	Participant ID: _____	Pin # _____
	Discovery Site: _____	Clinical Center _____
	CRF Date: ____/____/____	Visit #: _____

Female Sexual Function Index (FSFI)[®]

Female Participant completes via online survey at **Week 4 Baseline and Months 6, 18, & 36 Follow-up Contacts.**

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 penile 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.


1. Over the past 4 weeks, how **satisfied** have you been with your overall sexual life?
- ₅ Very satisfied
 - ₄ Moderately satisfied
 - ₃ About equally satisfied and dissatisfied
 - ₂ Moderately dissatisfied
 - ₁ Very dissatisfied

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.

2. Over the past 4 weeks, how **often** did you feel sexual desire or interest?
- ₅ Almost always or always
 - ₄ Most times (more than half the time)
 - ₃ Sometimes (about half the time)
 - ₂ A few times (less than half the time)
 - ₁ Almost never or never
3. Over the past 4 weeks, how would you rate your **level** (degree) of sexual desire or interest?
- ₅ Very high
 - ₄ High
 - ₃ Moderate
 - ₂ Low
 - ₁ Very low or none at all
4. Over the past 4 weeks, did you engage in sexual activity of any kind with a partner and/or by yourself (masturbation)?
- ₀ No sexual activity (neither with a partner nor by myself)
 - ₁ Sexual activity with a partner only
 - ₂ Sexual activity by myself only
 - ₃ Sexual activity both with a partner and by myself

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.


5. Over the past 4 weeks, how **often** did you feel sexually aroused ("turned on") during sexual activity or intercourse?
- ₀ No sexual activity
 - ₅ Almost always or always
 - ₄ Most times (more than half the time)
 - ₃ Sometimes (about half the time)
 - ₂ A few times (less than half the time)
 - ₁ Almost never or never

 MAPP II SPS	Participant ID: _____	Pin # _____
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- | | |
|--|--|
| <p>6. Over the past 4 weeks, how would you rate your level of sexual arousal ("turn on") during sexual activity or intercourse?</p> | <input type="checkbox"/> ₀ No sexual activity
<input type="checkbox"/> ₅ Very high
<input type="checkbox"/> ₄ High
<input type="checkbox"/> ₃ Moderate
<input type="checkbox"/> ₂ Low
<input type="checkbox"/> ₁ Very low or none at all |
| <p>7. Over the past 4 weeks, how confident were you about becoming sexually aroused during sexual activity or intercourse?</p> | <input type="checkbox"/> ₀ No sexual activity
<input type="checkbox"/> ₅ Very high confidence
<input type="checkbox"/> ₄ High confidence
<input type="checkbox"/> ₃ Moderate confidence
<input type="checkbox"/> ₂ Low confidence
<input type="checkbox"/> ₁ Very low or no confidence |
| <p>8. Over the past 4 weeks, how often have you been satisfied with your arousal (excitement) during sexual activity or intercourse?</p> | <input type="checkbox"/> ₀ No sexual activity
<input type="checkbox"/> ₅ Almost always or always
<input type="checkbox"/> ₄ Most times (more than half the time)
<input type="checkbox"/> ₃ Sometimes (about half the time)
<input type="checkbox"/> ₂ A few times (less than half the time)
<input type="checkbox"/> ₁ Almost never or never |
| <p>9. Over the past 4 weeks, how often did you become lubricated ("wet") during sexual activity or intercourse?</p> | <input type="checkbox"/> ₀ No sexual activity
<input type="checkbox"/> ₅ Almost always or always
<input type="checkbox"/> ₄ Most times (more than half the time)
<input type="checkbox"/> ₃ Sometimes (about half the time)
<input type="checkbox"/> ₂ A few times (less than half the time)
<input type="checkbox"/> ₁ Almost never or never |
| <p>10. Over the past 4 weeks, how difficult was it to become lubricated ("wet") during sexual activity or intercourse?</p> | <input type="checkbox"/> ₀ No sexual activity
<input type="checkbox"/> ₁ Extremely difficult or impossible
<input type="checkbox"/> ₂ Very difficult
<input type="checkbox"/> ₃ Difficult
<input type="checkbox"/> ₄ Slightly difficult
<input type="checkbox"/> ₅ Not difficult |
| <p>11. Over the past 4 weeks, how often did you maintain your lubrication ("wetness") until completion of sexual activity or intercourse?</p> | <input type="checkbox"/> ₀ No sexual activity
<input type="checkbox"/> ₅ Almost always or always
<input type="checkbox"/> ₄ Most times (more than half the time)
<input type="checkbox"/> ₃ Sometimes (about half the time)
<input type="checkbox"/> ₂ A few times (less than half the time)
<input type="checkbox"/> ₁ Almost never or never |
| <p>12. Over the past 4 weeks, how difficult was it to maintain your lubrication ("wetness") until completion of sexual activity or intercourse?</p> | <input type="checkbox"/> ₀ No sexual activity
<input type="checkbox"/> ₁ Extremely difficult or impossible
<input type="checkbox"/> ₂ Very difficult
<input type="checkbox"/> ₃ Difficult
<input type="checkbox"/> ₄ Slightly difficult
<input type="checkbox"/> ₅ Not difficult |

