

AFFIX ID LABEL

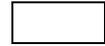
## **SECTION SF: WOMEN’S SELF-ADMINISTERED QUESTIONNAIRE**

If you would like 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 parentheses 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.

The first set of questions asks about your sexual feelings and responses during the past 3 months. 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 intercourse.

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

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.

1. Over the past 3 months, **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

fl3sdin\_1

2. Over the past 3 months, 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

rt3sdsin\_1

3. During the past 3 months, have you engaged in sexual activity, stimulation, or intercourse **with** a partner?
- Yes ..... 1
  - No..... 2

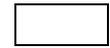
**Go to the next question**  
**Skip to question 5**

eng3sacp\_1

4. During the past 4 weeks, have you engaged in sexual activity, stimulation, or intercourse **with** a partner?
- Yes ..... 1
  - No..... 2

**Skip to question 6**  
**Go to the next question**

eng4sacp\_1



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

**nopartnr\_1** a. I do not have a partner at this time.

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

**nointrst\_1** b. I have a lack of interest in sex.

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

**pnplvaur\_1** c. I have pelvic or vaginal pain or a urinary problem that interferes with sex.

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

**othrhltpr\_1** d. I have some other health problem that interferes with sex.

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

**prthltpb\_1** e. My partner has a health problem that interferes with sex.

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

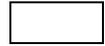
**prnointrst\_1** f. My partner has a lack of interest in sex.

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

6. In the last 4 weeks, how often did you feel sexually aroused (“turned on”) during sexual activity or intercourse?

**aroused\_1**

- No sexual activity ..... 1
- Almost always or always ..... 2
- Most times (more than half the time) ..... 3
- Sometimes (about half time)..... 4
- A few times (less than half the time)..... 5
- Almost never or never ..... 6



7. Over the past 3 months, **how much confidence** did you have about becoming sexually aroused during sexual activity, stimulation, or intercourse?

cn3sardsd\_1

- Very high confidence..... 1
- High confidence..... 2
- Moderate confidence ..... 3
- Low confidence ..... 4
- Very low or no confidence ..... 5
- No sexual activity.....6

8. Over the past 3 months, **how difficult** was it to become lubricated (“wet”) during sexual activity, stimulation, or intercourse?

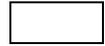
df3wet\_1

- Extremely difficult or impossible ..... 1
- Very difficult.....2
- Difficult .....3
- Slightly difficult .....4
- Not difficult.....5
- No sexual activity.....6

9. Over the past 3 months, when you had sexual activity, stimulation, or intercourse, **how often** did you reach orgasm?

ot3orgs\_1

- 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
- No sexual activity.....6



10. Over the past 3 months, when you had sexual activity, stimulation, or intercourse, **how difficult** was it for you to reach orgasm?

df3orgs\_1

- Extremely difficult or impossible ..... 1
- Very difficult ..... 2
- Difficult..... 3
- Slightly difficult..... 4
- Not difficult ..... 5
- No sexual activity.....6

11. Over the past 3 months, **how satisfied** were you with your ability to reach orgasm (climax) during sexual activity, stimulation, or intercourse?

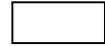
st3orgs\_1

- Very satisfied ..... 1
- Moderately satisfied.....2
- About equally satisfied and dissatisfied....3
- Moderately dissatisfied .....4
- Very dissatisfied.....5
- No sexual activity.....6

12. Over the past 3 months, **how satisfied** have you been with your **overall** sex life?

st3oasx\_1

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



13. Over the past 3 months, **how often** did you experience discomfort or pain **during** vaginal penetration?

ot3pand\_1

- 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
- Did not attempt vaginal penetration due to pain/discomfort.....6
- Did not attempt vaginal penetration due to another reason.....7

14. Over the past 3 months, **how often** did you experience discomfort or pain **following** vaginal penetration?

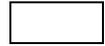
ot3panf\_1

- 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
- Did not attempt vaginal penetration due to pain/discomfort..... 6
- Did not attempt vaginal penetration due to another reason..... 7

15. Over the past 3 months, how would you rate your **level** (degree) of discomfort or pain **during** or **following** vaginal penetration?

rt3lvdis\_1

- 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
- Did not attempt vaginal penetration due to pain/discomfort..... 6
- Did not attempt vaginal penetration due to another reason..... 7



16. Over the past 3 months, **how satisfied** have you been with the amount of **emotional closeness** during sexual activity, stimulation, or intercourse **with** your partner?

st3emlcl\_1

- Very satisfied ..... 1
- Moderately satisfied ..... 2
- About equally satisfied and dissatisfied.... 3
- Moderately dissatisfied ..... 4
- Very dissatisfied..... 5
- No sexual activity with a partner ..... 6

17. In the last 3 months, has a lack of enjoyment of sex or an inability to perform sexually been a problem for you?

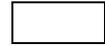
nonjoysx\_1

- No problem ..... 1
- Very small problem ..... 2
- Small problem..... 3
- Medium problem..... 4
- Big problem ..... 5
- No sexual activity ..... 6

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

whosxad\_1

- 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



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

sexornt\_1

- 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.

