Entered: _ _ / _ _ / 20_ _ (mm dd yy)	Initials: ________	Verified: _ _ / _ _ /20 _ _ (mm dd yy)	Initials: ________
Patient ID __ __ __ - __ __ __ __ - __ __ **ID**			**Visit: 1**

For office use only.

SFB – Version: 08/28/2006 FORMV

Form Completion Date __ __ / __ __ / 20 __ __ **SFBDAT**
mm dd yy

Directions: The following questions are sensitive and personal. We are asking about this area because other patients undergoing obesity surgery have told us that this is an important part of their life. Please answer each question honestly and accurately. Your answers are confidential. If you choose to skip a question **please cross it out**.

1. During the **past month**, how often have you felt sexual desire or interest, that is desire or interest to engage in any activity that is arousing to you, alone or with a partner? **AROUS**

   - ☐ 1. Not at all
   - ☐ 2. Once a month
   - ☐ 3. Once a week
   - ☐ 4. A few times a week
   - ☐ 5. Once a day
   - ☐ 6. More than once a day

2. During the **past month,** how often have you participated in any sexual activity, that is any activity that is arousing to you, alone or with a partner? **HADSEX**

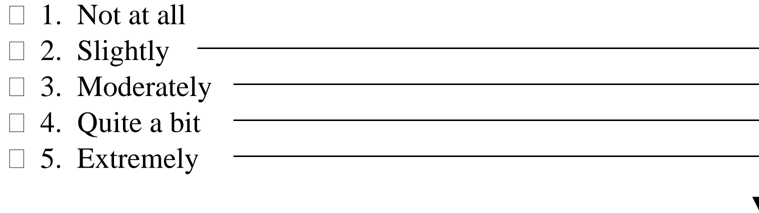
   - ☐ 1. Not at all
   - ☐ 2. Once a month
   - ☐ 3. Once a week
   - ☐ 4. A few times a week
   - ☐ 5. Once a day
   - ☐ 6. More than once a day

If not at all…

2.1 I am not sexually active because *(Please check "no" or "yes" for each item.)*

No	Yes		No	Yes	
☐	☐	a. I have never been sexually active **HADNEVER**	☐	☐	b. I do not have a partner at this time **HADNOP**
☐	☐	c. I am too tired **HADTIRE**	☐	☐	d. My partner is not interested **HADPNOI**
☐	☐	e. I am not interested **HADNOI**	☐	☐	f. My partner is too tired **HADPTIRE**
☐	☐	g. I have a physical problem that makes sexual activity difficult or uncomfortable **HADPHY**	☐	☐	h. My partner has a physical problem that makes sexual activity difficult or uncomfortable **HADPPHY**
			☐	☐	i. Other **HADOTH** (Specify: ______ **HADOTHS** __________)

3. During the **past month**, how much has your physical health limited your sexual activity, that is any activity that is arousing to you, alone or with a partner? **PH**



- ☐ 1. Not at all
- ☐ 2. Slightly
- ☐ 3. Moderately
- ☐ 4. Quite a bit
- ☐ 5. Extremely

3.1 In what way did your physical health limit your own sexual functioning? *(Please check "no" or "yes" for each item.)*

Women Only:

No	Yes	
☐	☐	Fatigue or low energy **FATIS**
☐	☐	Lack of interest in sex **LACKW**
☐	☐	Difficulty becoming aroused **DAROU**
☐	☐	Pain or discomfort **SPAIN**
☐	☐	Difficulty with vaginal lubrication **LUB**
☐	☐	Difficulty having an orgasm **ORGASM**
☐	☐	Embarrassment **EMBA**
☐	☐	Fear of damaging my health **SFEAR**
☐	☐	Fear of hurting my partner **HURTP**
☐	☐	Other **SOTH**

Men Only:

No	Yes	
☐	☐	Fatigue or low energy **FATISM**
☐	☐	Lack of interest in sex **LACKM**
☐	☐	Difficulty becoming aroused **DAROUM**
☐	☐	Pain or discomfort **SPAINM**
☐	☐	Difficulty getting an erection **ERECT**
☐	☐	Difficulty maintaining an erection **MERECT**
☐	☐	Difficulty ejaculating **EJAC**
☐	☐	Difficulty having an orgasm **ORGASMM**
☐	☐	Embarrassment **EMBAM**
☐	☐	Fear of damaging my health **SFEARM**
☐	☐	Fear of hurting my partner **HURTPM**
☐	☐	Other **SOTHM**

4. Over the **past month,** how satisfied have you been with your overall sexual life? **SEXLIFE**

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