

Initial number

ICIQ-FLUTSsex 09/05

CONFIDENTIAL

DAY

MONTH

YEAR

Today's date

Sexual matters

We would be grateful if you could answer the following questions, thinking about how you have been, on average, over the PAST FOUR WEEKS.

1. Please write in your date of birth:

DAY

MONTH

YEAR

2a. Do you have pain or discomfort because of a dry vagina?

not at all 0

a little 1

somewhat 2

a lot 3

2b. How much does this bother you?

Please ring a number between 0 (not at all) and 10 (a great deal)

0 1 2 3 4 5 6 7 8 9 10
not at all a great deal

3a. To what extent do you feel that your sex life has been spoilt by your urinary symptoms?

not at all 0

a little 1

somewhat 2

a lot 3

3b. How much does this bother you?

Please ring a number between 0 (not at all) and 10 (a great deal)

0 1 2 3 4 5 6 7 8 9 10
not at all a great deal

4a. Do you have pain when you have sexual intercourse?

not at all 0

a little 1

somewhat 2

a lot 3

I don't have sexual intercourse 4

4b. How much does this bother you?

Please ring a number between 0 (not at all) and 10 (a great deal)

0 1 2 3 4 5 6 7 8 9 10
not at all a great deal

5a. Do you leak urine when you have sexual intercourse?

- not at all 0
- a little 1
- somewhat 2
- a lot 3
- I don't have sexual intercourse 4

5b. How much does this bother you?

Please ring a number between 0 (not at all) and 10 (a great deal)

0 1 2 3 4 5 6 7 8 9 10
 not at all a great deal

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Thank you very much for answering these questions.

Sample