficulties were piling up so high that you could not overcome them?
- 0 Never
 - 1 Almost never
 - 2 Sometimes
 - 3 Fairly often
 - 4 Very often