Jocelyn B. Craig, MD
2840 Long Beach Blvd., Suite 230
Long Beach, CA 90806
562.426.4904

Name: _____ **Date:** _____

Instructions: Following are a list of questions about you and your partner's sex life. All information is strictly confidential. Your confidential answers will be used only to help doctors understand what is important to patients about their sex lives. Please check the box that best answers the question for you. While answering the questions, consider your sexuality over the past six months. Thank you for your help.

		Always	Usually	Sometimes	Seldom	Never
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.	0	1	2	3	4
2	Do you climax (have an orgasm) when having sexual intercourse with your partner?	0	1	2	3	4
3	Do you feel sexually excited (turned on) when having sexual activity with your partner?	0	1	2	3	4
4	How satisfied are you with the variety of sexual activities in your current sex life?	0	1	2	3	4
5	Do you feel pain during sexual intercourse?	0	1	2	3	4
6	Are you incontinent of urine (leak urine) with sexual activity?	0	1	2	3	4
7	Does fear of incontinence (either stool or urine) restrict your sexual activity?	0	1	2	3	4
8	Do you avoid sexual intercourse because of bulging in the vagina (either the bladder, rectum or vagina falling out)?	0	1	2	3	4
9	When you have sex with your partner, do you have negative emotional reactions such as fear, disgust, shame or guilt?	0	1	2	3	4
10	Does your partner have a problem with erections that affects your sexual activity?	0	1	2	3	4
11	Does your partner have a problem with premature ejaculation that affects your sexual activity?	0	1	2	3	4

		Much More	More	Same	Less	Much less
12	Compared to orgasms you have had in the past, how intense are the orgasms you have had in the past six months?	0	1	2	3	4