Please respond to each question or statement by marking one box per row.

	Interest in Sexual Activity **In the past 30 days…**		**Not at all**	**A little bit**	**Somewhat**	**Quite a bit**	**Very**
SFINT101	How interested have you been in sexual activity? ...		☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
			Never	**Rarely**	**Sometimes**	**Often**	**Always**
SFINT102	How often have you felt like you wanted to have sex?		☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
	Orgasm **In the past 30 days…**	**Have not tried to have an orgasm/ climax in the past 30 days**	**Excellent**	**Very good**	**Good**	**Fair**	**Poor**
SFORG101	How would you rate your ability to have a satisfying orgasm/climax?	☐ 0	☐ 5	☐ 4	☐ 3	☐ 2	☐ 1
	Satisfaction **In the past 30 days…**	**Have not had sexual activity in the past 30 days**	**Not at all**	**A little bit**	**Somewhat**	**Quite a bit**	**Very much**
SFSAT105	When you have had sexual activity, how much have you enjoyed it?	☐ 0	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
		Have not had sexual activity in the past 30 days	**Not at all**	**A little bit**	**Somewhat**	**Quite a bit**	**Very**
SFSAT106	When you have had sexual activity, how satisfying has it been?	☐ 0	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
			Male	**Female**			
SFSCR103r	Are you...		☐	☐			
			Male→ Go to question SFEN102. Female→ Skip to SFLUB0001.				
	Erectile Function **In the past 30 days…**	**Have not tried to get an erection in the past 30 days**	**Not at all**	**A little bit**	**Somewhat**	**Quite a bit**	**Very**
SFEFN102	How difficult has it been for you to get an erection when you wanted to? (If you use pills, injections, or a penis pump to help you get an erection, please answer this question thinking about the times that you used these aids.)	☐ 0	☐ 5	☐ 4	☐ 3	☐ 2	☐ 1

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	Erectile Function **In the past 30 days…**	**Have not had an erection in the past 30 days**	**Not at all**	**A little bit**	**Somewhat**	**Quite a bit**	**Very**
SFEFN103	How difficult has it been to keep an erection (stay hard) when you wanted to? (If you use pills, injections, or a penis pump to help you get an erection, please answer this question thinking about the times that you used these aids.)	☐ 0	☐ 5	☐ 4	☐ 3	☐ 2	☐ 1
	How would you rate the following during the LAST 4 WEEKS…		**Very Poor**	**Poor**	**Fair**	**Good**	**Very Good**
SFEFN002	Your ability to have an erection.....		☐ 1	☐ 2	☐ 3	☐ 4	☐ 5

MALE STOP HERE

	Lubrication **Over the past 4 weeks…**	**No sexual activity**	**Almost always or always**	**Most times (more than half the time)**	**Sometimes (about half the time)**	**A few times (less than half the time)**	**Almost never or never**
SFLUB001	How *often* did you become lubricated ("wet") during sexual activity or intercourse?	☐ 0	☐ 5	☐ 4	☐ 3	☐ 2	☐ 1
	In the past 30 days…	**Have not tried to get lubricated in the past 30 days**	**Not at all**	**A little bit**	**Somewhat**	**Quite a bit**	**Very**
SFLUB101	How difficult has it been for your vagina to get lubricated ("wet") when you wanted it to?.....	☐ 0	☐ 5	☐ 4	☐ 3	☐ 2	☐ 1
	Vaginal Discomfort **In the past 30 days…**		**Have not had any sexual activity in the past 30 days**	**Very comfortable**	**Comfortable**	**Uncomfortable**	**Very Uncomfortable**
SFVAG101	How would you describe the comfort of your vagina during sexual activity?		☐ 0	☐ 1	☐ 2	☐ 3	☐ 4
		Have not had any sexual activity in the past 30 days	**Never**	**Rarely**	**Sometimes**	**Often**	**Always**
SFVAG102	How often have you had difficulty with sexual activity because of discomfort or pain in your vagina?...	☐ 0	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
SFVAG103	How often have you stopped sexual activity because of discomfort or pain in your vagina?	☐ 0	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5

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