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13. Over the past 4 weeks, when you had sexual stimulation or intercourse, how **often** did you reach orgasm (climax)?
- ₀ No sexual activity
 - ₅ Almost always or always
 - ₄ Most times (more than half the time)
 - ₃ Sometimes (about half the time)
 - ₂ A few times (less than half the time)
 - ₁ Almost never or never
14. Over the past 4 weeks, when you had sexual stimulation or intercourse, how **difficult** was it for you to reach orgasm (climax)?
- ₀ No sexual activity
 - ₁ Extremely difficult or impossible
 - ₂ Very difficult
 - ₃ Difficult
 - ₄ Slightly difficult
 - ₅ Not difficult
15. Over the past 4 weeks, how **satisfied** were you with your ability to reach orgasm (climax) during sexual activity or intercourse?
- ₀ No sexual activity
 - ₅ Very satisfied
 - ₄ Moderately satisfied
 - ₃ About equally satisfied and dissatisfied
 - ₂ Moderately dissatisfied
 - ₁ Very dissatisfied
16. Over the past 4 weeks, how **satisfied** have you been with the amount of emotional closeness during sexual activity between you and your partner?
- ₀ No sexual activity
 - ₅ Very satisfied
 - ₄ Moderately satisfied
 - ₃ About equally satisfied and dissatisfied
 - ₂ Moderately dissatisfied
 - ₁ Very dissatisfied
17. Over the past 4 weeks, how **satisfied** have you been with your sexual relationship with your partner?
- ₀ No sexual partner
 - ₅ Very satisfied
 - ₄ Moderately satisfied
 - ₃ About equally satisfied and dissatisfied
 - ₂ Moderately dissatisfied
 - ₁ Very dissatisfied
18. Over the past 4 weeks, how **often** did you experience discomfort or pain during vaginal penetration?
- ₀ Did not attempt intercourse
 - 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
19. Over the past 4 weeks, how **often** did you experience discomfort or pain following vaginal penetration?
- ₀ Did not attempt intercourse
 - 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

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20. Over the past 4 weeks, how would you rate your **level** (degree) of discomfort or pain during or following vaginal penetration?
- ₀ Did not attempt intercourse
 - ₁ Very high
 - ₂ High
 - ₃ Moderate
 - ₄ Low
 - ₅ Very low or none at all

21. Over the past 4 weeks, if you did NOT engage in any sexual activity that involved vaginal penetration, please indicate how strongly you agree or disagree with each of the following statements as a reason that you were not sexually active:

	Strongly Agree	Somewhat Agree	Somewhat Disagree	Strongly Disagree
a. No Interest	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
b. No sexual partner	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
c. Partner unwilling/unable	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
d. Pelvic/vaginal pain	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
e. Other pain	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
f. Bladder, bowel or vaginal problems other than pain	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
g. Other health problems	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄

Thank you for completing this questionnaire (Copyright ©2000 All Rights Reserved)