

Name: _____

Date: _____

When answering questions, please note that examples of sexual activity are masturbation, oral sex, and sexual intercourse.

1. **In the past 30 days**, how interested have you been in sexual activity?

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

2. **In the past 30 days**, how often have you felt like you wanted to have sexual activity?

- Never
- Rarely
- Sometimes
- Often
- Always

3. **In the past 30 days**, did you have any type of sexual activity?

(Examples of sexual activity are masturbation, oral sex, and sexual intercourse.)

No: **ANSWER #4 BELOW
THEN STOP, YOU ARE DONE**

Yes: **SKIP #4 & TURN TO PAGE 2**

4. There are many reasons why people may not have had sexual activity during the month. 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.

- 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
- Difficulties with my erections (penis not hard or is painful)
- Health condition (specify) _____
- Partner's health condition (specify) _____
- Some other reason (specify) _____

STOP

SKIP #4 & TURN TO PAGE 2

5. **In the past 30 days**, how often were you able to get an erection (get hard) during sexual activity?
- Almost never/never
 - A few times (much less than half the time)
 - Sometimes (about half the time)
 - Most times (much more than half the time)
 - Almost always/always
6. **In the past 30 days**, during sexual intercourse, how often were you able to maintain your erection (stay hard) after you had penetrated (entered) your partner?
- Did not attempt intercourse
 - Almost never/never
 - A few times (much less than half the time)
 - Sometimes (about half the time)
 - Most times (much more than half the time)
 - Almost always/always
7. **In the past 30 days**, how often have you been able to have an orgasm/climax when you wanted to?
- Have not tried to have an orgasm/climax in the past 30 days
 - Never
 - Rarely
 - Sometimes
 - Often
 - Always
8. **In the past 30 days**, how satisfying have your orgasms or climaxes been?
- Have not had an orgasm/climax in the past 30 days
 - Not at all
 - A little bit
 - Somewhat
 - Quite a bit
 - Very
9. **In the past 30 days**, how satisfied have you been with your sex life?
- Not at all
 - A little bit
 - Somewhat
 - Quite a bit
 - Very

10. **In the past 30 days**, how much pleasure has your sex life given you?

- None
- A little bit
- Some
- Quite a bit
- A lot

Factors Interfering with Sexual Satisfaction

11. **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

12. **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

13. **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

14. **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

15. **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
16. **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
17. **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
18. **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
19. **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

20. **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

21. 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) _____