

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.

Description of impairments/symptoms	No, none	Degree of intensity/ severity			
		mild	moderate	severe	very severe
Coding	(1)	(2)	(3)	(4)	(5)
1. My feeling of general well-being has declined (physically or mentally).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Pain in my chest has occurred.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. I have got heart discomfort at rest (unusual awareness of beating, racing, skipping, tightness).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. I sometimes have joint pain and muscular ache (lower back pain, joint pain, pain in a limb, general back ache).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Unexpected episodes of sweating occur, sometimes also at night (without any previous physical or mental load).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. I suffer from feeling dizzy.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Sometimes I have got sleep problems (difficulty in falling asleep or sleeping through, poor sleep, sleeplessness).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Irritability and nervousness have increased (inner tension, inner restlessness, easily upset about little things, aggressiveness).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Sometimes I am in a depressive mood (feeling down, sad, on the verge of tears, lack of drive, mood swings).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. I feel physical exhaustion sometimes, and lacking vitality	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. My memory and concentration are impaired.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. My muscular strength has clearly decreased.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Sometimes I have got problems with urination.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

C. Now a few more general questions to better understand the above answers:

33. What is your gender? male female

34. What is your age? years

35. What is your weight (kg)? kg

36. How tall are you? , meter

37. Did you have a partner for sexual relations last month?

No

Yes

38. If Yes:

Did you have sexual contacts last month?

No

Yes

39. For how long have you been intimate with your current partner?

No intimate intercourse

less than 6 months

4 – 6 years

6-12 months

7-10 years

1 – 3 years

more than 10 years

40. Does sexuality play an important role in your life?

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

