Are you currently sexually active?
- ☐ No, I am not able (Thank you, you are done with the questionnaire)
- ☐ No, I have too much pain (Thank you, you are done with the questionnaire)
- ☐ No, I have no desire (Thank you, you are done with the questionnaire)
- ☐ No, I do not have a partner (Thank you, you are done with the questionnaire)
- ☐ No, my partner is not able (Thank you, you are done with the questionnaire)
- ☐ Yes → Proceed with next 12 questions (PISQ-12)

Pelvic Organ Prolapse/Urinary Incontinence Sexual Function Questionnaire (PISQ-12)

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 circle the answer that best answers the questions for you. While answering the questions, consider your sexuality over the past six months. Thank you for your help.

1. How frequently do you feel sexual desire? This feeling may include wanting to have sex, planning to have sex, feeling frustrated because of lack of sex, etc.
   - ☐ Always  ☐ Usually  ☐ Sometimes  ☐ Seldom  ☐ Never

2. Do you climax (have an orgasm) when having sexual intercourse with your partner?
   - ☐ Always  ☐ Usually  ☐ Sometimes  ☐ Seldom  ☐ Never

3. Do you feel sexually excited (turned on) when having sexually activity with your partner?
   - ☐ Always  ☐ Usually  ☐ Sometimes  ☐ Seldom  ☐ Never

4. How satisfied are you with the variety of sexual activities in your current sex life?
   - ☐ Always  ☐ Usually  ☐ Sometimes  ☐ Seldom  ☐ Never

5. Do you feel pain during sexual intercourse?
   - ☐ Always  ☐ Usually  ☐ Sometimes  ☐ Seldom  ☐ Never

6. Are you incontinent of urine (leak urine) with sexual activity?
   - ☐ Always  ☐ Usually  ☐ Sometimes  ☐ Seldom  ☐ Never

7. Does fear of incontinence (either stool or urine) restrict you sexual activity?
   - ☐ Always  ☐ Usually  ☐ Sometimes  ☐ Seldom  ☐ Never

8. Do you avoid sexual intercourse because of bulging of the vagina (either bladder, rectum, or vagina falling out?)
   - ☐ Always  ☐ Usually  ☐ Sometimes  ☐ Seldom  ☐ Never

9. When you have sex with your partner, do you have negative emotional reactions such as fear, disgust, shame, or guilt?
   - ☐ Always  ☐ Usually  ☐ Sometimes  ☐ Seldom  ☐ Never

10. Does your partner have a problem with erections that affects your sexual activity?
    - ☐ Always  ☐ Usually  ☐ Sometimes  ☐ Seldom  ☐ Never

11. Does your partner have a problem with premature ejaculation that affects your sexual activity?
    - ☐ Always  ☐ Usually  ☐ Sometimes  ☐ Seldom  ☐ Never

12. Compared to orgasms you have had in the past, how intense are the orgasms you have had in the past six months?
    - ☐ Much less intense  ☐ Less intense  ☐ Same intensity  ☐ More intense  ☐ Much more intense