## **Quality of Sexual Function (QSF) Scale**

## - English version -

With increasing age, minor or major problems or even complaints occur frequently. This questionnaire deals with the aging of both females and males.

Which of the following statements describe your personal situation when considering the last month? Please, mark for each statement whether it applies to you or not, and if yes, to what extent. For symptoms that do not apply, please mark "NONE".

**A.** Below you will find a list of general symptoms. Please, mark for **each** of the statements whether it applies to you or not, and if yes, to what extent you are affected.

		Degree of intensity/ severity			<mark>erity</mark>
Description of impairments/symptoms		mild	moderate	severe	very
	none				severe
Coding	(1)	(2)	(3)	(4)	(5)
<ol> <li>My feeling of general well-being has declined (physically or mentally).</li> </ol>					
Pain in my chest has occurred.					
<ol><li>I have got heart discomfort at rest (unusual awareness of beating, racing, skipping, tightness).</li></ol>					
<ol> <li>I sometimes have joint pain and muscular ache (lower back pain, joint pain, pain in a limb, general back ache).</li> </ol>					
<ol><li>Unexpected episodes of sweating occur, sometimes also at night (without any previous physical or mental load).</li></ol>					
I suffer from feeling dizzy.					
<ol><li>Sometimes I have got sleep problems (difficulty in falling asleep or sleeping through, poor sleep, sleeplessness).</li></ol>					
<ol> <li>Irritability and nervousness have increased (inner tension, inner restlessness, easily upset about little things, aggressiveness).</li> </ol>					
<ol><li>Sometimes I am in a depressive mood (feeling down, sad, on the verge of tears, lack of drive, mood swings).</li></ol>					
10. I feel physical exhaustion sometimes, and lacking vitality					
11. My memory and concentration are impaired.					
12. My muscular strength has clearly decreased.					
13. Sometimes I have got problems with urination.					

**B.** Many people are not happy with their sexual relations in general and with their sexual intercourse in particular. For this reason, we would like to ask you some even more private questions and to also ask you to tell us about your current situation, your desires, and your problems by marking the respective boxes. These questions refer to the last month.

If you answer the questions, please, do so totally openly and honestly – this questionnaire will be treated absolutely confidentially. However, if you are not willing to answer these questions, please leave the following part blank.

			Degree of intensity/severity					
Sexual function		No partner	NO	slightly	moderately	strongly	very strongly	
	Coding	(0)	(1)	(2)	(3)	(4)	(5)	
	Are you yourself <i>unhappy</i> with your common sexual life?							
	Is your partner <i>unhappy</i> with your common sexual life?							
	Do you personally experience pain or other problems during sexual intercourse?							
17.	Does your partner experience pain or other problems during sexual intercourse?							
18.	Would you like to have sexual contacts more often?							
19.	Does your partner wish for sexual intercourse more often than you do?							
20.	Does your partner wish for sexual intercourse less often than you do?							
21.	Has your desire for sexual activity (sexual intercourse or masturbation) <i>de</i> creased?							
22.	Has your desire for sexual activity (sexual intercourse or masturbation) <i>in</i> creased?							
		No partner	No	rarely, little	moderately	often	very often	
	Coding	(0)	(1)	(2)	(3)	(4)	(5)	
23.	desires?							
24.	fantasies or desires about you?							
25.	Do you frequently do sexual self-satisfaction (Masturbation)?							
26.	Do you occasionally refuse sexual intercourse with your partner, though desired?							
	Coding	(0)	(5)	(4)	(3)	(2)	(1)	
27.		(4)						
28.	Do you take the initiative to have sexual intercourse with your partner?							
29.								
30.	Are you happy with your state of excitement before and during sexual intercourse?							
31.	Is sufficient moisture achieved during the entire sexual intercourse?							
32.	Do you reach full satisfaction during sexual activities (orgasm)?							

C. Now a few more general question	ons to better	r und	derst	and the above answers:
<ul><li>33. What is your gender?</li><li>34. What is your age?</li><li>35. What is your weight (kg)?</li><li>36. How tall are you?</li></ul>		male □ □□ years □□ kg □,□□ meter		
37.Did you have a partner for sexu		last No		th? Yes □
38.If Yes: Did you have sexual contacts la		No		Yes □
39.For how long have you been int	imate with y	our	curre	ent partner?
No intimate intercourse ☐ less than 6 months ☐ 4 – 6 years ☐	6-12 mon 7-10 year			1 – 3 years ☐ more than 10 years ☐
40. Does sexuality play an importa	nt role in yo	ur lif	e?	
less important □	important			very important □

Thank You for Your Cooperation

## The Quality of Sexual Function Scale (QSF): Evaluation Scheme

Once the QSF questionnaire is completed by the respondent, the following form can be used if a evaluation on paper is intended. However, we recommend a computerized evaluation.

The scoring scheme of the QSF scale is simple: The questionnaire has for each of the 32 item an option to check one of 5-6 boxes (coding points (0,1...5). Put these coding points of each of the items into the form below.

The composite scores for each of the four dimensions (sub-scales) is based on adding up the scores of the items of the respective dimensions. The composite score (total score) is the sum of the four dimension scores. The four dimensions, i.e. psycho-somatic QoL, sexual activity, sexual dysfunction – self-view, and sexual dysfunction –partner-view, and their corresponding question numbers are detailed in the form.

This form explains how the total sum-score and the sum-scores of the subscales are determined: Add up the points from each of items belonging to one of the subscales (indicated by an arrow into a blank field) to get the sum-score for the respective subscale.

The "total score" is the sum of the sum-scores of the three subscales.

	4 Subscales					
	Psycho-	Sexual activity	Sexual	Sexual		
	somatic		dysfunction-	dysfunction-		
	QoL		self-view	partner'-view		
Well-being declined	<b></b>					
2. Pain in chest						
Heart discomfort at rest	<b></b>					
4. Joint and muscular ache	····					
5. Episodes of sweating						
6. Feeling dizzy —	<b></b>					
7. Sleep problems	····					
8. Irritability and nervousness						
9. Depressive mood	<b></b>					
10.Physical exhaustion						
11.Memory, concentration impaired_						
12.Muscular strength decreased —	<b></b>					
13.Problems with urination	<b></b>					
14. Unhappy with sexual life			<u> </u>			
15.Partner' unhappy with sex						
16. Problems during sex			<u> </u>			
17.Partner' problems during sex						
18.More sexual contacts desired			<b></b>			
19.Partner desires more sex				····		
20.Partner wishes less sex			<u> </u>			
21.Desire for sexual activity						
decreased						
22.Desire for sexual activity						
increased						
23.More sexual dreams, fantasies -			<u> </u>			
24.Partner' sexual dreams						
25.Sexual self-satisfaction						
26.Refuse sexual intercourse				<b>→</b>		
27.Sex organs respond to desires						
28.Sexual initiative						
29.Great sexual excitement —		<u> </u>				
30.Satisfaction with sexual						
excitement						
31.Sufficient moisture during sex —						
32.Sexual satisfaction achieved						