

**Appendix A:**  
**PISQ-IR: Sexual Function for Women with: POP, Urinary  
Incontinence and/or Fecal Incontinence**



For More Information or Questions  
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Q1 Which of the following best describes you:

Not sexually active at all 1 G  Go to item Q2 (Section 1)

Sexually active with or without a partner 2 G  Skip to item Q7 (Section 2)

## Section 1: For those who are not Sexually Active

**L** If you engage in sexual activity please check this box G and skip to Page 3

Q2 The following are a list of reasons why you might not be sexually active, for each one please indicate how strongly you agree or disagree with it as a reason that you are not sexually active.

	STRONGLY AGREE	SOMEWHAT AGREE	SOMEWHAT DISAGREE	STRONGLY DISAGREE
a No partner .....	G <sup>1</sup>	G <sup>2</sup>	G <sup>3</sup>	G <sup>4</sup>
b No Interest .....	G <sup>1</sup>	G <sup>2</sup>	G <sup>3</sup>	G <sup>4</sup>
c Due to bladder or bowel problems (urinary or fecal incontinence) or due to prolapse (a feeling of or a bulge in the vaginal area) .....	G <sup>1</sup>	G <sup>2</sup>	G <sup>3</sup>	G <sup>4</sup>
d Because of my other health problems .....	G <sup>1</sup>	G <sup>2</sup>	G <sup>3</sup>	G <sup>4</sup>
e Pain .....	G <sup>1</sup>	G <sup>2</sup>	G <sup>3</sup>	G <sup>4</sup>

Q3 How much does the fear of leaking urine and/or stool and/or a bulging in the vagina (either the bladder, rectum or uterus falling out) cause you to avoid or restrict your sexual activity?

1 G Not at All

2 G A Little

3 G Some

4 G A Lot

Q4 For each of the following, please circle the number between 1 and 5 that best represents how you feel about your sex life.

		RATING					
a.	Satisfied	1	2	3	4	5	Dissatisfied
b.	Adequate	1	2	3	4	5	Inadequate

Q5 How strongly do you agree or disagree with each of the following statements:

	STRONGLY AGREE	SOMEWHAT AGREE	SOMEWHAT DISAGREE	STRONGLY DISAGREE
a. I feel frustrated by my sex life	G <sup>1</sup>	G <sup>2</sup>	G <sup>3</sup>	G <sup>4</sup>
b. I feel sexually inferior because of my incontinence and/or prolapse	G <sup>1</sup>	G <sup>2</sup>	G <sup>3</sup>	G <sup>4</sup>
c. I feel angry because of the impact that incontinence and/or prolapse has on my sex life	G <sup>1</sup>	G <sup>2</sup>	G <sup>3</sup>	G <sup>4</sup>

Q6 Overall, how bothersome is it to you that you are not sexually active?

1 G Not at All

2 G A Little

3 G Some

4 G A Lot

## End of Items for Not Sexually Active

## Section 2: For Those Who are Sexually Active

The remaining items in the survey are about a topic that one is not often asked to report on in a survey please answer as honestly and clearly as you possibly can.

Q7 How often do you feel sexually aroused (physically excited or turned on) during sexual activity?

- 1 G Never
- 2 G Rarely
- 3 G Sometimes
- 4 G Usually
- 5 G Always

Q8 When you are involved in sexual activity, how often do you feel each of the following:

	NEVER	RARELY	SOMETIMES	USUALLY	ALMOST ALWAYS
a. Fulfilled	G <sup>1</sup>	G <sup>2</sup>	G <sup>3</sup>	G <sup>4</sup>	G <sup>5</sup>
b. Shame	G <sup>1</sup>	G <sup>2</sup>	G <sup>3</sup>	G <sup>4</sup>	G <sup>5</sup>
c. Fear	G <sup>1</sup>	G <sup>2</sup>	G <sup>3</sup>	G <sup>4</sup>	G <sup>5</sup>

Q9 How often do you leak urine and/or stool with any type of sexual activity?

- 1 G Never
- 2 G Rarely
- 3 G Sometimes
- 4 G Usually
- 5 G Always

Q10 Compared to orgasms you have had in the past, how intense are your orgasms now?

- 1 G Much less intense
- 2 G Less intense
- 3 G Same intensity
- 4 G More intense
- 5 G Much more intense

Q11 How often do you feel pain during sexual intercourse? (If you don't have intercourse check this box G and skip to the next item.)

- 1 G Never
- 2 G Rarely
- 3 G Sometimes
- 4 G Usually
- 5 G Always

Q12 Do you have a sexual partner?

- 1 G Yes  Go to Q13
- 2 G No  Skip to Q15

Q13 How often does your partner have a problem (lack of arousal, desire, erection ,etc.) that limits your sexual activity?

- 1 G All of the time
- 2 G Most of the time
- 3 G Some of the time
- 4 G Hardly ever/Rarely

Q14 In general, would you say that your partner has a positive or negative impact on each of the following:

	VERY POSITIVE	SOMEWHAT POSITIVE	SOMEWHAT NEGATIVE	VERY NEGATIVE
a. Your sexual desire	G <sup>1</sup>	G <sup>2</sup>	G <sup>3</sup>	G <sup>4</sup>
b. The frequency of your sexual activity	G <sup>1</sup>	G <sup>2</sup>	G <sup>3</sup>	G <sup>4</sup>

Q15 When you are involved in sexual activity, how often do you feel that you want more?

- 1 G Never
- 2 G Rarely
- 3 G Sometimes
- 4 G Usually
- 5 G Always

Q16 How frequently do you have sexual desire, this may include wanting to have sex, having sexual thoughts or fantasies, etc.?

- 1 G Daily
- 2 G Weekly
- 3 G Monthly
- 4 G Less often than once a Month
- 5 G Never

Q17 How would you rate your level (degree) of sexual desire or interest?

- 1 G Very high
- 2 G High
- 3 G Moderate
- 4 G Low
- 5 G Very low or none at all

Q18 How much does the fear of leaking urine, stool and/or a bulging in the vagina(prolapse) cause you to avoid sexual activity?

- 1 G Not at All
- 2 G A Little
- 3 G Some
- 4 G A Lot

Q19 For each of the following, please circle the number between 1 and 5 that best represents how you feel about your sex life.

		RATING					
a	Satisfied	1	2	3	4	5	Dissatisfied
b	Adequate	1	2	3	4	5	Inadequate
c	Confident	1	2	3	4	5	Not Confident

Q20 How strongly do you agree or disagree with each of the following statements:

	STRONGLY AGREE	SOMEWHAT AGREE	SOMEWHAT DISAGREE	STRONGLY DISAGREE
a. I feel frustrated by my sex life .....	G <sup>1</sup>	G <sup>2</sup>	G <sup>3</sup>	G <sup>4</sup>
b. I feel sexually inferior because of my incontinence and/or prolapse .....	G <sup>1</sup>	G <sup>2</sup>	G <sup>3</sup>	G <sup>4</sup>
c. I feel embarrassed about my sex life .....	G <sup>1</sup>	G <sup>2</sup>	G <sup>3</sup>	G <sup>4</sup>
d. I feel angry because of the impact that incontinence and/or prolapse has on my sex life .....	G <sup>1</sup>	G <sup>2</sup>	G <sup>3</sup>	G <sup>4</sup>