

1. **In the past 30 days**, how much has fatigue or lack of energy **lowered** your satisfaction with your sex life?

- Have not had fatigue or lack of energy in the past 30 days
- Not at all
- A little bit
- Somewhat
- Quite a bit
- Very much

2. **In the past 30 days**, how much has feeling tired **lowered** your satisfaction with your sex life?

- Have not felt tired in the past 30 days
- Not at all
- A little bit
- Somewhat
- Quite a bit
- Very much

3. **In the past 30 days**, how much pain have you had, for any reason and from any part of your body, during sexual activity? (circle one number)

0	1	2	3	4	5	6	7	8	9	10
No										Pain as
Pain										bad as it
										can be

4. **In the past 30 days**, how much has pain, for any reason and from any part of your body, **lowered** your satisfaction with your sex life?

- Have not had pain in the past 30 days
- Not at all
- A little bit
- Somewhat
- Quite a bit
- Very much

5. **In the past 30 days**, how much have muscle spasms or tightness **lowered** your satisfaction with your sex life?

- Have not had muscle spasms or tightness in the past 30 days
- Not at all
- A little bit
- Somewhat
- Quite a bit
- Very much

6. **In the past 30 days**, how much have problems moving your body the way you want to **lowered** your satisfaction with your sex life?
- Have not had problems moving my body the way I want to in the past 30 days
 - Not at all
 - A little bit
 - Somewhat
 - Quite a bit
 - Very much
7. **In the past 30 days**, how much has numbness, lack of feeling, or altered sensation in your genitals **lowered** your satisfaction with your sex life?
- Have not had numbness, lack of feeling, or altered sensation in my genitals in the past 30 days
 - Not at all
 - A little bit
 - Somewhat
 - Quite a bit
 - Very much
8. **In the past 30 days**, how much has incontinence **lowered** your satisfaction with your sex life? (Incontinence is losing control of your bladder or bowels and accidentally leaking pee or poop.)
- Have not had incontinence in the past 30 days
 - Not at all
 - A little bit
 - Somewhat
 - Quite a bit
 - Very much
9. **In the past 30 days**, how much have problems with your bowels (e.g., gas, diarrhea, constipation) **lowered** your satisfaction with your sex life?
- Have not had problems with my bowels in the past 30 days
 - Not at all
 - A little bit
 - Somewhat
 - Quite a bit
 - Very much
10. **In the past 30 days**, how much have prescription medications **lowered** your satisfaction with your sex life? (Do not include any medications you take to improve your sex life.)
- Have not taken prescription medications in the past 30 days
 - Not at all
 - A little bit
 - Somewhat
 - Quite a bit
 - Very much

11. **In the past 30 days**, how much has a medical device **lowered** your satisfaction with your sex life? (For example, foley catheter, ileostomies, wheel chair, braces, a port, colostomy bag, oxygen tank, or insulin pump.)
- I don't use a medical device in bed during sex
 - Have not had a medical device in the past 30 days
 - Not at all
 - A little bit
 - Somewhat
 - Quite a bit
 - Very much
12. **In the past 30 days**, how much has feeling depressed **lowered** your satisfaction with your sex life?
- Have not felt depressed in the past 30 days
 - Not at all
 - A little bit
 - Somewhat
 - Quite a bit
 - Very much
13. **In the past 30 days**, how much has feeling sad or unhappy **lowered** your satisfaction with your sex life?
- Have not felt sad or unhappy in the past 30 days
 - Not at all
 - A little bit
 - Somewhat
 - Quite a bit
 - Very much
14. **In the past 30 days**, how much have memories of traumatic experiences **lowered** your satisfaction with your sex life? (e.g., rape, sexual assault/abuse, or other forms of sexual violence.)
- Have not had traumatic experiences
 - Not at all
 - A little bit
 - Somewhat
 - Quite a bit
 - Very much
15. **In the past 30 days**, how much has feeling anxious or stressed **lowered** your satisfaction with your sex life?
- Have not felt anxious or stressed in the past 30 days
 - Not at all
 - A little bit
 - Somewhat
 - Quite a bit
 - Very much

16. **In the past 30 days**, how much has worry about satisfying a partner **lowered** your satisfaction with your sex life?

- Not at all
- A little bit
- Somewhat
- Quite a bit
- Very much

17. **In the past 30 days**, how much have issues with your partner **lowered** your satisfaction with your sex life? (For example, relationship problems, not feeling attracted to your partner, your partner's health, or your partner's ability to have sexual activity.)

- No partner
- Have not had issues with my partner in the past 30 days
- Not at all
- A little bit
- Somewhat
- Quite a bit
- Very much

18. **In the past 30 days**, how much has feeling distracted **lowered** your satisfaction with your sex life?

- Have not felt distracted in the past 30 days
- Not at all
- A little bit
- Somewhat
- Quite a bit
- Very much

19. **In the past 30 days**, how much has weight gain **lowered** your satisfaction with your sex life?

- Have not had weight gain
- Not at all
- A little bit
- Somewhat
- Quite a bit
- Very much

20. **In the past 30 days**, how much has feeling unattractive **lowered** your satisfaction with your sex life?

- Not at all
- A little bit
- Somewhat
- Quite a bit
- Very much

21. **In the past 30 days**, how much has feeling guilty **lowered** your satisfaction with your sex life?

- Feeling guilty is not a problem for me
- Not at all
- A little bit
- Somewhat
- Quite a bit
- Very much

22. There are many reasons why people may decide to not have sexual activity. What are the reasons why you did not have sexual activity **in the past 30 days**?

Please read the list carefully and check every reason that applies to you, even if it happened only one time during the past 30 days.

- None, I always had sexual activity when I felt like it
- No partner
- Partner was away
- Was not interested in having sexual activity
- Partner was not interested in sexual activity
- Feeling tired or fatigued
- Feeling anxious or stressed
- Feeling down or depressed
- In pain
- Numbness, lack of feeling, or altered sensation
- Problems with moving my body
- Feeling unattractive
- Difficulties with orgasm/climax
- Don't enjoy sexual activity
- Dryness or pain in or around my vagina (females)
- Difficulties with my erections (penis not hard or is painful) (males)
- Health condition (specify) _____
- Partner's health condition (specify) _____
- Some other reason (specify) _____