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

Female Sexual Function Index (FSFI)[®]

Participant completes at Baseline, Bi-monthly, Six-month, and Twelve-Month 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.

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? | <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 |
| 2. Over the past 4 weeks, how would you rate your level (degree) of sexual desire or interest? | <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 |

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? | <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 |
| 4. Over the past 4 weeks, how would you rate your level of sexual arousal ("turn on") during sexual activity or intercourse? | <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 |
| 5. Over the past 4 weeks, how confident were you about becoming sexually aroused during sexual activity or intercourse? | <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 |

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- | | |
|--|---|
| <p>6. Over the past 4 weeks, how often have you been satisfied with your arousal (excitement) during sexual activity or intercourse?</p> | <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> |
| <p>7. Over the past 4 weeks, how often did you become lubricated ("wet") during sexual activity or intercourse?</p> | <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> |
| <p>8. Over the past 4 weeks, how difficult was it to become lubricated ("wet") during sexual activity or intercourse?</p> | <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> |
| <p>9. Over the past 4 weeks, how often did you maintain your lubrication ("wetness") until completion of sexual activity or intercourse?</p> | <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> |
| <p>10. Over the past 4 weeks, how difficult was it to maintain your lubrication ("wetness") until completion of sexual activity or intercourse?</p> | <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> |
| <p>11. Over the past 4 weeks, when you had sexual stimulation or intercourse, how often did you reach orgasm (climax)?</p> | <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> |
| <p>12. Over the past 4 weeks, when you had sexual stimulation or intercourse, how difficult was it for you to reach orgasm (climax)?</p> | <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> |

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| <p>13. Over the past 4 weeks, how satisfied were you with your ability to reach orgasm (climax) during sexual activity or intercourse?</p> | <p><input type="checkbox"/>₀ No sexual activity
 <input type="checkbox"/>₅ Very satisfied
 <input type="checkbox"/>₄ Moderately satisfied
 <input type="checkbox"/>₃ About equally satisfied and dissatisfied
 <input type="checkbox"/>₂ Moderately dissatisfied
 <input type="checkbox"/>₁ Very dissatisfied</p> |
| <p>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?</p> | <p><input type="checkbox"/>₀ No sexual activity
 <input type="checkbox"/>₅ Very satisfied
 <input type="checkbox"/>₄ Moderately satisfied
 <input type="checkbox"/>₃ About equally satisfied and dissatisfied
 <input type="checkbox"/>₂ Moderately dissatisfied
 <input type="checkbox"/>₁ Very dissatisfied</p> |
| <p>15. Over the past 4 weeks, how satisfied have you been with your sexual relationship with your partner?</p> | <p><input type="checkbox"/>₅ Very satisfied
 <input type="checkbox"/>₄ Moderately satisfied
 <input type="checkbox"/>₃ About equally satisfied and dissatisfied
 <input type="checkbox"/>₂ Moderately dissatisfied
 <input type="checkbox"/>₁ Very dissatisfied</p> |
| <p>16. Over the past 4 weeks, how satisfied have you been with your overall sexual life?</p> | <p><input type="checkbox"/>₅ Very satisfied
 <input type="checkbox"/>₄ Moderately satisfied
 <input type="checkbox"/>₃ About equally satisfied and dissatisfied
 <input type="checkbox"/>₂ Moderately dissatisfied
 <input type="checkbox"/>₁ Very dissatisfied</p> |
| <p>17. Over the past 4 weeks, how often did you experience discomfort or pain <u>during</u> vaginal penetration?</p> | <p><input type="checkbox"/>₀ Did not attempt intercourse
 <input type="checkbox"/>₁ Almost always or always
 <input type="checkbox"/>₂ Most times (more than half the time)
 <input type="checkbox"/>₃ Sometimes (about half the time)
 <input type="checkbox"/>₄ A few times (less than half the time)
 <input type="checkbox"/>₅ Almost never or never</p> |
| <p>18. Over the past 4 weeks, how often did you experience discomfort or pain <u>following</u> vaginal penetration?</p> | <p><input type="checkbox"/>₀ Did not attempt intercourse
 <input type="checkbox"/>₁ Almost always or always
 <input type="checkbox"/>₂ Most times (more than half the time)
 <input type="checkbox"/>₃ Sometimes (about half the time)
 <input type="checkbox"/>₄ A few times (less than half the time)
 <input type="checkbox"/>₅ Almost never or never</p> |
| <p>19. Over the past 4 weeks, how would you rate your level (degree) of discomfort or pain during or following vaginal penetration?</p> | <p><input type="checkbox"/>₀ Did not attempt intercourse
 <input type="checkbox"/>₁ Very high
 <input type="checkbox"/>₂ High
 <input type="checkbox"/>₃ Moderate
 <input type="checkbox"/>₄ Low
 <input type="checkbox"/>₅ Very low or none at all</p> |

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