

10.1071/SH16131\_AC

© CSIRO 2017

Sexual Health 2017; 14: 213-220

**Psychometric properties of the Female Sexual Function Index in the visual analogue scale format**

*Raquel E. Wolpe<sup>A,C</sup>, Ana P. A. Queiroz<sup>B</sup>, Kamilla Zomkowski<sup>B</sup> and Fabiana F. Sperandio<sup>A</sup>*

<sup>A</sup>Graduate Program in Physical Therapy, Santa Catarina State University (UDESC), Health Sciences and Sports Center (CEFID), Women's Health Laboratory, Rua Paschoal Simone, 358 Coqueiros, CEP 88080-350, Florianópolis (SC), Brazil.

<sup>B</sup>Physical Therapy, Santa Catarina State University (UDESC),

Rua Paschoal Simone, 358 Coqueiros, CEP 88080-350, Florianópolis (SC), Brazil.

<sup>C</sup>Corresponding author. Email: raquel.wolpe@udesc.br

**SUPPLEMENTARY MATERIAL**

# Female Sexual Function Index



## Visual Analog Scale (FSFI-VAS)

### INSTRUCTIONS

The following questionnaire contains questions about your sex life in the last four weeks. You will need to check with a vertical line ("|") along the line at the location that corresponds to the degree of agreement. 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.



## QUESTIONNAIRE

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

*Almost never or never* *Almost always or always*

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

*Very low or none at all* *Very high*

**3** Have you had sexual activity in the last 4 weeks?

Yes

No

If YES, please go on. If NO, skip to question 19.

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

*Almost never or never* *Almost always or always*

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

*Very low or none at all* *Very high*



## QUESTIONNAIRE

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

Very low or none at all Very high

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

Almost never or never Almost always or always

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

Almost never or never Almost always or always

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

Extremely difficult or impossible Not difficult

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

Almost never or never Almost always or always



## QUESTIONNAIRE

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



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



**13** Over the past 4 weeks, when you had sexual stimulation or intercourse, how difficult was it for you to reach orgasm (climax)?



**14** Over the past 4 weeks, how satisfied were you with your ability to reach orgasm (climax) during sexual activity or intercourse?



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



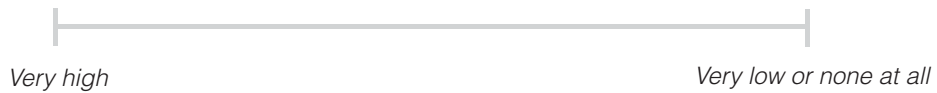


## QUESTIONNAIRE

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



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



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



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



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



# RULERS

---