20. During your childhood did any adult ever do any of the following?

Yes                  No

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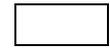
- |  |   |   |
|--|---|---|
| a. Exposed the sex organs of their body to you when you did not want it?<br>chdexorg_1   | 1 | 2 |
| b. Threatened to have sex with you when you did not want this?<br>chdthrsx_1             | 1 | 2 |
| c. Touched the sex organs of your body when you did not want this?<br>chdtchog_1         | 1 | 2 |
| d. Made you touch the sex organs of their body when you did not want this?<br>chdyutch_1 | 1 | 2 |
| e. Forced you to have sex when you did not want this?<br>chdfrcsx_1                      | 1 | 2 |
| f. Have you had any other unwanted sexual experiences not mentioned above?<br>chdohuns_1 | 1 | 2 |

For Questions 21 – 24, Please circle ‘Not Applicable’ If you have not had any of the experiences mentioned in Question 20.

21. What was your age the first time any of these unwanted sexual experiences happened?

\_\_\_\_\_ age (0-13 years)                          OR                          NOT APPLICABLE  
 fschdsx\_1





For Questions 26 – 30, Please circle ‘Not Applicable’ If you have not had any of the experiences mentioned in Question 25.

26. What was your age the first time any of these unwanted sexual experiences happened?

\_\_\_\_\_ age (14-80 years)                      OR                      NOT APPLICABLE  
**fstadsx\_1**

27. What was your age the last time any of these unwanted sexual experiences happened?

\_\_\_\_\_ age (14-80 years)                      OR                      NOT APPLICABLE  
**lstadsx\_1**

28. How many times (different days) did this happen since your 14th birthday? Circle number below.

1   2   3   4   5   6   7   8   9   10   11   12   13   14   15 or more  
**numadsx\_1**    OR    NOT APPLICABLE

29. How many times did this happen in the last two years? Circle number below.

1   2   3   4   5   6   7   8   9   10   11   12   13   14   15 or more  
**adsx2yr\_1**    OR    NOT APPLICABLE

30. And when this happened (since your 14<sup>th</sup> birthday), were you ever afraid that you might be seriously injured or killed? (Indicate for your worst incident)

- Yes ..... 1
- No..... 2
- Not Applicable.....-1

**fearadsx\_1**



31. For any unwanted or forced sexual experiences mentioned so far, please indicate who did this. (Circle all that apply: Child: before your 14<sup>th</sup> birthday or Adult: after your 14<sup>th</sup> birthday.) *If no unwanted or forced sexual experiences, go to question 32.*

PARENT, STEPPARENT, GUARDIAN.....	Child	Adult
	<b>chrentsx_1</b>	<b>adrentsx_1</b>
OTHER ADULT LIVING IN YOUR HOME (e.g., mother’s boyfriend).....	Child	Adult
	<b>chadhmsx_1</b>	<b>adadhmsx_1</b>
SPOUSE/PARTNER (CAN BE AN EX).....	Child	Adult
	<b>chspousesx_1</b>	<b>adspousesx_1</b>
SIBLING.....	Child	Adult
	<b>chsiblinx_1</b>	<b>adsiblinx_1</b>
OTHER FAMILY MEMBER.....	Child	Adult
	<b>chofamsx_1</b>	<b>adofamsx_1</b>
BOYFRIEND/GIRLFRIEND.....	Child	Adult
	<b>chbfgfsx_1</b>	<b>adbfgfsx_1</b>
OTHER TEENAGER.....	Child	Adult
	<b>chteensx_1</b>	<b>adteensx_1</b>
OTHER ADULT YOU KNEW.....	Child	Adult
	<b>choadsx_1</b>	<b>adoadsx_1</b>
OTHER ADULT YOU DON’T KNOW.....	Child	Adult
	<b>choaddksx_1</b>	<b>adoaddksx_1</b>
ANYONE ELSE.....	Child	Adult
	<b>chanyonsx_1</b>	<b>adanyonsx_1</b>

32. 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).

	Never	Seldom	Occasionally	Often
a. Hit, kick, or beat you? <b>chdbeat_1</b>	1	2	3	4
b. Seriously threaten your life? <b>chdthrlf_1</b>	1	2	3	4
c. Emotionally abuse, humiliate, or insult you? <b>chdemlab_1</b>	1	2	3	4



For Questions 33 – 36, Please circle ‘Not Applicable’ If you have not had any of the experiences mentioned in Question 32.

