

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

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.

- Not Tested
- Always
- Usually
- Sometimes
- Seldom
- Never

Do you climax (have an orgasm) when having sexual intercourse with your partner?

- Not Tested
- Always
- Usually
- Sometimes
- Seldom
- Never

Do you feel sexually excited (turned on) when having sexual activity with your partner?

- Not Tested
- Always
- Usually
- Sometimes
- Seldom
- Never

How satisfied are you with the variety of sexual activities in your current sex life?

- Not Tested
- Always
- Usually
- Sometimes
- Seldom
- Never

Do you feel pain during sexual intercourse?

- Not Tested
- Never
- Seldom
- Sometimes
- Usually
- Always

Are you incontinent of urine (leak urine) with sexual activity?

Not Tested

Never

Seldom

Sometimes

Usually

Always

Does fear of incontinence (either stool or urine) restrict your sexual activity?

Not Tested

Never

Seldom

Sometimes

Usually

Always

Do you avoid sexual intercourse because of bulging in the vagina (either the bladder, rectum, or vagina falling out)?

Not Tested

Never

Seldom

Sometimes

Usually

Always

When you have sex with your partner, do you have negative emotional reactions such as fear, disgust, shame or guilt?

Not Tested

Never

Seldom

Sometimes

Usually

Always

Does your partner have a problem with erections that affects your sexual activity?

Not Tested

Never

Seldom

Sometimes

Usually

Always

Does your partner have a problem with premature ejaculation that affects your sexual activity?

Not Tested

Never

- Seldom
- Sometimes
- Usually
- Always

Compare to orgasms you've had in the past, how intense are the orgasms you've had in the past six months?

- Not Tested
- Never
- Seldom
- Sometimes
- Usually
- Always