

EFFECTS OF PELVIC ORGAN PROLAPSE AND INCONTINENCE ON SEXUAL FUNCTION QUESTIONNAIRE

NAME _____ DATE _____/_____/_____

Please answer each of the following questions about how pelvic organ prolapse and incontinence have affected your sex life over the past six months by circling the number that best fits your situation.

		Always (4)	Usually (3)	Sometimes (2)	Seldom (1)	Never (0)
1.	How frequently do you feel sexual desire? This feeling may include wanting to have sex, planning to have sex, feeling frustrated due to lack of sex, etc.	4	3	2	1	0
2.	Do you climax (have an orgasm) when having sexual intercourse with your partner?	4	3	2	1	0
3.	Do you feel sexually excited (turned on) when having sexual activity with your partner?	4	3	2	1	0
4.	How satisfied are you with the variety of sexual activities in your sex life?	4	3	2	1	0
5.	Do you feel pain during sexual intercourse?	4	3	2	1	0
6.	Are you incontinent (leak urine) with sexual activity?	4	3	2	1	0
7.	Does fear of incontinence (either stool or urine) restrict your sexual activity?	4	3	2	1	0
8.	Do you avoid sexual intercourse because of bulging in the vagina (either bladder, rectum or vagina falling out)?	4	3	2	1	0
9.	When you have sex with your partner, do you have negative emotional reactions such as fear, disgust, shame or guilt?	4	3	2	1	0
10.	Does your partner have a problem with erections that affects your sexual activity?	4	3	2	1	0
11.	Does your partner have a problem with premature ejaculation that affects your sexual activity?	4	3	2	1	0
		Much less intense (4)	Less intense (3)	Same intensity (2)	More intense (1)	Much more intense (0)
12.	Compared to orgasms you have had in the past, how intense are the orgasms you have had in the past six months?	4	3	2	1	0