

NIDDK

VIRAL HEPATITIS C

SEXUAL FUNCTION QUESTIONNAIRE: WOMEN

1/18/2002 Version 1.0

FORM KEYS	
Patient ID	
Time point:	COMPLETION LOG
☐ Screen 2 visit	Data Collector ID
☐ Treatment day 28	Initials
☐ Treatment week 12	Data Collection
☐ Treatment week 24	Date Entered
☐ Treatment week 48	Data Varified
☐ Follow-Up week 24	Date Verified DD
☐ Premature discontinuation of treatment	
☐ Premature discontinuation of follow-up	
This form was completed by (check one)	
 □ by the patient without assistance □ by the patient with assistance from the Virahep-C coordinator □ by the patient with assistance from family member 	

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SEXUAL FUNCTION QUESTIONNAIRE: WOMEN

Instructions: These questions ask about your sexual feelings and responses *during the past month*. Please answer them as honestly as possible. The answers to these questions will be kept confidential and will not be revealed even to the nurses or physicians taking care of you in this study.

1.	Please re	cord today's date/ (month/day/year)	
2.	Over the past month, how often did you feel sexual desire or interest?		
	□ 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	
3.	Over the orgasm (past month, when you had sexual stimulation or intercourse, how often did you reach climax)?	
	□ 0	No sexual activity	
	□ 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	
4.	. Over the past month, how satisfied have you been with your overall sexual life?		
	□ 1	Very satisfied	
	□ 2	Moderately satisfied	
	□ 3	About equally satisfied and dissatisfied	
	□ 4	Moderately dissatisfied	
	□ 5	Very dissatisfied	
5.	Since you	ar therapy began, is your sexual functioning in general:	
	□ 1	Much better	
	□ 2	Somewhat better	
	□ 3	About the same	
	□ 4	Somewhat worse	
	□ 5	Much worse	