

Female Sexual Function Index Questionnaire (6Q-SF)

This questionnaire will help the doctor determine your diagnosis and best treatment plan
Please answer EVERY question to the best of your ability

These questions ask about your sex life over the last four weeks.

Please try to answer the questions as honestly and as clearly as you are able. Your answers will help your doctor to choose the most effective treatment suited to your condition. In answering the questions, the following definitions apply:

sexual activity includes intercourse, caressing, foreplay & masturbation

sexual intercourse is defined as sexual penetration of your partner

sexual stimulation includes situation such as foreplay, erotic pictures etc.

orgasm is the fulfilment or climax following sexual stimulation or intercourse

1	<p>Over the past 4 weeks, how <u>often</u> did you feel sexual desire or interest?</p> <p style="text-align: center;">Desire</p>	<p>1 - Almost never or never 2 - A few times (less than half the time) 3 - Sometimes (about half the time) 4 - Most times (more than half the time) 5 - Almost always or always</p>	<input type="text"/> <small>Answer in this Box</small>
2	<p>Over the past 4 weeks, how <u>often</u> did you feel sexually aroused ("turned on") during sexual activity or intercourse?</p> <p style="text-align: center;">Arousal</p>	<p>0 - No sexual activity 1 - Almost never or never 2 - A few times (less than half the time) 3 - Sometimes (about half the time) 4 - Most times (more than half the time) 5 - Almost always or always</p>	<input type="text"/> <small>Answer in this Box</small>
3	<p>Over the past 4 weeks, how <u>often</u> did you become lubricated ("wet") during sexual activity or intercourse?</p> <p style="text-align: center;">Lubrication</p>	<p>0 - No sexual activity 1 - Almost never or never 2 - A few times (less than half the time) 3 - Sometimes (about half the time) 4 - Most times (more than half the time) 5 - Almost always or always</p>	<input type="text"/> <small>Answer in this Box</small>
4	<p>Over the past 4 weeks, when you had sexual stimulation or intercourse, how <u>often</u> did you reach orgasm (climax)?</p> <p style="text-align: center;">Orgasm</p>	<p>0 - No sexual activity 1 - Almost never or never 2 - A few times (less than half the time) 3 - Sometimes (about half the time) 4 - Most times (more than half the time) 5 - Almost always or always</p>	<input type="text"/> <small>Answer in this Box</small>
5	<p>Over the past 4 weeks, how <u>satisfied</u> have you been with your overall sexual life?</p> <p style="text-align: center;">Satisfaction</p>	<p>1 - Very dissatisfied 2 - Moderately dissatisfied 3 - Equally satisfied & dissatisfied 4 - Moderately satisfied 5 - Very satisfied</p>	<input type="text"/> <small>Answer in this Box</small>
6	<p>Over the past 4 weeks, how <u>often</u> did you experience discomfort or pain during vaginal penetration?</p> <p style="text-align: center;">Pain</p>	<p>0 - Did not attempt intercourse 1 - Almost always or always 2 - Most times (more than half the time) 3 - Sometimes (about half the time) 4 - A few times (less than half the time) 5 - Almost never or never</p>	<input type="text"/> <small>Answer in this Box</small>