

Entered: __/__/20__
mm dd yy

Initials: _____

Verified: __/__/20__
mm dd yy

Initials: _____

Patient ID _____ - _____ - _____

Visit: _____

For office use only.

SFF – Version: 9/1/2010 FORMV

Form Completion Date __/__/20__ SFFDAT
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

- a. I have never been sexually active. **HADNEVER**
- c. I am too tired. **HADTIRE**
- e. I am not interested. **HADNOI**
- g. I have a physical problem or disease such as high blood pressure, cancer or Polycystic Ovarian Syndrome, or erectile dysfunction that makes sexual activity difficult or uncomfortable.

HADPHY

- i. I have an emotional or psychiatric problem such as depression, anxiety, or alcohol/drug addiction, that makes sexual activity difficult or uncomfortable. **HADEMO**
- k. I take medication that reduces my desire to be sexually active. **HADMED**
- m. I feel embarrassed, vulnerable or awkward about sexual activity, weight related or not.

HADEMB

- o. I am abstinent due to personal choice or religious beliefs. **HADABS**
- q. Other. **HADOTH**
(Specify: _____ **HADOTHS** _____)

No Yes

- b. I do not have a partner at this time. **HADNOP**
- d. My partner is not interested. **HADPNOI**
- f. My partner is too tired. **HADPTIRE**
- h. My partner has a physical problem or disease such as high blood pressure, cancer, Polycystic Ovarian Syndrome, or erectile dysfunction that makes sexual activity difficult or uncomfortable. **HADPPHY**
- j. My partner has an emotional or psychiatric problem such as depression, anxiety, or alcohol/drug addiction, that makes sexual activity difficult or uncomfortable. **HADPEMO**
- l. My partner takes medication that reduces desire to be sexually active. **HADPMED**
- n. My partner feels embarrassed, vulnerable or awkward about sexual activity, weight related or not. **HADPEMB**
- p. My partner is abstinent due to personal choice or religious beliefs. **HADPABS**

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? (Check "no" or "yes" for each item.)

		<u>Women Only:</u>		<u>Men Only:</u>			
No	Yes			No	Yes		
<input type="checkbox"/>	<input type="checkbox"/>	Fatigue or low energy	FATIS	<input type="checkbox"/>	<input type="checkbox"/>	Fatigue or low energy	FATISM
<input type="checkbox"/>	<input type="checkbox"/>	Lack of interest in sex	LACKW	<input type="checkbox"/>	<input type="checkbox"/>	Lack of interest in sex	LACKM
<input type="checkbox"/>	<input type="checkbox"/>	Difficulty becoming aroused	DAROU	<input type="checkbox"/>	<input type="checkbox"/>	Difficulty becoming aroused	DAROUM
<input type="checkbox"/>	<input type="checkbox"/>	Pain or discomfort	SPAIN	<input type="checkbox"/>	<input type="checkbox"/>	Pain or discomfort	SPAINM
<input type="checkbox"/>	<input type="checkbox"/>	Difficulty with vaginal lubrication	LUB	<input type="checkbox"/>	<input type="checkbox"/>	Difficulty getting an erection	ERECT
<input type="checkbox"/>	<input type="checkbox"/>	Difficulty having an orgasm	ORGASM	<input type="checkbox"/>	<input type="checkbox"/>	Difficulty maintaining an erection	MERECT
<input type="checkbox"/>	<input type="checkbox"/>	Embarrassment	EMBA	<input type="checkbox"/>	<input type="checkbox"/>	Difficulty ejaculating	EJAC
<input type="checkbox"/>	<input type="checkbox"/>	Fear of damaging my health	SFEAR	<input type="checkbox"/>	<input type="checkbox"/>	Difficulty having an orgasm	ORGASMM
<input type="checkbox"/>	<input type="checkbox"/>	Fear of hurting my partner	HURTP	<input type="checkbox"/>	<input type="checkbox"/>	Embarrassment	EMBAM
<input type="checkbox"/>	<input type="checkbox"/>	Other	SOTH	<input type="checkbox"/>	<input type="checkbox"/>	Fear of damaging my health	SFEARM
				<input type="checkbox"/>	<input type="checkbox"/>	Fear of hurting my partner	HURTPM
				<input type="checkbox"/>	<input type="checkbox"/>	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

5. Since your weight loss surgery, is your sexual function in general: **SFSINCE**

- 1. Much better
- 2. Somewhat better
- 3. About the same
- 4. Somewhat worse