SEXUAL FUNCTION QUESTIONNAIRE (PART A)

Date:

Although loss of sexual desire is common in depression, some medication can affect your sexual functioning The purpose of this questionnaire is to assess the effects of medication treatment on sexual function. (All information is confidential). Please read each question below and circle the One number that best describes your feelings and performance.

For the purposes of this study, **sexual activity** is defined as any stimulation of the genitals for the purpose of pleasurable sensation. This includes Intercourse (vaginal or rectal), oral sex, or manual or foreign body stimulation of the genitals

BACKGROUND QUESTION

Have you ever been evaluated or received any treatment for a sexual problem?

0 = No 1 = Yes

- 1. During the past week, how often have you found yourself thinking about sex with any interest or desire?
 - I = Several times a day
 - 2 = At least once a day
 - 3 = At least twice a week
 - 4 = At least once a week
 - 5 = Not at all
- 2. Were you sexually active during the past week?

0=No 1=Yes

If 'YES', please complete the remainder of this questionnaire

During the past week:

- 3. How would you describe your ability to enjoy sex?
 - I = Fully enjoyed
 - 2 = Sometimes enjoyed
 - 3 = Barely enjoyed
 - 4 = Never enjoyed
- 4. Overall, how satisfied were you with your sexual functioning?
 - 1 = Completely
 - 2 = Highly
 - 3 = Moderately
 - 4 = Slightly
 - 5 = Not at all

SEXUAL FUNCTION QUESTIONNAIRE (PART B)

Please read each question below and circle the ONE number that best describes your feeling and performance.

FOR WOMEN ONLY:

During the past week:

- 5. How often have you become sexually aroused (sexually excited)?
 - 1 = Often
 - 2 = Sometimes
 - 3 = Rarely
 - 4 = Never
- 6. How easily have you become sexually aroused (sexually excited)?
 - 1 = Very easily
 - 2 = Sometimes easily
 - 3 = Rarely easily
 - 4 = Never easily
- 7. Have you had adequate vaginal lubrication during sexual activity?
 - 1 = Very easily
 - 2 = Sometimes easily
 - 3 = Rarely easily
 - 4 = Never easily
- 8. How often did you have difficulty achieving orgasm?
 - 1 = Very easily
 - 2 = Sometimes easily
 - 3 = Rarely easily
 - 4 = Never easily
- 9. How often were you unable to reach orgasm?
 - 1 = Very easily
 - 2 = Sometimes easily
 - 3 = Rarely easily
 - 4 = Never easily
- 10. How satisfied were you with your ability to achieve orgasm?
 - 1 = Highly
 - 2 = Moderately
 - 3 = Slightly
 - 4 = Not at all
- 11. How satisfied were you with the intensity of your orgasm?
 - 1 = Highly
 - 2 = Moderately
 - 3 = Slightly
 - 4 = Not at all

SEXUAL FUNCTION QUESTIONNAIRE (PART C)

Please read each question below and circle the ONE number that best describes your feeling and performance.

FOR MEN ONLY:

During the past week:

- 12, --low often did you have an erection?
 - 1 = Often
 - 2 = Sometimes
 - 3 = Rarely
 - 4 = Never
- 13. Describe your ability to have an erection
 - I = Always able to achieve
 - 2 = Able to achieve most of the time
 - 3= Able to achieve much of the time
 - 4 = Able to achieve some of the time
 - 5 = Never at le to achieve

NO YES

- 14. Did erection take a long time to achieve?
- 0 1
- 15. If you were able to have an erection, could you maintain it as long as necessary to have intercourse?

 0 1
- 16. Did you experience any difficulty with ejaculation? 0 1
- 17. How often did you have orgasm with little or no ejaculation?
 - 1 = Always
 - 2 = Usually
 - 3 = Frequently
 - 4 = Occasionally
 - 5 = Rarely or never
- 18. How often was ejaculation delayed (took a long time to ejaculate)?
 - 1 = Always
 - 2 = Usually
 - 3 = Frequently
 - 4 = Occasionally
 - 5 = Rarely or never
- 19, How often did you ejaculate too quickly?
 - 1 = Always
 - 2 = Usually
 - 3 = Frequently
 - 4 = Occasionally
 - 5 = Rarely or never