

FEMALE SEXUAL WELLNESS SURVEY

Full Name: _____

DOB: _____

Today's Date: _____

Instructions: These questions ask about your sexual feelings and responses during the past four weeks. Please answer the following questions honestly and clearly as possible. Your responses will be kept completely confidential. In answering these questions, the following definitions apply:

Definitions:

Sexual activity includes 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.

Over the past 3 weeks, how often did you feel sexual desire or interest?

- Almost always or always
- Most times (more than half the time)
- Sometimes (about half the time)
- A few times (less than half the time)
- Almost never or never

Over the past 4 weeks, how often have you self stimulated?

- Frequently (1 or more times per day)
- Most times (2 or times times per week)
- Sometimes (1 timeper week)
- A few times (1-2 times per month)
- Almost never or never (0 times)

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.

Over the past 4 weeks, when you had sexual stimulation or intercourse, how often did you reach orgasm (climax)

- No sexual activity
- Almost always or always
- Most times (more than half the time)
- A few times (less than half the time)
- Almost never or never

Over the past 4 weeks, how often did you feel sexually aroused ("turned on") during sexual activity or intercourse?

- No sexual activity
- Almost always or always
- Most times (more than half the time)
- A few times (less than half the time)
- Almost never or never

Over the past 4 weeks, how bothered have you been with dryness?

- No sexual activity
- Extremely bothered by it
- Moderately bothered by it
- Mildly bothered by it
- Not bothered by it

Over the past 4 weeks, how satisfied have you been with your overall sexual life?

- Very satisfied
- Moderately satisfied
- About equally satisfied and dissatisfied
- Moderately dissatisfied
- Very dissatisfied

Over the past 4 weeks, how often did you experience discomfort or pain during vaginal penetration?

- Did not attempt intercourse
- Almost always or always
- Most times (more than half the time)
- Sometimes (about half the time)
- A few times (less than half the time)
- Almost never or never

For incontinence: Do you leak when you jump, sneeze, or cough

- Never
- A few times if bladder is full
- Most times when I perform the above movements
- Always when I perform the above movements
- Not when I perform the movements, but if I can't make it to the bathroom in time
- Almost never or never