

SFQ (Women)

These next questions are sensitive and personal. They are very important in understanding how your medical illness or treatment affects your self and your body. Some questions ask about your own experiences, thoughts, and feelings, while others ask about how treatment has affected your intimate relationships. Please answer each question honestly and accurately. *Be assured that your responses are totally confidential.*

1. Have you been sexually active in the **PAST YEAR** (alone or with a partner)?

0 = NO

1 = YES

2. Have you been sexually active in the **PAST MONTH** (alone or with a partner)?

0 = NO

1 = YES (*Please skip to Question 4*)

3. I am not sexually active because: (Circle as many items as apply)

0 = I have never been sexually active.

1 = I am too tired.

2 = I am not interested.

3 = I have a physical problem that makes sexual relations difficult or uncomfortable.

4 = My partner is not interested.

5 = My partner is too tired.

6 = My partner has a physical problem that makes sexual relations difficult or uncomfortable.

7 = I do not have a partner at this time.

8 = Other (please describe) _____

4. In the **PAST MONTH**, how frequently have you had sexual thoughts, urges, fantasies, or erotic dreams?

(Please circle the one item that is closest to your experience)

0 = Not at all

1 = Once

2 = 2 or 3 times

3 = Once a week

4 = 2 or 3 times per week

5 = Once a day

6 = More than once a day

5. Using the scale below, how frequently have you felt an **interest or desire to engage in** the following specific activities in the PAST MONTH?
*(This question is about your thoughts, fantasies or wishes, not about how you feel during sexual activity.)
 (For each item, please circle one number that is closest to your experience):*

	Not at all	Once	2 to 3 times	Once a week	2 to 3 times per week	Once a day	More than once a day
a. Dreams or fantasy	0	1	2	3	4	5	6
b. Masturbation	0	1	2	3	4	5	6
c. Touching, hugging, holding, kissing	0	1	2	3	4	5	6
d. Petting and foreplay	0	1	2	3	4	5	6
e. Vaginal intercourse	0	1	2	3	4	5	6
f. Other sexual activity <i>please specify:</i>	0	1	2	3	4	5	6

6. Using the scale below, how frequently have you become **aroused by** the following sexual activity in the PAST MONTH? *(By arousal, we mean the physical and emotional responses in your body and mind that tell you that you are feeling sexual):*

	Not at all	Once	2 to 3 times	Once a week	2 to 3 times per week	Once a day	More than once a day
a. Dreams or fantasy	0	1	2	3	4	5	6
b. Masturbation	0	1	2	3	4	5	6
c. Touching, hugging, holding, kissing	0	1	2	3	4	5	6
d. Petting and foreplay	0	1	2	3	4	5	6
e. Vaginal intercourse	0	1	2	3	4	5	6
f. Other sexual activity <i>please specify:</i>	0	1	2	3	4	5	6

7. In the PAST MONTH, have you **felt pleasure** from any sexual activity?

- 0 = I have had no sexual activity in the past month
- 1 = I have not felt any pleasure
- 2 = Seldom, less than 25% of the time
- 3 = Sometimes, about 50% of the time
- 4 = Usually, about 75% of the time
- 5 = Always felt pleasure

8. Using the scale below, how frequently have you **engaged in** the following sexual activity in the PAST MONTH?

	Not at all	Once	2 to 3 times	Once a week	2 to 3 times per week	Once a day	More than once a day
a. Dreams or fantasy	0	1	2	3	4	5	6
b. Masturbation	0	1	2	3	4	5	6
c. Touching, hugging, holding, kissing	0	1	2	3	4	5	6
d. Petting and foreplay	0	1	2	3	4	5	6
e. Masturbation with a partner	0	1	2	3	4	5	6
f. Vaginal intercourse	0	1	2	3	4	5	6
g. Other sexual activity <i>please specify:</i>	0	1	2	3	4	5	6

9. In the PAST MONTH, how often have you **reached orgasm** (climax) during sexual activity?

- 0 = I have had no sexual activity in the last month.
- 1 = I have not experienced orgasm.
- 2 = Seldom, less than 25% of the time.
- 3 = Sometimes, about 50% of the time.
- 4 = Usually, about 75% of the time..
- 5 = I always experienced orgasm

9a. When you have **orgasms** (climax), how **intense** have they been in the PAST MONTH?

- 0 = I have had no sexual activity in the last month.
- 1 = I have had no orgasms in the last month.
- 2 = My orgasms were **very mild**.
- 3 = My orgasms were **fairly mild**.
- 4 = My orgasms were **fairly strong**.
- 5 = My orgasms were **very strong**.

9b. How **easy or difficult** has it been for you to have **orgasms** (climax) in the PAST MONTH?

- 0 = I have had no sexual activity in the last month.
- 1 = I have had no orgasms in the last month.
- 2 = It was **very difficult** to have orgasms.
- 3 = It was **fairly difficult**; it took a while.
- 4 = It was **fairly easy**.
- 5 = It was **very easy**.

10. How frequently in the PAST MONTH have you had the problems listed below?
ALSO, MARK THE BOX IN THE LAST COLUMN if the problem stops your sexual activity.

