

AFFIX ID LABEL

SECTION SF: WOMEN’S SELF-ADMINISTERED QUESTIONNAIRE

If you would like you to fill out this questionnaire by yourself, please answer all questions to the best of your ability. There are no right or wrong answers, simply choose the most appropriate response that comes closest to how you feel about each question.

After you have chosen your response, circle the number next to the answer you have chosen. Please note there may be an instruction next to a specific response category - these are directions to you as to which question to go to if you chose that response. If there is no instruction in parenthesis next to the response category you chose, then just go on to the next question that follows.

If you start to complete this questionnaire on your own and need some help, please ask me for assistance. Please remember that all your answers will be kept confidential. While we hope you are willing to answer all of the questions, if there are questions you would prefer not to answer, you are free to skip them. I will be here to respond to any questions you may have.

f14sdsin

1. Over the past 4 weeks, **how often** did you feel sexual desire or interest?

- Almost always or always..... 1
- Most times (more than half the time) 2
- Sometimes (about half the time)..... 3
- A few times (less than half the time)..... 4
- Almost never or never 5

rt4dsin

2. Over the past 4 weeks, how would you rate your **level** (degree) of sexual desire or interest?

- Very high 1
- High 2
- Moderate 3
- Low 4
- Very low or none at all 5

eng4sacp

3. During the past 4 weeks, have you engaged in sexual activities with your partner?

- Yes
- No

Skip to question 5 on page 3

Go to the next question

4. People do not engage in sexual activities for many reasons. Please circle 1 (YES) or 2 (NO) for each reason listed below.

nopartnr

a. I do not have a partner at this time.

- Yes..... 1
- No..... 2

nointrst

b. Lack of interest in sex.

- Yes..... 1
- No..... 2

pnplvaur

c. I have pelvic or vaginal pain or a urinary problem that interferes with sex.

- Yes..... 1
- No..... 2

othrhltpr

d. I have some other health problem that interferes with sex.

- Yes..... 1
- No..... 2

prthltpb

e. My partner has a health problem that interferes with sex.

- Yes..... 1
- No..... 2

Skip to question 15 on page 6

The following questions are for people who have engaged in sexual activities with a partner over the past 4 weeks.

cn4sarsd

5. Over the past 4 weeks, **how much confidence** did you have about becoming sexually aroused during sexual activity or intercourse?

- Very high confidence 1
- High confidence 2
- Moderate confidence..... 3
- Low confidence..... 4
- Very low or no confidence 5

df4wet

6. Over the past 4 weeks, **how difficult** was it to become lubricated (“wet”) during sexual activity or intercourse?

- Extremely difficult or impossible 1
- Very difficult 2
- Difficult 3
- Slightly difficult..... 4
- Not difficult 5

ot4orgs

7. Over the past 4 weeks, when you had sexual stimulation or intercourse, **how often** did you reach orgasm?

- Almost always or always 1
- Most times (more than half the time) 2
- Sometimes (about half the time) 3
- A few times (less than half the time) 4
- Almost never or never..... 5

df4orgs

8. Over the past 4 weeks, when you had sexual stimulation or intercourse, **how difficult** was it for you to reach orgasm?

Extremely difficult or impossible 1
Very difficult 2
Difficult 3
Slightly difficult 4
Not difficult 5

st4orgs

9. Over the past 4 weeks, **how satisfied** were you with your ability to reach orgasm (climax) during sexual activity or intercourse?

Very satisfied 1
Moderately satisfied 2
About equally satisfied and dissatisfied 3
Moderately dissatisfied 4
Very dissatisfied 5

st4oasx

10. Over the past 4 weeks, **how satisfied** have you been with your **overall** sex life?

Very satisfied 1
Moderately satisfied 2
About equally satisfied and dissatisfied 3
Moderately dissatisfied 4
Very dissatisfied 5

ot4pand

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

Did not attempt vaginal penetration 0
Almost always or always 1
Most times (more than half the time) 2
Sometimes (about half the time) 3
A few times (less than half the time) 4
Almost never or never 5

ot4panf 12. Over the past 4 weeks, **how often** did you experience discomfort or pain **following** vaginal penetration?

- Did not attempt vaginal penetration..... 0
- Almost always or always 1
- Most times (more than half the time)..... 2
- Sometimes (about half the time) 3
- A few times (less than half the time)..... 4
- Almost never or never..... 5

rt4lydis 13. Over the past 4 weeks, how would you rate your **level** (degree) of discomfort or pain **during** or **following** vaginal penetration?

