

# The Rashidian Female Sexuality Questionnaire for Psychotherapy and Medical Practice

Dear Patient,

The Rashidian Female Sexuality Questionnaire for Psychotherapy and Medical Practice (TRFSQ) is a 30-item questionnaire designed to help you pinpoint possible areas of concern regarding the sexual aspects of your health and to be used as a communication tool between you and your health care provider.

Please first provide your demographic information, and next, answer the questions as instructed below. It takes an average of 10 minutes to complete the TRFSQ.

**Disclosure:** By completing and submitting the TRFSQ questionnaire, I hereby consent to my practitioner to confidentially use this data as part of my treatment plan, and for Dr Mitra Rashidian to use the data anonymously for research purposes to improve the sexual wellness of women.

## DEMOGRAPHIC INFORMATION

### 1. Age:

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### 2. Marital Status:

- ☐ Single
- ☐ Couple
- ☐ Married
- ☐ Divorce
- ☐ Widow

### 3. Ethnicity:

- ☐ White/caucasian
- ☐ Black
- ☐ Asian
- ☐ Latino/Hispanic
- ☐ Native American
- ☐ Arab
- ☐ Mixed
- ☐ Other

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### 4. Religion:

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### 5. Level of Education:

- ☐ High School
- ☐ College
- ☐ Undergrad
- ☐ Graduate and Higher

### 6. Employment Status:

- ☐ Not Employed
- ☐ Employed
- ☐ Self-Employed

### 7. Number of Pregnancies:

- ☐ None
- ☐ 1 - 2
- ☐ 3 - 4
- ☐ Other

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### 8. At what age did you become sexually active?

- ☐ 12 & Younger
- ☐ 13 - 15
- ☐ 16 - 18
- ☐ 19 - 25
- ☐ 25 & Older
- ☐ Not Sexually Active
- ☐ Other

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### 9. Which of the options best describes how you think of yourself?

- ☐ Heterosexual/Straight
- ☐ Bisexual
- ☐ Gay/Lesbian
- ☐ Queer
- ☐ Pansexual, and/or questioning
- ☐ Don't know
- ☐ Decline to Answer
- ☐ Other

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### 10. Reason for visiting your physician today:

- ☐ Routine Checkup
- ☐ Follow-Up Visit
- ☐ Other

Below is a list of 30 questions that may reflect on your sexual experience and challenges. There are no correct or incorrect answers, only your opinion and/or experience. Using the scale below ranging from 1 (Strongly Disagree) to 5 (Strongly Agree), indicate the range of the number that best fits your response, to the right of each item:

**1. I know how to identify my sexual problems.**

	1	2	3	4	5	
Strongly Disagree	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Strongly Agree

**2. There are personal issues related to my sexuality that I feel comfortable talking to a physician about it.**

	1	2	3	4	5	
Strongly Disagree	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Strongly Agree

**3. I expect my doctor to initiate conversations about sexual matters.**

	1	2	3	4	5	
Strongly Disagree	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Strongly Agree

**4. I feel comfortable about the sexual appearance of my body.**

	1	2	3	4	5	
Strongly Disagree	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Strongly Agree

**5. I have anxiety and/or stress when I think about having sex.**

	1	2	3	4	5	
Strongly Disagree	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Strongly Agree

**6. I feel sad and/or depressed about the sexual aspects of my life.**

	1	2	3	4	5	
Strongly Disagree	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Strongly Agree

**7. I am bothered by my decreased and/or increased level of sexual desire/interest.**

	1	2	3	4	5	
Strongly Disagree	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Strongly Agree

**8. I never/seldom experience vaginal pain during intercourse.**

	1	2	3	4	5	
Strongly Disagree	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Strongly Agree

**9. I experience orgasm regularly.**

	1	2	3	4	5	
Strongly Disagree	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Strongly Agree

**10. I experience anxiety during foreplay.**

	1	2	3	4	5	
Strongly Disagree	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Strongly Agree

**11. I understand how to learn about my own sexual needs.**

	1	2	3	4	5	
Strongly Disagree	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Strongly Agree

**12. I have knowledge of sexual problems.**

	1	2	3	4	5	
Strongly Disagree	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Strongly Agree

**13. I know how to talk about sexual violence.**

	1	2	3	4	5	
Strongly Disagree	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Strongly Agree

**14. I know how to bring up conversations about sexually transmitted diseases/infections with my doctor.**

	1	2	3	4	5	
Strongly Disagree	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Strongly Agree

**15. I have many conflicts over sexual issues in my relationships (i.e., pain, differing sex drive, etc.)**

	1	2	3	4	5	
Strongly Disagree	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Strongly Agree

**16. I am experiencing sexual difficulties as I am getting older.**

	1	2	3	4	5	
Strongly Disagree	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Strongly Agree

**17. I don't believe that sex is dirty, shameful, immoral, and sinful.**

	1	2	3	4	5	
Strongly Disagree	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Strongly Agree

**18. I feel comfortable touching my vagina.**

	1	2	3	4	5	
Strongly Disagree	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Strongly Agree

**19. I feel uncomfortable and/or embarrassed when having sex.**

	1	2	3	4	5	
Strongly Disagree	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Strongly Agree

**20. I generally feel comfortable and not guilty about masturbating.**

	1	2	3	4	5	
Strongly Disagree	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Strongly Agree

**21. Pregnancy is not a concern of mine when engaging in sex.**

	1	2	3	4	5	
Strongly Disagree	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Strongly Agree

**22. I have no medical conditions that impact me sexually.**

	1	2	3	4	5	
Strongly Disagree	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Strongly Agree

**23. I use drugs and/or alcohol which enhances me sexually.**

	1	2	3	4	5	
Strongly Disagree	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Strongly Agree

**24. My menopausal symptoms do not affect my sexual desire and/or orgasm.**

	1	2	3	4	5	
Strongly Disagree	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Strongly Agree

**25. My menstrual symptoms do not affect my sexual desire and/or orgasm.**

	1	2	3	4	5	
Strongly Disagree	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Strongly Agree

**26. My partner has little or no sexual difficulties.**

	1	2	3	4	5	
Strongly Disagree	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Strongly Agree

**27. I often find myself stressed or fatigued during the day.**

	1	2	3	4	5	
Strongly Disagree	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Strongly Agree

**28. I had adequate sex education before being sexually active.**

	1	2	3	4	5	
Strongly Disagree	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Strongly Agree

**29. I feel comfortable being around people of all sexual orientations.**

	1	2	3	4	5	
Strongly Disagree	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Strongly Agree

**30. I feel as though I need help understanding/overcoming my sexual difficulties.**

	1	2	3	4	5	
Strongly Disagree	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Strongly Agree

Thank you for responding to the above questions. You may keep your answers to yourself, however, should you wish to explore your results further, please feel free to contact your physician and/or your psychotherapist (if you have one), to set up a confidential appointment for more evaluation, discussion, and/or a referral to qualified health care provider.

Thank you.