

FEMALE SEXUAL QUESTIONNAIRE

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| FULL NAME | DATE OF BIRTH | TODAY'S DATE |
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PLEASE CHECK THE BOX THAT BEST DESCRIBES YOUR SEX LIFE. PLEASE PICK ONE ANSWER.

Note: the following questions relate to the last 6 months.

- 1** Has the sensation in your vagina decreased?
 YES NO UNSURE
- 2** Has the amount of your vaginal lubrication associated with sexual stimulation decreased?
 YES NO UNSURE
- 3** Is vaginal penetration more painful now?
 YES NO UNSURE
- 4** Is it more difficult to achieve orgasm through vaginal intercourse?
 YES NO UNSURE
- 5** Has it become more difficult for you to achieve orgasm through clitoral stimulation?
 YES NO UNSURE
- 6** Has your *clitoral* sensation/feeling during sexual stimulation or intercourse decreased?
 YES NO UNSURE
- 7** Has your *vaginal* sensation / feeling during sexual stimulation or intercourse decreased?
 YES NO UNSURE
- 8** Has your desire for sexual intercourse decreased?
 YES NO UNSURE
- 9** Has your overall sexual satisfaction during intercourse or stimulation decreased?
 YES NO UNSURE