IMPACT: Sexual Function in Women

Name: _____ **DOB:** _____

In these last few questions we ask you about the effects that your medical problems have had on your sex life over the LAST FOUR WEEKS. Please try to answer the questions as honestly and as clearly as you are able.

If you do not want to share this information, please SKIP this section.

1 Over the past 4 weeks, how would you describe your **level** (degree) of sexual desire or interest?

Very low of none at all	Low	Moderate	High	Very high
☐	☐	☐	☐	☐
1	2	3	4	5

2 Over the past 4 weeks, how **confident** were you about becoming sexually aroused during sexual activity or intercourse?

No sexual activity	Very low or no confidence	Low confidence	Moderate confidence	High confidence	Very high confidence
☐	☐	☐	☐	☐	☐
0	1	2	3	4	5

3 Over the past 4 weeks, how **difficult** was it to become lubricated ("wet") during sexual activity or intercourse?

No sexual activity	Extremely difficult or impossible	Very difficult	Difficult	Slightly difficult	Not difficult
☐	☐	☐	☐	☐	☐
0	1	2	3	4	5

4 Over the past 4 weeks, how **often** did you maintain your lubrication ("wetness") until completion of sexual activity or intercourse?

No sexual activity	Almost never or never	A few times (less than half the time)	Sometimes (about half the time)	Most times (more than half the time)	Almost always or always
☐	☐	☐	☐	☐	☐
0	1	2	3	4	5

Over the past 4 weeks, when you had sexual stimulation or intercourse, how **often** did you reach orgasm (climax)?

No sexual activity	Almost never or never	A few times (less than half the time)	Sometimes (about half the time)	Most times (more than half the time)	Almost always or always
☐	☐	☐	☐	☐	☐
0	1	2	3	4	5

6 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
☐	☐	☐	☐	☐	☐
0	1	2	3	4	5

7 Over the past 4 weeks, how **satisfied** have you been with the amount of emotional closeness during sexual activity between you and your partner?

No sexual activity	Very dissatisfied	Moderately dissatisfied	Equally satisfied and dissatisfied	Moderately satisfied	Very satisfied
☐	☐	☐	☐	☐	☐
0	1	2	3	4	5

8 Over the past 4 weeks, how **often** did you experience discomfort or pain during vaginal penetration?

Did not attempt intercourse	Almost never or never	A few times (less than half the time)	Sometimes (about half the time)	Most times (more than half the time)	Almost always or always
☐	☐	☐	☐	☐	☐
0	1	2	3	4	5

9 Over the past 4 weeks, how would you rate your **level** (degree) of discomfort or pain during or following vaginal penetration?

Did not attempt intercourse	Very high	High	Moderate	**Low**	Very low or none at all
☐	☐	☐	☐	☐	☐
0	1	2	3	4	5