WOMEN'S SEXUAL FUNCTION INDEX QUESTIONNAIRE

The Department of Urology and the Department of Psychiatry at Cipto Mangunkusumo General Hospital – Faculty of Medicine, University of Indonesia will conduct a study that aims to obtain an overview of women's sexual function and the factors that influence it.

In this regard, we invite you, women who are married and have had sexual activity in the last 4 weeks (including caressing, foreplay), masturbation, and vaginal intercourse, to participate in this study by filling out a survey. . This survey is conducted in the form of a questionnaire that you can fill out and only takes a maximum of 15 minutes. If you agree, you are requested to be able to directly fill out the questionnaire below.

You have the right to refuse to participate in this research. All research data will be treated confidentially so as not to allow others to be able to link it to you. You can ask questions that are not clear regarding this research by contacting the researcher, dr. Harrina E. Rahardjo, SpU(K), PhD or dr. Saras Serani (081288856098) at the Urology Department or dr. Sylvia Detri Elvira, SpKJ(K) or dr. Ika Nur Fitriana (081310504024) at the Department of Psychiatry, Cipto Mangunkusumo General Hospital.

We thank you for your attention and participation.

Date of submission / /___

Body weight..... kg

Body height..... cm

RESPONDENT'S BACKGROUND		
Your current age		.....
Your age at marriage		.....
Recent education		☐ did not pass elementary school ☐ graduated from elementary school ☐ graduated from junior high school ☐ graduated from high school ☐ Graduated Bachelor's Degree ☐ Postgraduate / Doctoral
Work		.....
Tribe		.....
Religion		☐ Islamic ☐ Kristen ☐ Hindu ☐ Buddhist ☐ Catholic ☐ Confucianism
Domicile		☐ Urban ☐ Rural
	Currently wedding to	.....
	Length of marriage when Ini	..... year of.....the month

Marriage History	How do you know your husband?	☐ Know yourself firsthand ☐ Matched ☐ Introduced friends ☐ Get to know through social media
	Number of biological children	.....
	Age of each child (please write age	1. …….. 2. …….. 3. ……..

	every child, oldest to youngest) *write on the side if column less	4. …….. 5. …….. 6. …….. 	
	Are you currently having trouble with your husband/family?	☐ Already ☐ Do not	
	Do you find it difficult to communicate with your husband?	☐ Already ☐ Do not	
	Do you find it difficult to communicate about sexual issues with your husband?	☐ Already ☐ Do not	
	Did you find out your husband hooked up with any other woman besides you?	☐ Already ☐ Do not	
Medical History	Thyroid / Goiter	☐ Already	☐ Do not
	Liver / yellow disease	☐ Already	☐ Do not
	Consumption of drugs for diseases heart	☐ Yes, that is	☐ Do not
	Hypertension	☐ Already	☐ Do not
	Consumption of hypertension drugs	☐ Yes, that is	☐ Do not
	Diabetes	☐ Already	☐ Do not
	Consumption of diabetes medications	☐ Yes, that is	☐ Do not
	Cholesterol	☐ Already	☐ Do not
	Consumption of cholesterol medications	☐ Already	☐ Do not
	Kidney disease	☐ Yes, that is	☐ Do not
	Stroke	☐ Already	☐ Do not
	Cancer	☐ Already	☐ Do not
	History of radiation therapy	☐ Yes, during the ..... mont h	☐ Do not
	History of chemotherapy	☐ Yes, during the ..... mont h	☐ Do not
	History of depression / illness other psychiatric	☐ Already	☐ Do not
	Consumption of antidepressant drugs / drugs for psychiatric diseases Other	☐ Yes, that is	☐ Do not
	Pregnant	☐ Yes , gestational age	☐ Do not
	Abnormalities in the urinary tract	☐ Already	☐ Do not
	History of urinary tract infections	☐ Already	☐ Do not

	(repeated)		
	Whitish	☐ Already	☐ Do not
	Itching on the pubic	☐ Already	☐ Do not
	History of sexually transmitted diseases	☐ Already	☐ Do not
	History of sexually transmitted diseases on the husband	☐ Already	☐ Do not

