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### Sexual Health Assessment - Female

Patient Name \_\_\_\_\_ Date \_\_\_\_\_

Patient DOB \_\_\_\_\_

How did you hear about us? \_\_\_\_\_

What problem were you searching to solve when you found us?  
 \_\_\_\_\_

#### Part I – Satisfaction Assessment

Satisfaction Score \_\_\_\_\_/9 (Higher score indicates increased satisfaction)

1. Over the past month, how many times did you engage in sexual activity (either alone or with a partner)?

0-1                      2-7                      8+

2. Were you satisfied with the amount of time you spent engaging in sexual activity?

Yes                      No

If no, what is the primary factor that prohibits you from engaging in more sexual activity?  
 Circle ONE.

My Pain                      My Low Desire                      My Partner                      Other \_\_\_\_\_

Please tell us more about the one you circled:

\_\_\_\_\_  
 \_\_\_\_\_

	0 Not at all	1 A little	2 A lot	3 Extremely
How <b>satisfied</b> are you with the amount of <b>emotional closeness</b> during sexual activity between you and your partner?				
How <b>satisfied</b> are you with your sexual relationship with your partner?				
How <b>satisfied</b> are you with your <b>overall sexual life</b> ?				

## Part II – Urinary Incontinence Diagnosis (QUID)

Stress Score (1+2+3) \_\_\_\_\_ Urge Score (4+5+6) \_\_\_\_\_  
 Higher scores indicate potential problem.

	0 None of the time	1 Rarely	2 Once in awhile	3 Often	4 Most of the time	5 All the time
Do you leak urine (even small drops), wet yourself, or wet your pads or undergarments...						
1. when you <b>cough</b> or <b>sneeze</b> ?						
2. when you <b>bend down</b> or <b>lift something up</b> ?						
3. when you <b>walk quickly, jog</b> or <b>exercise</b> ?						
4. while you are <b>undressing</b> to use the <b>toilet</b> ?						
5. Do you get such a <b>strong and uncomfortable need</b> to urinate that you leak urine (even small drops) or wet yourself before reaching the toilet?						
6. Do you have to <b>rush to the bathroom</b> because you get a <b>sudden, strong need</b> to urinate?						

## Part III – Painful Intercourse

Pain Score \_\_\_\_\_/15 (Higher score indicates more pain)

- How **often** do you experience discomfort or pain during vaginal penetration?
 

0) Almost never or never	3) More than half the time
1) Less than half the time	4) Almost always or always
2) About half the time	5) Unable to penetrate
  
- How **often** did you experience discomfort or pain following vaginal penetration?
 

0) Almost never or never	3) More than half the time
1) Less than half the time	4) Almost always or always
2) About half the time	5) Unable to penetrate

3. How would you rate your **level** (degree) of discomfort or pain during or following vaginal penetration?

- 0) Almost never or never
- 1) Less than half the time
- 2) About half the time

- 3) More than half the time
- 4) Almost always or always
- 5) Unable to penetrate

#### Part IV - Lubrication

Lubrication Score \_\_\_\_\_/20 (Higher scores indicates less problem)

Consider these definitions while completing Part IV:

Sexual activity: can include caressing, foreplay, masturbation and vaginal intercourse

Sexual intercourse: penile penetration (entry) of the vagina

Sexual stimulation: includes situations like foreplay with a partner, self-stimulation (masturbation) or sexual fantasy

1. How **often** did you become lubricated (“wet”) during sexual activity or intercourse?

- 0) Not at all
- 1) Almost never or never
- 2) Less than half the time

- 3) About half the time
- 4) More than half the time
- 5) Almost always or always

2. How **difficult** is it to become lubricated (“wet”) during sexual activity or intercourse?

- 1) Extremely difficult or impossible
- 2) Very difficult
- 3) Difficult
- 4) Slightly difficult
- 5) Not difficult

3. How **often** do you maintain lubrication (“wetness”) until completion of sexual activity or intercourse?

- 0) Not at all
- 1) Almost never or never
- 2) Less than half the time
- 3) About half the time
- 4) More than half the time
- 5) Almost always or always

5. How **difficult** is it to maintain your lubrication (“wetness”) until completion of sexual activity or intercourse?

- 1) Extremely difficult or impossible
- 2) Very difficult
- 3) Difficult
- 4) Slightly difficult
- 5) Not difficult