	Not at all	Seldom, less than 25% of the time	Sometimes, about 50% of the time	Usually, about 75% of the time	Always	MARK THE BOX IF THE PROBLEM STOPS YOUR SEXUAL ACTIVITY
a. Vaginal dryness during sexual activity	1	2	3	4	5	<input type="checkbox"/>
b. Lack of sexual interest or desire	1	2	3	4	5	<input type="checkbox"/>
c. Vaginal tightness	1	2	3	4	5	<input type="checkbox"/>
d. Pain during penetration or intercourse	1	2	3	4	5	<input type="checkbox"/>
e. Anxiety about your sexual performance	1	2	3	4	5	<input type="checkbox"/>
f. Unable to orgasm	1	2	3	4	5	<input type="checkbox"/>
g. Vaginal bleeding or irritation from penetration or intercourse	1	2	3	4	5	<input type="checkbox"/>
h. Increased sensitivity of your skin to intimate touching	1	2	3	4	5	<input type="checkbox"/>
i. Sharp pain inside or outside your vagina	1	2	3	4	5	<input type="checkbox"/>
j. Other problem with sexuality; <i>Please specify:</i>	1	2	3	4	5	<input type="checkbox"/>

11. Please rate how **interested you have been in sexual thoughts, feelings, or actions** in the PAST MONTH by **circling a number** from 0 to 10 (0=not at all interested, 10=extremely interested).

Not at all 0 1 2 3 4 5 6 7 8 9 10 Extremely Interested
Interested

12. Please rate the extent to which **sexual activity has been satisfying** for you in the PAST MONTH by circling a number from 0 to 10 (0=not at all satisfied, 10=extremely satisfied).

Not at all 0 1 2 3 4 5 6 7 8 9 10 Extremely Satisfying

13. How often did the following factors **influence your sexual activity** in the PAST MONTH?

		I have not had a partner	Not at all	Seldom, less than 25% of the time	Sometimes, about 50% of the time	Usually, about 75% of the time	Always
a.	My own health		1	2	3	4	5
b.	My partner's health	0	1	2	3	4	5
c.	Conflict in my relationship	0	1	2	3	4	5
d.	Other <i>please specify</i> :		1	2	3	4	5

14. Are you currently in a married or partner relationship that could be sexual?

0 = NO, I do not have a possible partner

1 = YES, I am married or have a partner, and we HAVE been sexually active this past year

2 = YES, I am married or have a partner, but we HAVE NOT been sexually active this past year

15. How frequently have you been able to communicate your sexual desires or preferences to your partner in the PAST MONTH?

0 = I have not had a partner

1 = I have been unable to communicate my desires or preferences

2 = Seldom, less than 25% of the time

3 = Sometimes, about 50% of the time

4 = Usually, about 75% of the time

5 = I was always able to communicate my desires or preferences

16. Overall, how satisfied have you been with your sexual relationship with your partner?

0 = I have not had a partner

1 = Very dissatisfied

2 = Somewhat dissatisfied

3 = Neither satisfied nor dissatisfied

4 = Somewhat satisfied

5 = Very satisfied

17. Overall, how satisfied do you think your partner has been with your sexual relationship?

- 0 = I have not had a partner
- 1 = Very dissatisfied
- 2 = Somewhat dissatisfied
- 3 = Neither satisfied nor dissatisfied
- 4 = Somewhat satisfied
- 5 = Very satisfied

18. Please rate how **satisfied you have been with your ability to share warmth and intimacy** with your partner in the PAST MONTH by **circling a number** below from 0 to 10 (0=not at all satisfied, 10=extremely satisfied).

Not at all 0 1 2 3 4 5 6 7 8 9 10 Extremely Satisfied

[] *Check here if you have not had a partner*

19. Please rate how **comfortable you are with touching, hugging or holding your partner** in the PAST MONTH by circling a number from 0 to 10 (0=not at all comfortable, 10=extremely comfortable).

Not at all 0 1 2 3 4 5 6 7 8 9 10 Extremely Comfortable

[] *Check here if you have not had a partner*

20. Please rate how well you think you have **adjusted to changes in your sex life since your illness and treatment** by circling a number from 0 to 10 (0=not at all well, 10=extremely well).

Not at all 0 1 2 3 4 5 6 7 8 9 10 Extremely Well

21. What **impact** has your illness or treatment had on your sex life?

- 1 = My sex life is a lot better than before
- 2 = My sex life is a little better than before
- 3 = My sex life is no different than before
- 4 = My sex life is a little worse than before
- 5 = My sex life is a lot worse than before

22. What impact has your illness or treatment had on your **interest** or **desire** for sex?
(*This question is about your thoughts, fantasies or wishes, not about how you feel during sexual activity.*)
- 0 = My interest is stronger
 - 1 = My interest is about the same
 - 2 = My interest is a little less
 - 3 = My interest is somewhat less
 - 4 = My interest is a lot less
 - 5 = I have lost all of my interest
23. What impact has your illness or treatment had on your **sexual arousal** during sexual activity?
(*By arousal, we mean the physical and emotional responses in your body and mind that tell you that you are feeling sexual.*)
- 0 = I am aroused more easily than ever
 - 1 = Arousal is about the same
 - 2 = It takes longer to get aroused, but the level of arousal is about the same
 - 3 = It takes longer to get aroused, and the level of arousal is not as intense
 - 4 = It is quite a bit more difficult for me to get aroused
 - 5 = I do not seem able to get aroused at all
24. What impact has your illness and treatment had on your **orgasms** during sex?
- 0 = They are stronger than ever
 - 1 = They are about the same
 - 2 = It takes longer to orgasm, but the intensity is about the same
 - 3 = It takes longer to orgasm, and they are less intense than before the illness and treatment
 - 4 = Since the treatment, I am unable to orgasm
 - 5 = I have never experienced orgasm
25. Is there anything you would like to add about how sex has changed for you **since your illness and treatment**? Please describe in the space below. (*Please use the back of this sheet if you need more space.*)