

IDNEW (4-digit ID number unrelated to original study ID number): \_\_\_\_\_

Site: \_\_\_\_\_

6 MONTHS

Note: Item numbers consist of a 4-character code that identifies the file (PISQ) followed by the original label of the item.

### SECTION B: Pelvic Organ Prolapse/Urinary Incontinence Sexual Function Questionnaire (PISQ)

The next set of items covers material that is sensitive and personal. Specifically, these questions ask about matters related to your sexual activity in the past month. We realize that for some women, sexual activity is an important part of their lives; but for others it is not. To help us understand how your bladder and pelvic problems might affect your sexual activity, we would like you to answer the following questions from your own personal viewpoint.

Remember, your confidentiality is assured. While we hope you are willing to answer all of the questions, if there are any questions you would prefer not to answer, you are free to skip them. Please select the most appropriate response to each question. Remember these questions are only relevant to sexual activity in the past month.

PISQB01. In the past month, have you engaged in sexual activities with a partner?

1  
Yes → **COMPLETE ONLY SECTION C BELOW**

2  
No → **COMPLETE ONLY SECTION D ON PAGE**

### SECTION C: For women who have engaged in sexual activity with a partner in the last month

PISQC01. 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.

1 Never     2 Seldom     3 Sometimes     4 Usually     5 Always

PISQC2. Do you climax (have an orgasm) when having sexual intercourse with your partner?

1 Never     2 Seldom     3 Sometimes     4 Usually     5 Always

PISQC03. Do you feel sexually excited (turned on) when having sexual activity with your partner?

1 Never     2 Seldom     3 Sometimes     4 Usually     5 Always

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PISQC04. On a 5-point scale where "1" indicates very satisfied and "5" indicates not at all satisfied, how satisfied are you with the variety of sexual activities in your current sex life?

Very Satisfied ←————→ Not at all Satisfied

1	2	3	4	5
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PISQC05. Do you feel pain during sexual intercourse?

1 Never	2 Seldom	3 Sometimes	4 Usually	5 Always
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PISQC06. Are you incontinent of urine (leak urine) with sexual activity?

1 Never	2 Seldom	3 Sometimes	4 Usually	5 Always
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PISQC07. Does fear of incontinence (either urine or stool) restrict your sexual activity?

1 Never	2 Seldom	3 Sometimes	4 Usually	5 Always
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PISQC08. Do you avoid sexual intercourse because of bulging in the vagina (either the bladder, rectum or vagina)?

1 Never	2 Seldom	3 Sometimes	4 Usually	5 Always
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PISQC09. When you have sex with your partner, do you have negative emotional reactions such as fear, disgust, shame or guilt?

1 Never	2 Seldom	3 Sometimes	4 Usually	5 Always
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PISQC10. Does your partner have a problem with erections that affects your sexual activity?

1 Never	2 Seldom	3 Sometimes	4 Usually	5 Always	6 Not Applicable
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PISQC11. Does your partner have a problem with premature ejaculation that affects your sexual activity?

1 Never	2 Seldom	3 Sometimes	4 Usually	5 Always	6 Not Applicable
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PISQC12. Compared to orgasms you have had in the past, how intense are the orgasms you have had in the month?

1 Much more intense	2 More intense	3 Same intensity	4 Less intense	5 Much less intense
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THANK YOU, THIS COMPLETES THIS SECTION.  
(SKIP SECTION D)

**SECTION D: For women who report no sexual activity with a partner in the last month**

PISQD01. Do you have a partner at this time?

1 Yes	2 No
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PISQD02. 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.

1 Never	2 Seldom	3 Sometimes	4 Usually	5 Always
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PISQD03. On a 5-point scale where "1" indicates very satisfied and "5" indicates not at all satisfied, how satisfied are you with the variety of sexual activity in your current sex life?

Very Satisfied ←————→ Not at all Satisfied

1	2	3	4	5
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PISQD04. Does fear of pain during sexual intercourse restrict your activity?

1 Never	2 Seldom	3 Sometimes	4 Usually	5 Always
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PISQD05. Does fear of incontinence (either stool or urine) during sexual intercourse restrict your sexual activity?

1 Never	2 Seldom	3 Sometimes	4 Usually	5 Always
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PISQD06. Do you avoid sexual intercourse because of bulging in the vagina (either the bladder, rectum or vagina falling out)?

1 Never	2 Seldom	3 Sometimes	4 Usually	5 Always
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**THANK YOU. THIS COMPLETES THIS SECTION.**