

Nancy E. Boyden, ARNP
Female Sexual Function Index

Name: _____ Date: _____

1. Over the past 4 weeks how often did you experience discomfort during sexual intercourse?
_____ Did not attempt sexual intercourse
_____ Almost always or always
_____ Most times (much more than half the time)
_____ Sometimes (about half the time)
_____ A few times (much less than half the time)
_____ Almost never or never
2. Over the past 4 weeks how often did you experience dryness during sexual intercourse?
_____ Did not attempt sexual intercourse
_____ Almost always or always
_____ Most times (much more than half the time)
_____ Sometimes (about half the time)
_____ A few times (much less than half the time)
_____ Almost never or never
3. Over the past 4 weeks how often did you attempt sexual intercourse?
_____ 0
_____ 1-2
_____ 3-4
_____ 5-6
_____ 7-10
_____ 11+
4. Over the past 4 weeks how often have you felt sexual desire?
_____ Almost never/never
_____ A few times (much less than half the time)
_____ Sometimes (about half the time)
_____ Most times (much more than half the time)
_____ Almost always/always
5. Over the past 4 weeks how would you rate your level of sexual desire?
_____ Very low/none at all
_____ Low
_____ Moderate
_____ High
_____ Very High
6. Over the past 4 weeks how satisfied have you been with your overall sex life?
_____ Very dissatisfied
_____ Moderately dissatisfied
_____ About equally satisfied and dissatisfied
_____ Moderately satisfied
_____ Very satisfied
7. Over the past 4 weeks how satisfied have you been with your sexual relationship with your partner?
_____ Did not attempt sexual intercourse
_____ Almost always or always
_____ Most times (much more than half the time)
_____ Sometimes (about half the time)
_____ A few times (much less than half the time)
_____ Almost never or never
8. Over the past 4 weeks, when you had sexual stimulation or intercourse, how often did you have the feeling of orgasm?
_____ Almost never/never
_____ A few times (much less than half the time)
_____ Sometimes (about half the time)
_____ Most times (much more than half the time)
_____ Almost always/always
9. Over the past 4 weeks, when you had sexual stimulation or intercourse, how would you rate your degree of clitoral sensation?
_____ Very low/none at all
_____ Low
_____ Moderate
_____ High
_____ Very High

* Sexual function includes intercourse, caressing, foreplay and masturbation