

The following steps should be used to calculate a summary score. The PISQ-IR sexually active numbered scale questions items are provided in Table A1 at the end of these instructions.

1. If response to Q12, "Do you have a sexual partner?" is 1=Yes, go to A below. If response is 2=No, go to B below.
 - A. If respondent indicates not having a sexual partner, verify that 9 or more of the following 18 question items: q7, q8a, q8b, q8c, q9, q10, q11, q15, q16, q17, q18, q19a, q19b, q19c, q20a, q20b, q20c, q20d have a response provided.
 - B. If respondent indicates having a sexual partner, verify that 11 or more of the following 21 question items: q7, q8a, q8b, q8c, q9, q10, q11, q13, q14a, q14b, q15, q16, q17, q18, q19a, q19b, q19c, q20a, q20b, q20c, q20d have a response provided.
2. Calculate the reverse response value for question items Q8b, Q8c, Q9, Q11, Q14a, Q14b, Q16, Q17, Q18, Q19a, Q19b, Q19c using the formula provided.
3. For any respondent indicating No sexual activity in response to Q12, delete any response that may be provided for Q13, Q14a or Q14b.
4. Add score values of valid items for a Total score.
5. Divide Total score by the number of valid items for which a response was provided to calculate the mean summary score.

Table A1. PISQ-IR Sexually Active scale items and response values for summary score calculation

	Response values (RV)	Reverse response values (RRV)
Q7. How often do you feel sexually aroused (physically excited or turned on) during sexual activity?	1-5	
Q8a. When you are involved in sexual activity, how often do you feel Fulfilled?	1-5	
Q8b. When you are involved in sexual activity, how often do you feel Shame?	1-5	6- (RV)
Q8c. When you are involved in sexual activity, how often do you feel Fear?	1-5	6- (RV)
Q9. How often do you leak urine and/or stool with <u>any type</u> of sexual activity?	1-5	6- (RV)
Q10. Compared to orgasms you have had in the past, how intense are your orgasms now?	1-5	
Q11. How often do you feel pain during sexual intercourse?	1-5	6- (RV)
Q12. DO YOU HAVE A SEXUAL PARTNER?	Yes/No	
Q13. How often does your partner have a problem (lack of arousal, desire, erection, etc.) that limits your sexual activity?	1-4	
Q14a. In general, would you say your sexual partner has a positive or negative impact on Your sexual desire?	1-4	5- (RV)
Q14b. In general, would you say your sexual partner has a positive or negative impact on the Frequency of your sexual activity?	1-4	5- (RV)
Q15. When you are involved in sexual activity, how often do you feel that you want more?	1-5	
Q16. How frequently do you have sexual desire, this may include wanting to have sex, having sexual thoughts or fantasies, etc.?	1-5	6- (RV)
Q17. How would you rate your level (degree) of sexual desire or interest?	1-5	6- (RV)
Q18. How much does fear of leaking and/or bulging in the vagina (prolapse) cause you to avoid sexual activity?	1-4	5- (RV)
Q19a. How do you feel about your sex life: Satisfied/Dissatisfied?	1-5	6- (RV)
Q19b. How do you feel about your sex life: Adequate/Inadequate?	1-5	6- (RV)

Q19c. How do you feel about your sex life: Confident/Not Confident?	1-5	6- (RV)
Q20a. How strongly do you agree or disagree with: I feel frustrated by my sex life	1-4	
Q20b. How strongly do you agree or disagree with: I feel sexually inferior because of my incontinence and/or prolapse?	1-4	
Q20c. How strongly do you agree or disagree with: I feel embarrassed about my sex life?	1-4	
Q20d. How strongly do you agree with: I feel angry because of the impact that incontinence and/or prolapse has on my sex life?	1-4	
	Sub-Total= RV	Sub-Total= RRV
Total=	RV + RRV	
Mean Summary Score=	Total/ # Items with valid response	