- Did not attempt vaginal penetration..... 0
- Very high 1
- Most times (more than half the time)..... 2
- Sometimes (about half the time)..... 3
- A few times (less than half the time) 4
- Almost never or never..... 5

st4emlcl 14. Over the past 4 weeks, **how satisfied** have you been with the amount of **emotional closeness** with your partner?

- Very satisfied 1
- Moderately satisfied..... 2
- About equally satisfied and dissatisfied..... 3
- Moderately dissatisfied 4
- Very dissatisfied 5

whosxad 15. Regardless of whether you are currently sexually active, which response **best describes** who you have generally had sex with over your adult life?

- Have never had sex 1
- Only with men 2
- Mostly with men 3
- Both women and men 4
- Mostly with women 5
- Only with women 6

sexornt 16. Regardless of whether you are currently sexually active, how would you define yourself?

- Heterosexual 1
- Lesbian/gay 2
- Bisexual 3
- Asexual 4
- Other 5

The following questions ask about your experiences as a child (meaning 13 years or younger). Please read each question on the left and circle 1 (YES) or 2 (NO) to the right.

| | | <u>Yes</u> | <u>No</u> |
|-----------------|--|------------|-----------|
| <u>chdexorg</u> | 17. During your childhood did any adult ever do any of the following? | | |
| | a. Exposed the sex organs of their body to you when you did not want it? | 1 | 2 |
| <u>chdthrsx</u> | b. Threatened to have sex with you when you did not want this? | 1 | 2 |
| <u>chdtchog</u> | c. Touched the sex organs of your body when you did not want this? | 1 | 2 |
| <u>chdyutch</u> | d. Made you touch the sex organs of their body when you did not want this? | 1 | 2 |
| <u>chdfrcsx</u> | e. Forced you to have sex when you did not want this? | 1 | 2 |
| <u>chdohuns</u> | f. Have you had any other unwanted sexual experiences not mentioned above? | 1 | 2 |

18. When you were a child (13 or younger), did any adult do any of the following? If these things did not happen to you, circle 1 (NEVER).

| | | <u>Never</u> | <u>Seldom</u> | <u>Occasionally</u> | <u>Often</u> |
|-----------------|--|--------------|---------------|---------------------|--------------|
| <u>chdbeat</u> | Hit, kick, or beat you? | 1 | 2 | 3 | 4 |
| <u>chdthrlf</u> | Seriously threaten your life? | 1 | 2 | 3 | 4 |
| <u>chdemlab</u> | Emotionally abuse, humiliate, or insult you? | 1 | 2 | 3 | 4 |

The following questions ask about your experiences as an adolescent or adult (meaning 14 years or older). Please read each question on the left and circle 1 (YES) or 2 (NO) to the right.

| | | | |
|-----------------|---|------------|-----------|
| | 19. During your adolescence or adulthood has any adult ever done the following? | <u>Yes</u> | <u>No</u> |
| <u>adexporg</u> | a. Exposed the sex organs of their body to you when you did not want it? | 1 | 2 |
| <u>adthrtsx</u> | b. Threatened to have sex with you when you did not want this? | 1 | 2 |
| <u>adtchorg</u> | c. Touched the sex organs of your body when you did not want this? | 1 | 2 |
| <u>adyutch</u> | d. Made you touch the sex organs of their body when you did not want this? | 1 | 2 |
| <u>adfrcsx</u> | e. Forced you to have sex when you did not want this? | 1 | 2 |
| <u>adohunsx</u> | f. Have you had any other unwanted sexual experiences not mentioned above? | 1 | 2 |

| | | | | | |
|-----------------|--|--------------|---------------|---------------------|--------------|
| | 20. When you were an adolescent or adult (14 or older), has any other adult done the following? If these things did not happen to you, circle 1 (NEVER). | <u>Never</u> | <u>Seldom</u> | <u>Occasionally</u> | <u>Often</u> |
| <u>adbeat</u> | a. Hit, kick, or beat you? | 1 | 2 | 3 | 4 |
| <u>adthrtlf</u> | b. Seriously threaten your life? | 1 | 2 | 3 | 4 |
| <u>ademlabs</u> | c. Emotionally abuse, humiliate, or insult you? | 1 | 2 | 3 | 4 |

Thank you for your help in this important research study. Please place the completed questionnaire in the envelope provided, seal it, and give it to the study interviewer.