

Age:

Today's date:

Date of birth:

STRICTLY CONFIDENTIAL

SEXUAL ACTIVITY QUESTIONNAIRE

Although the following questions are sensitive and personal, please be assured that your responses to these questions will remain confidential.

Section I

- | | | |
|--------------------------------------------------------------------------------------|----------------------------------------|---------------------------------------|
| 1. Are you currently married or having an intimate relationship with someone? | Yes
<input type="checkbox"/> | No
<input type="checkbox"/> |
| 2. Have you changed your sexual partner in the last 6 months? | Yes
<input type="checkbox"/> | No
<input type="checkbox"/> |
| 3. Do you engage in sexual activity with anyone at the moment? | Yes
<input type="checkbox"/> | No
<input type="checkbox"/> |
- If 'Yes' please go to next page If 'No' please answer remaining questions on this page

Section II

I answered 'No' to question 3. I am not sexually active at the moment because:

(Please tick as many of these items as apply)

- a) I do not have a partner at the moment
- b) I am too tired
- c) My partner is too tired
- d) I am not interested in sex
- e) My partner is not interested in sex
- f) I have a physical problem which makes sexual relations difficult or uncomfortable
- g) My partner has a physical problem which makes sexual relations difficult or uncomfortable
- h) Other reasons (please describe)

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Please complete this section if you are sexually active (i.e. you answered 'Yes' to question 3).

Please read each of the following questions carefully and tick the box that best indicates your sexual feelings and experiences during the past month.

Section III

During the past month:

	very much	somewhat	a little	not at all
1. Was 'having sex' an important part of your life this month?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Did you enjoy sexual activity this month ?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. In general, were you too tired to have sex ?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Did you desire to have sex with your partner(s) this month?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. During sexual relations, how frequently did you notice dryness of your vagina this month?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Did you feel pain or discomfort during penetration this month?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. In general, did you feel satisfied after sexual activity this month?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	5 times or more	3-4 times	1-2 times	not at all
8. How often did you engage in sexual activity this month?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	much more	somewhat more	about the same	not as much
9. How did this frequency of sexual activity compare with what is usual for you?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	very much	somewhat	a little	not at all
10. Were you satisfied with the frequency of sexual activity this month?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Any other comments?

Thank you very much for answering these questions.

11. 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)
- Sometimes (about half the time)
- A few times (less than half the time)
- Almost never or never

12. Over the past 4 weeks, when you had sexual stimulation or intercourse, how difficult was it for you to reach orgasm (climax)?

- No sexual activity
- Extremely difficult or impossible
- Very difficult
- Difficult
- Slightly difficult
- Not difficult

13. Over the past 4 weeks, how satisfied were you with your ability to reach orgasm (climax) during sexual activity or intercourse?

- No sexual activity
- Very satisfied
- Moderately satisfied
- About equally satisfied and dissatisfied
- Moderately dissatisfied
- Very dissatisfied