



Health & Lifestyle Questionnaire

Today's Date: _____ DOB: _____ Age: _____ Height: _____ Weight: _____

Name _____ Gender: Male Female

(Last) _____ (First)

Mailing Address: _____

City: _____ State: _____ Zip: _____

Email Address: _____

Home Phone: _____ Work Phone: _____ Mobile: _____

Confidential Fax (to send you confidential medical information): _____

How would you rate your current health? Poor Average Good Excellent

What are your health related goals? _____

What are your most important expectations as a patient? _____

Please list any surgical procedures you have had (including plastic surgery), along with the approximate date: _____

Please list any history of trauma that you have experienced (car accidents, head injuries, broken bones, etc.): _____

Please list any drug allergies you have, along with the reaction you experienced: _____

Please list any exposure you have experienced to environmental risks: _____

Please list all medications (prescription and/or over-the-counter) you are currently taking and for what condition: _____

Please list all supplements (vitamins, herbs, nutritional supplements) you are currently taking and for what condition: _____

Please describe any current recreational drug use: _____

Are you currently receiving?: Radiation Therapy Chemotherapy

If yes, please explain: _____

Female Sexual Function Index (FSFI)

Patient Name: _____ Date: _____

INSTRUCTIONS: These questions ask about your sexual feelings and responses during the past 4 weeks. Please answer the following questions as honestly and clearly as possible. Your responses will be kept completely confidential. In answering these questions the following definitions apply:

Sexual activity can include caressing, foreplay, masturbation and vaginal intercourse.

Sexual intercourse is defined as penile penetration (entry) of the vagina.

Sexual stimulation includes situations like foreplay with a partner, self-stimulation (masturbation), or sexual fantasy.

CHECK ONLY ONE BOX PER QUESTION

Sexual desire or interest is a feeling that includes wanting to have a sexual experience, feeling receptive to a partner's sexual initiation, and thinking or fantasizing about having sex.

1. Over the past 4 weeks, how **often** did you feel sexual desire or interest?

- 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

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

- Very high
- High
- Moderate
- Low
- Very low or none at all

Sexual arousal is a feeling that includes both physical and mental aspects of sexual excitement. It may include feelings of warmth or tingling in the genitals, lubrication (wetness), or muscle contractions.

3. Over the past 4 weeks, how **often** did you feel sexually aroused ("turned on") during sexual activity or intercourse?

- 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

4. Over the past 4 weeks, how would you rate your **level** (degree) of sexual arousal ("turn on") during sexual activity or intercourse?

- Very high
- High
- Moderate
- Low
- Very low or none at all

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

- No sexual activity
- Very high confidence
- High confidence
- Moderate confidence
- Low confidence
- Very low or no confidence

6. Over the past 4 weeks, how **often** have you been satisfied with your arousal (excitement) during sexual activity or intercourse?

- 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

7. Over the past 4 weeks, how **often** did you become lubricated ("wet") during sexual activity or intercourse?

- 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

8. 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

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

- 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

10. Over the past 4 weeks, how **difficult** was it to maintain your lubrication ("wetness") until completion of sexual activity or intercourse?

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

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
- 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

14. 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 satisfied**
- Moderately satisfied
- About equally satisfied and dissatisfied
- Moderately dissatisfied
- Very dissatisfied

15. Over the past 4 weeks, how **satisfied** have you been with your sexual relationship with your partner?

- Very satisfied**
- Moderately satisfied
- About equally satisfied and dissatisfied
- Moderately dissatisfied
- Very dissatisfied

16. Over the past 4 weeks, how **satisfied** have you been with your overall sexual life?

- Very satisfied**
- Moderately satisfied
- About equally satisfied and dissatisfied
- Moderately dissatisfied
- Very dissatisfied

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

- Did not attempt intercourse
- 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

18. Over the past 4 weeks, how **often** did you experience discomfort or pain following vaginal penetration?

- Did not attempt intercourse
- 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

19. 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
- Moderate
- Low
- Very low or none at all

Thank you for completing this questionnaire

Female Sexual Distress Scale

Name _____ Date _____

Below is a list of feelings and problems that men and women sometimes have concerning their sexuality. Please read each item carefully, and check the box that best describes how often that problem has bothered you or caused distress **over the last 4 weeks including today**. Please check only one box for each item, and take care not to skip ANY items.

Please check one box per question.

1. How often did you feel **distressed about your sex life?**

- 0 Never
- 1 Rarely
- 2 Occasionally
- 3 Frequently
- 4 Always

2. How often did you feel **unhappy about your sexual relationship?**

- 0 Never
- 1 Rarely
- 2 Occasionally
- 3 Frequently
- 4 Always

3. How often did you feel **guilty about your sexual difficulties?**

- 0 Never
- 1 Rarely
- 2 Occasionally
- 3 Frequently
- 4 Always

4. How often did you feel **frustrated by your sexual problems?**

- 0 Never
- 1 Rarely
- 2 Occasionally
- 3 Frequently
- 4 Always

5. How often did you feel **stressed about sex?**

- 0 Never
- 1 Rarely
- 2 Occasionally
- 3 Frequently
- 4 Always

6. How often did you feel **inferior because of sexual problems?**

- 0 Never
- 1 Rarely
- 2 Occasionally
- 3 Frequently
- 4 Always

Female Sexual Distress Scale

7. How often did you feel **worried about sex**?

- 0 Never
- 1 Rarely
- 2 Occasionally
- 3 Frequently
- 4 Always

8. How often did you feel **sexually inadequate**?

- 0 Never
- 1 Rarely
- 2 Occasionally
- 3 Frequently
- 4 Always

9. How often did you feel **regrets about your sexuality**?

- 0 Never
- 1 Rarely
- 2 Occasionally
- 3 Frequently
- 4 Always

10. How often did you feel **embarrassed about sexual problems**?

- 0 Never
- 1 Rarely
- 2 Occasionally
- 3 Frequently
- 4 Always

11. How often did you feel **dissatisfied with your sex life**?

- 0 Never
- 1 Rarely
- 2 Occasionally
- 3 Frequently
- 4 Always

12. How often did you feel **angry about your sex**?

- 0 Never
- 1 Rarely
- 2 Occasionally
- 3 Frequently
- 4 Always

13. How often did you feel **bothered by low desire**?

- 0 Never
- 1 Rarely
- 2 Occasionally
- 3 Frequently
- 4 Always