

Appendix A:
**PISQ-IR: Sexual Function for Women with: POP, Urinary
Incontinence and/or Fecal Incontinence**



For More Information or Questions
Email: survey@iuga.org

Q1 Which of the following best describes you:

Not sexually active at all 1 → Go to item Q2 (Section 1)

Sexually active with or without a partner 2 → Skip to item Q7 (Section 2)

Section 1: For those who are not Sexually Active



If you engage in sexual activity please check this box and skip to Page 3

Q2 The following are a list of reasons why you might not be sexually active, for each one please indicate how strongly you agree or disagree with it as a reason that you are not sexually active.

	STRONGLY AGREE	SOMEWHAT AGREE	SOMEWHAT DISAGREE	STRONGLY DISAGREE
a No partner	<input type="checkbox"/> ¹	<input type="checkbox"/> ²	<input type="checkbox"/> ³	<input type="checkbox"/> ⁴
b No Interest	<input type="checkbox"/> ¹	<input type="checkbox"/> ²	<input type="checkbox"/> ³	<input type="checkbox"/> ⁴
c Due to bladder or bowel problems (urinary or fecal incontinence) or due to prolapse (a feeling of or a bulge in the vaginal area)	<input type="checkbox"/> ¹	<input type="checkbox"/> ²	<input type="checkbox"/> ³	<input type="checkbox"/> ⁴
d Because of my other health problems	<input type="checkbox"/> ¹	<input type="checkbox"/> ²	<input type="checkbox"/> ³	<input type="checkbox"/> ⁴
e Pain	<input type="checkbox"/> ¹	<input type="checkbox"/> ²	<input type="checkbox"/> ³	<input type="checkbox"/> ⁴

Q3 How much does the fear of leaking urine and/or stool and/or a bulging in the vagina (either the bladder, rectum or uterus falling out) cause you to avoid or restrict your sexual activity?

1 Not at All

2 A Little

3 Some

4 A Lot

Q4 For each of the following, please circle the number between 1 and 5 that best represents how you feel about your sex life.

		RATING					
a.	Satisfied	1	2	3	4	5	Dissatisfied
b.	Adequate	1	2	3	4	5	Inadequate

Q5 How strongly do you agree or disagree with each of the following statements:

	STRONGLY AGREE	SOMEWHAT AGREE	SOMEWHAT DISAGREE	STRONGLY DISAGREE
a. I feel frustrated by my sex life	<input type="checkbox"/> ¹	<input type="checkbox"/> ²	<input type="checkbox"/> ³	<input type="checkbox"/> ⁴
b. I feel sexually inferior because of my incontinence and/or prolapse	<input type="checkbox"/> ¹	<input type="checkbox"/> ²	<input type="checkbox"/> ³	<input type="checkbox"/> ⁴
c. I feel angry because of the impact that incontinence and/or prolapse has on my sex life	<input type="checkbox"/> ¹	<input type="checkbox"/> ²	<input type="checkbox"/> ³	<input type="checkbox"/> ⁴

Q6 Overall, how bothersome is it to you that you are not sexually active?

- 1 Not at All
- 2 A Little
- 3 Some
- 4 A Lot

End of Items for Not Sexually Active

Section 2: For Those Who are Sexually Active

The remaining items in the survey are about a topic that one is not often asked to report on in a survey please answer as honestly and clearly as you possibly can.

Q7 How often do you feel sexually aroused (physically excited or turned on) during sexual activity?

- 1 Never
- 2 Rarely
- 3 Sometimes
- 4 Usually
- 5 Always

Q8 When you are involved in sexual activity, how often do you feel each of the following:

	NEVER	RARELY	SOMETIMES	USUALLY	ALMOST ALWAYS
a. Fulfilled	<input type="checkbox"/> ¹	<input type="checkbox"/> ²	<input type="checkbox"/> ³	<input type="checkbox"/> ⁴	<input type="checkbox"/> ⁵
b. Shame	<input type="checkbox"/> ¹	<input type="checkbox"/> ²	<input type="checkbox"/> ³	<input type="checkbox"/> ⁴	<input type="checkbox"/> ⁵
c. Fear	<input type="checkbox"/> ¹	<input type="checkbox"/> ²	<input type="checkbox"/> ³	<input type="checkbox"/> ⁴	<input type="checkbox"/> ⁵

Q9 How often do you leak urine and/or stool with any type of sexual activity?

