



Date: _____

Name: _____

New Patient Pelvic Organ Prolapse/Urinary Incontinence Sexual Function Questionnaire

Instructions: Following are a list of questions about you and your partner's sex life. All information is strictly confidential. Your confidential answers will be used only to help doctors understand what is important to patients about their sex lives. Please check the box that best answers the question for you. While answering the questions, consider your sexuality over the past six months. Thank you for your help.

Sexually not active (Please do not fill out the rest of the form)

1. How frequently do you feel sexual desire? This feeling may include wanting to have sex, planning to have sex feeling frustrated due to lack of sex, etc.

Daily Weekly Monthly Less than Once a Month Never

2. Do you climax (have an orgasm) when having sexual intercourse with your partner?

Always Usually Sometimes Seldom Never

3. Do you feel sexually excited (turned on) when having sexual activity with your partner?

Always Usually Sometimes Seldom Never

4. How satisfied are you with the variety of sexual activities in your current sex life?

Always Usually Sometimes Seldom Never

5. Do you feel pain during sexual intercourse?

Always Usually Sometimes Seldom Never

6. Are you incontinent of urine (leak urine) with sexual activity?

Always Usually Sometimes Seldom Never

7. Does fear of incontinence (either stool or urine) restrict your sexual activity?

Always Usually Sometimes Seldom Never

8. Do you avoid sexual intercourse because of bulging in the vagina (either the bladder, rectum or vagina falling out)?

Always Usually Sometimes Seldom Never

9. When you have sex with your partner, do you have negative emotional reactions such as fear, disgust, shame or guilt?

Always Usually Sometimes Seldom Never

10. Does your partner have a problem with erections that affects your sexual activity?

Always Usually Sometimes Seldom Never

11. Does your partner have a problem with premature ejaculation that affects your sexual activity?

Always Usually Sometimes Seldom Never

12. Compared to orgasms you have had in the past, how intense are the orgasms you have had in the past six months?

Much less intense Less intense Same Intensity More intense Much more intense

Reviewed with Patient _____ / _____ / _____
Drs Initials & Date