33. What was your age the first time any of these experiences happened?  
 \_\_\_\_\_ age (0-13 years)                      OR                      NOT APPLICABLE  
**fstchdpe\_1**

34. What was your age the last time any of these experiences happened?  
 \_\_\_\_\_ age (0-13 years)                      OR                      NOT APPLICABLE  
**lstchdpe\_1**

35. How many times (different days) did this happen before your 13th birthday? Circle number below.  
 1    2    3    4    5    6    7    8    9    10    11    12    13    14    15 or more  
**numchdpe\_1**    OR  
 NOT APPLICABLE

36. And when this happened, were you ever afraid that you might be seriously injured or killed? (Indicate for your worst incident)  
**fearchdpe\_1**  
 Yes ..... 1  
 No..... 2  
 Not Applicable..... -1

37. 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).

	Never	Seldom	Occasionally	Often
a. Hit, kick, or beat you? <b>adbeat_1</b>	1	2	3	4
b. Seriously threaten your life? <b>adthrlf_1</b>	1	2	3	4
c. Emotionally abuse, humiliate, or insult you? <b>ademlabs_1</b>	1	2	3	4



For Questions 38 – 42, Please circle ‘Not Applicable’ If you have not had any of the experiences mentioned in Question 37.

38. What was your age the first time any of these experiences happened?

\_\_\_\_\_ age (14-80 years)                      OR                      NOT APPLICABLE

**fstadpe\_1**

39. What was your age the last time any of these experiences happened?

\_\_\_\_\_ age (14-80 years)                      OR                      NOT APPLICABLE

**lstadpe\_1**

40. How many times (different days) did this happen since your 14th birthday? Circle number below.

1    2    3    4    5    6    7    8    9    10    11    12    13    14    15 or more

**numadpe\_1**

OR

NOT APPLICABLE

41. How many times did this happen in the last two years? Circle number below.

1    2    3    4    5    6    7    8    9    10    11    12    13    14    15 or more

**adpe2yr\_1**

OR

NOT APPLICABLE

42. And when this happened, were you ever afraid that you might be seriously injured or killed? (Indicate for your worst incident)

Yes ..... 1

No..... 2

Not Applicable .....-1

**fearadpe\_1**



43. For any experiences mentioned in 32 (child) and 37 (adult), please indicate who did this. (Circle all that apply. Child: before your 14<sup>th</sup> birthday or Adult: after your 14<sup>th</sup> birthday. A (hit, kick, beat), B (seriously threaten life), C (emotionally abuse) *If no experiences mentioned in 32 and 37, skip question.*

	CHILD			ADULT		
PARENT, STEPPARENT, GUARDIAN.....	A	B	C	A	B	C
<i>chgrdpea_1 chgrdpeb_1 chgrdpec_1 adgrdpea_1 adgrdpeb_1 adgrdpec_1</i>						
OTHER ADULT LIVING IN YOUR HOME (e.g., mother’s boyfriend).....	A	B	C	A	B	C
<i>choadhpea_1 choadhpeb_1 choadhpec_1 adoadhpea_1 adoadhpeb_1 adoadhpec_1</i>						
SPOUSE/PARTNER (CAN BE AN EX).....	A	B	C	A	B	C
<i>chprtrpea_1 chprtrpeb_1 chprtrpec_1 adprtrpea_1 adprtrpeb_1 adprtrpec_1</i>						
SIBLING.....	A	B	C	A	B	C
<i>chsibpea_1 chsibpeb_1 chsibpec_1 adsibpea_1 adsibpeb_1 adsibpec_1</i>						
OTHER FAMILY MEMBER.....	A	B	C	A	B	C
<i>chofampea_1 chofampeb_1 chofampec_1 adofampea_1 adofampeb_1 adofampec_1</i>						
BOYFRIEND/GIRLFRIEND.....	A	B	C	A	B	C
<i>chbfgfpea_1 chbfgfpeb_1 chbfgfpec_1 adbfgfpea_1 adbfgfpeb_1 adbfgfpec_1</i>						
OTHER TEENAGER.....	A	B	C	A	B	C
<i>chteenpea_1 chteenpeb_1 chteenpec_1 adteenpea_1 adteenpeb_1 adteenpec_1</i>						
OTHER ADULT YOU KNEW.....	A	B	C	A	B	C
<i>chotadpea_1 chotadpeb_1 chotadpec_1 adotadpea_1 adotadpeb_1 adotadpec_1</i>						
OTHER ADULT YOU DON’T KNOW.....	A	B	C	A	B	C
<i>choadkpea_1 choadkpeb_1 choadkpec_1 adoadkpea_1 adoadkpeb_1 adoadkpec_1</i>						
ANYONE ELSE.....	A	B	C	A	B	C
<i>chneonepea_1 chneonepeb_1 chneonepec_1 adneonepea_1 adneonepeb_1 adneonepec_1</i>						

**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.**