### Part V - Sexual Desire Inventory

**Desire Score** \_\_\_\_\_

≤45 - You may be suffering from low desire

>45 - Your results indicate an average or better level of desire. However, if you are not happy with your current level of sexual desire, you may benefit from some treatments or therapies our clinic has to offer

1. During the last month, **how often** would you **have liked** to engage in sexual activity with a partner (for example, touching each other’s genitals, giving or receiving oral stimulation, intercourse, etc.)?
  - 0) Not at all
  - 2) Once a month
  - 4) Once every 2 weeks
  - 5) Once to twice a week
  - 8) 3-4 times per week
  - 10) Once a day or more
2. During this last month, **how often** have you had sexual thoughts involving a partner?
  - 0) Not at all
  - 2) Once a month
  - 4) Once every 2 weeks
  - 5) Once to twice a week
  - 8) 3-4 times per week
  - 10) Once a day or more
3. When you have sexual thoughts, **how strong** is your desire to actually engage in sexual activity with a partner
  - 0) I’m actually not very interested in that
  - 4) If my partner was here, I’d probably go for it
  - 6) I could take it or leave it
  - 10) I really wish my partner was here so we could get going
4. When you see a person that you find sexually attractive, **how strong** is your desire to act on it?
  - 0) I really don’t feel any sexual desire
  - 4) I will think about it on and off for a day or two
  - 6) I might think about sex fleetingly, but it quickly disappears
  - 10) I will often fantasize about the person and sometimes masturbate thinking about them

5. When you are in romantic situations (such as a candle-lit dinner, a walk on the beach, etc.), **how strong** is your sexual desire?
  - 4) I like romance, but I don't particularly want sex
  - 10) I get turned on and hope it will lead to a sexual encounter
  
6. Compared to other people of your age, **how would you rate your desire** to behave sexually with a partner?
  - 0) Very low
  - 4) Maybe a bit lower than others
  - 6) I think I am probably about the same as others
  - 10) I think I'm more interested in sex
  
7. During the past 2 months, **how often have you masturbated** (including touching your genitals for pleasure, inserting something into your vagina, or attempting to have an orgasm)?
 

0) Not at all	5) Once to twice a week
2) Once a month	8) 3-4 times per week
4) Once every 2 weeks	10) Once a day or more
  
8. **How strong** is your desire to engage in sexual behavior by yourself?
  - 4) I never think about masturbating or touching myself pleurably
  - 10) I think about masturbating quite a lot
  
9. **How long** could you go comfortably without having sexual activity of some kind, either by yourself or with a partner?
  - 0) Probably a year
  - 2) Maybe a few months
  - 4) About a month
  - 5) Not longer than 2 weeks
  - 8) I'd like to have sexual activity at least once a week
  - 10) I'd like to have sexual activity a few times a week
  
10. When I see a sexy movie or read a sexy book, I...
  - 0) Skip through the sex scenes—I think they are boring
  - 3) I have a fleeting sense of being turned on, but it doesn't last
  - 5) I find them fun to read but they don't turn me on
  - 10) I get turned on and I like to revisit those scenes to turn myself on more at other times

**Part VI – Orgasm**

**Orgasm Score \_\_\_\_\_/20 (Higher score indicates problem)**

1. Have you ever had an orgasm (either alone or with a partner)?      Yes    No    Maybe
2. When you have sexual stimulation or intercourse, how **often** do you reach orgasm (climax)?
  - 1) Almost always or always
  - 2) More than half the time
  - 3) About half the time
  - 4) Less than half the time
  - 5) Almost never or never

	0 Not at all	1 A little	2 A lot	3 Extremely
How distressed do you feel about your ability to achieve orgasm with <u>only self-stimulation</u> ?				
How distressed do you feel about your ability to achieve orgasm with your <u>partner’s stimulation</u> ?				
How distressed do you feel about your ability to achieve orgasm <u>during intercourse (vaginal penetration)</u> with your partner?				
To what extent do you feel that your ability to reach orgasm negatively affects your relationships?				
Over the past 4 weeks, how <b>difficult</b> was it for you to reach orgasm (climax) during sexual stimulation or intercourse?				