

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

**DATE:** \_\_\_\_\_

**NAME:** \_\_\_\_\_

**DATE OF BIRTH:** \_\_\_\_\_

**Instructions:** Following are a list of questions about you and your partner's sex life. All information is strictly confidential. Your answers will be used only to help doctors understand what is important to patients about their sex lives. Please check the box that best answers the question 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 due to lack of sex, etc.  
 Always (4)       Usually (3)       Sometimes (2)       Seldom (1)       Never (0)
2. Do you climax (have an orgasm) when having sexual intercourse with your partner?  
 Always (4)       Usually (3)       Sometimes (2)       Seldom (1)       Never (0)
3. Do you feel sexually excited (turned on) when having sexual activity with your partner?  
 Always (4)       Usually (3)       Sometimes (2)       Seldom (1)       Never (0)
4. How satisfied are you with the variety of sexual activities in your sex life?  
 Always (4)       Usually (3)       Sometimes (2)       Seldom (1)       Never (0)
5. Do you feel pain during sexual intercourse?  
 Always (4)       Usually (3)       Sometimes (2)       Seldom (1)       Never (0)
6. Are you incontinent (leak urine) with sexual activity?  
 Always (4)       Usually (3)       Sometimes (2)       Seldom (1)       Never (0)
7. Does fear of incontinence (either stool or urine) restrict your sexual activity?  
 Always (4)       Usually (3)       Sometimes (2)       Seldom (1)       Never (0)
8. Do you avoid sexual intercourse because of bulging in the vagina (either bladder, rectum or vagina falling out)?  
 Always (4)       Usually (3)       Sometimes (2)       Seldom (1)       Never (0)
9. When you have sex with your partner, do you have negative emotional reactions such as fear, disgust, shame or guilt?  
 Always (4)       Usually (3)       Sometimes (2)       Seldom (1)       Never (0)
10. Does your partner have a problem with erections that affects your sexual activity?  
 Always (4)       Usually (3)       Sometimes (2)       Seldom (1)       Never (0)
11. Does your partner have a problem with premature ejaculation that affects your sexual activity?  
 Always (4)       Usually (3)       Sometimes (2)       Seldom (1)       Never (0)
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 (4)     Less intense (3)     Same intensity (2)     More intense (1)     Much more intense (0)