- 1 Never
- 2 Rarely
- 3 Sometimes
- 4 Usually
- 5 Always

Q10 Compared to orgasms you have had in the past, how intense are your orgasms now?

- 1 Much less intense
- 2 Less intense
- 3 Same intensity
- 4 More intense
- 5 Much more intense

Q11 How often do you feel pain during sexual intercourse? (If you don't have intercourse check this box and skip to the next item.)

- 1 Never
- 2 Rarely
- 3 Sometimes
- 4 Usually
- 5 Always

Q12 Do you have a sexual partner?

- 1 Yes → Go to Q13
- 2 No → Skip to Q15

Q13 How often does your partner have a problem (lack of arousal, desire, erection ,etc.) that limits your sexual activity?

- 1 All of the time
- 2 Most of the time
- 3 Some of the time
- 4 Hardly ever/Rarely

Q14 In general, would you say that your partner has a positive or negative impact on each of the following:

	VERY POSITIVE	SOMEWHAT POSITIVE	SOMEWHAT NEGATIVE	VERY NEGATIVE
a. Your sexual desire	<input type="checkbox"/> ¹	<input type="checkbox"/> ²	<input type="checkbox"/> ³	<input type="checkbox"/> ⁴
b. The frequency of your sexual activity	<input type="checkbox"/> ¹	<input type="checkbox"/> ²	<input type="checkbox"/> ³	<input type="checkbox"/> ⁴

Q15 When you are involved in sexual activity, how often do you feel that you want more?

- 1 Never
- 2 Rarely
- 3 Sometimes
- 4 Usually
- 5 Always

Q16 How frequently do you have sexual desire, this may include wanting to have sex, having sexual thoughts or fantasies, etc.?

- 1 Daily
- 2 Weekly
- 3 Monthly
- 4 Less often than once a Month
- 5 Never

Q17 How would you rate your level (degree) of sexual desire or interest?

- 1 Very high
- 2 High
- 3 Moderate
- 4 Low
- 5 Very low or none at all

Q18 How much does the fear of leaking urine, stool and/or a bulging in the vagina(prolapse) cause you to avoid sexual activity?

- 1 Not at All
- 2 A Little
- 3 Some
- 4 A Lot

Q19 For each of the following, please circle the number between 1 and 5 that best represents how you feel about your sex life.

		RATING					
a	Satisfied	1	2	3	4	5	Dissatisfied
b	Adequate	1	2	3	4	5	Inadequate
c	Confident	1	2	3	4	5	Not Confident

Q20 How strongly do you agree or disagree with each of the following statements:

	STRONGLY AGREE	SOMEWHAT AGREE	SOMEWHAT DISAGREE	STRONGLY DISAGREE
a. I feel frustrated by my sex life	<input type="checkbox"/> ¹	<input type="checkbox"/> ²	<input type="checkbox"/> ³	<input type="checkbox"/> ⁴
b. I feel sexually inferior because of my incontinence and/or prolapse	<input type="checkbox"/> ¹	<input type="checkbox"/> ²	<input type="checkbox"/> ³	<input type="checkbox"/> ⁴
c. I feel embarrassed about my sex life	<input type="checkbox"/> ¹	<input type="checkbox"/> ²	<input type="checkbox"/> ³	<input type="checkbox"/> ⁴
d. I feel angry because of the impact that incontinence and/or prolapse has on my sex life	<input type="checkbox"/> ¹	<input type="checkbox"/> ²	<input type="checkbox"/> ³	<input type="checkbox"/> ⁴