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Patient ID _____ - _____ - _____ ID

VISIT Visit: _____

For office use only.

FEMALE PARTICIPANTS ONLY

Psychosocial Factors Associated with Weight Loss: An Ancillary Study to LABS-2 Female Sexual Function Index (FSFIF) followup – Version: 06/30/2006 **FORMV**

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

Instructions: These 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 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.

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 4 weeks, how often did you feel sexual desire or interest? **DESIRE**
1. Almost always or always
 2. Most times (more than half the time)
 3. Sometimes (about half the time)
 4. A few times (less than half the time)
 5. Almost never or never
2. Over the past 4 weeks, how would you rate your level (degree) of sexual desire or interest? **RDESIRE**
1. Very high
 2. High
 3. Moderate
 4. Low
 5. Very low or none at all

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.

3. Over the past 4 weeks, how often did you feel sexually aroused ("turned on") during sexual activity or intercourse? **AROUSED**
1. No sexual activity
 2. Almost always or always
 3. Most times (more than half the time)
 4. Sometimes (about half the time)
 5. A few times (less than half the time)
 6. Almost never or never

4. Over the past 4 weeks, how would you rate your level of sexual arousal (“turn on”) during sexual activity or intercourse? **RAROUS**
- 1. No sexual activity
 - 2. Very high
 - 3. High
 - 4. Moderate
 - 5. Low
 - 6. 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? **CONAROUS**
- 1. No sexual activity
 - 2. Very high confidence
 - 3. High confidence
 - 4. Moderate confidence
 - 5. Low confidence
 - 6. Very low or no confidence
6. Over the past 4 weeks, how often have you been satisfied with your arousal (excitement) during sexual activity or intercourse? **SATAROUS**
- 1. No sexual activity
 - 2. Almost always or always
 - 3. Most times (more than half the time)
 - 4. Sometimes (about half the time)
 - 5. A few times (less than half the time)
 - 6. Almost never or never
7. Over the past 4 weeks, how often did you become lubricated (“wet”) during sexual activity or intercourse? **LUBRICO**
- 1. No sexual activity
 - 2. Almost always or always
 - 3. Most times (more than half the time)
 - 4. Sometimes (about half the time)
 - 5. A few times (less than half the time)
 - 6. Almost never or never
8. Over the past 4 weeks, how difficult was it to become lubricated (“wet”) during sexual activity or intercourse? **LUBRICD**
- 1. No sexual activity
 - 2. Extremely difficult or impossible
 - 3. Very difficult
 - 4. Difficult
 - 5. Slightly difficult
 - 6. Not difficult
9. Over the past 4 weeks, how often did you maintain your lubrication (“wetness”) until completion of sexual activity or intercourse? **LUBRICM**
- 1. No sexual activity
 - 2. Almost always or always
 - 3. Most times (more than half the time)
 - 4. Sometimes (about half the time)
 - 5. A few times (less than half the time)
 - 6. 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? **LUBRICC**
- 1. No sexual activity
 - 2. Extremely difficult or impossible
 - 3. Very difficult
 - 4. Difficult
 - 5. Slightly difficult
 - 6. Not difficult
11. Over the past 4 weeks, when you had sexual stimulation or intercourse, how often did you reach orgasm (climax)? **OFTORG**
- 1. No sexual activity
 - 2. Almost always or always
 - 3. Most times (more than half the time)
 - 4. Sometimes (about half the time)
 - 5. A few times (less than half the time)
 - 6. 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)? **DIFFORG**
- 1. No sexual activity
 - 2. Extremely difficult or impossible
 - 3. Very difficult
 - 4. Difficult
 - 5. Slightly difficult
 - 6. Not difficult
13. Over the past 4 weeks, how satisfied were you with your ability to reach orgasm (climax) during sexual activity or intercourse? **SATORG**
- 1. No sexual activity
 - 2. Very satisfied
 - 3. Moderately satisfied
 - 4. About equally satisfied and dissatisfied
 - 5. Moderately dissatisfied
 - 6. 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? **EMOCLOSE**
- 1. No sexual activity
 - 2. Very satisfied
 - 3. Moderately satisfied
 - 4. About equally satisfied and dissatisfied
 - 5. Moderately dissatisfied
 - 6. Very dissatisfied
15. Over the past 4 weeks, how satisfied have you been with your sexual relationship with your partner? **SEXPART**
- 1. Very satisfied
 - 2. Moderately satisfied
 - 3. About equally satisfied and dissatisfied
 - 4. Moderately dissatisfied
 - 5. Very dissatisfied
16. Over the past 4 weeks, how satisfied have you been with your overall sexual life? **OVERSEX**
- 1. Very satisfied
 - 2. Moderately satisfied
 - 3. About equally satisfied and dissatisfied
 - 4. Moderately dissatisfied
 - 5. Very dissatisfied

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

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

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

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

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

- 1. Did not attempt intercourse
- 2. Very high
- 3. High
- 4. Moderate
- 5. Low
- 6. Very low or none at all

20. Have you seen a doctor or other health professional for treatment of a sexual problem (e.g. lack of lubrication, pain during sex)? **SEXPROB2**

- 0. No
- 1. Yes

IF YES: **20.1** Are you taking medication or receiving therapy for your sexual problem? 0. No 1. Yes
THERSEXF

21. Are you still having regular menstrual periods? **REGMENS**

- 0. No
- 1. Yes

IF YES: **21.1** What was the date of your last menstrual cycle? ____ / ____ / 20__
MENSM / MENSDF / MENSY

22. Have you ever been diagnosed with Polycystic Ovary Syndrome? **PCOSF**

- 0. No
- 1. Yes

IF YES: **22.1** When were you diagnosed? ____ / ____ / 20__
PCOSMF / PCOSDF / PCOSYF

Thank you for completing this questionnaire.

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