	Severe diseases in the husband	☐ Already	☐ Do not
	Erectile disorders in husbands	☐ Already	☐ Do not
	Ejaculation disorders in husbands	☐ Already	☐ Do not
	Desire / libido disorders in husband	☐ Already	☐ Do not
Operation history	Have you ever experienced operation?	☐ Already	☐ Do not
	If you've ever had surgery, what would it be?	☐ Removal of the uterus ☐ Removal of ovaries ☐ Breast ☐ Thyroid ☐ Uterine myoma ☐ Bladder ☐ Vagina ☐ Others, mention	
Contraceptive Use	Are you and your partner currently on contraception?	☐ Already	☐ Do not
	What contraceptives do you and your partner use?	☐ Calendar system ☐ Intercourse disconnected ☐ Lactation methods ☐ Condom ☐ Pil KB ☐ Stacking / Implants ☐ Injectable KB 1 month ☐ Injectable KB 3 months ☐ Spiral / AKDR ☐ Female sterilization / Tubectomy ☐ Male sterilization / Vasectomy	
	How long have you been on contraceptives?	..... year ..... moon	
Menstrual status	The age of the first menstruation	.....	
	Is your period regular?	☐ Already	☐ Do not
	Do you feel severe pain every time you menstruate?	☐ Already	☐ Do not
	Have you menopause been (have not had your period for 1 year)?	☐ Already	☐ Do not
	How long have you been in menopause?	..... year ..... moon	
	Do you get hormonal replacement therapy after menopause?	☐ Already	☐ Do not
	If you get hormonal replacement therapy, how much has it been long ago you got it?	..... year ..... moon	
	Have you ever experienced physical violence?	☐ Already	☐ Do not

Sexual history		dy
	Have you ever been sexually assaulted?	☐ Alrea dy ☐ Do not
	Have you ever experienced fear/ discomfort when going to having sex?	☐ Alrea dy ☐ Do not
	Have you ever had a sexual education in school?	☐ Alrea dy ☐ Do not
	Do you smoke?	☐ Alre ady ☐ Do not

Lifestyle history	Do you consume alcohol?	☐ Already	☐ Do not
	Do you take drugs?	☐ Already	☐ Do not
Personality	Are you a perfectionist?	☐ Already	☐ Do not
	Is your partner a perfectionist?	☐ Already	☐ Do not

FEMALE SEXUAL FUNCTION INDEX	
INSTRUCTIONS: The following questions relate to sexual feelings and responses over the past 4 weeks. Please fill this questionnaire honestly and as clearly as possible. Your response will be kept confidential and anonymous. In answering the questions below, use the following definitions as a reference: • Sexual activity includes stroking, *foreplay*, masturbation, and vaginal intercourse. • Sexual intercourse is defined as the penetration of the penis into the vagina. • Sexual stimulation includes *foreplay* with a partner, self-stimulation/masturbation, or sexual fantasies. JUST CHOOSE ONE OF THE ANSWERS TO EACH QUESTION	
Desire (arousal) or sexual attraction is a feeling of wanting to do, feeling ready to respond to an invitation couples, and think or fantasize about sexual intercourse.	
How do you measure your sexual desire/interest?	☐ Very high ☐ Tall ☐ High enough ☐ Low ☐ Very low or nothing at all
Aroused is a feeling that consists of the physical and mental aspects of sexual stimulation. Included in the depths include feelings of warmth or goosebumps in the genitals, wetness (lubrication), or muscle contractions.	
How often do you feel aroused during sexual activity/intercourse? Examples: vaginal discharge, hardened nipples , etc.	☐ No sexual activity ☐ Very high ☐ Tall ☐ Enough ☐ Low ☐ Very low or nothing at all
How often do you feel wet in the vaginal area during sexual activity/intercourse?	☐ No sexual activity ☐ Almost always or always ☐ Most of the time ☐ Sometimes ☐ Only a few times ☐ Almost never or never
How often do you have orgasms (climaxes) during sexual activity/intercourse?	☐ No sexual activity ☐ Almost always or always ☐ Most of the time ☐ Sometimes

	☐ Only a few times ☐ Almost never or never
How satisfied are you with your sexual life as a whole?	☐ Very satisfied ☐ Satisfied ☐ Balanced satisfied and dissatisfied ☐ Unsatisfied ☐ Very dissatisfied
How often do you experience pain/discomfort during vaginal intercourse/penetration?	☐ Not trying to have sexual intercourse ☐ Almost always or always ☐ Most of the time ☐ Sometimes ☐ Multiple times ☐ Almost never or never

EFFECTS ON QUALITY OF LIFE	
In case you have to spend the rest of life with your current sexual condition , how would you feel	☐ It's so nice ☐ Happy ☐ Generally satisfied ☐ A mixture between satisfied and dissatisfied ☐ Generally dissatisfied ☐ Unhappy ☐ It's so bad

-THANK YOU FOR YOUR PARTICIPATION-