

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:

6. Employment Status:

- Not Employed
- Employed
- Self-Employed

2. Marital Status:

- Single
- Couple
- Married
- Divorce
- Widow

3. Ethnicity:

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

4. Religion:

7. Number of Pregnancies:

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

8. At what age did you become sexually active?

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

5. Level of Education:

- High School
- College
- Undergrad
- Graduate and Higher

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

10. Reason for visiting your physician today:

- Routine Checkup
- Follow-Up Visit
- Other

TRFSQ Questionnaire

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"/>	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"/>	Strongly Agree				

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

	1	2	3	4	5	
Strongly Disagree	<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"/>	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"/>	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"/>	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"/>	Strongly Agree				

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

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

9. I experience orgasm regularly.

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

10. I experience anxiety during foreplay.

	1	2	3	4	5	
Strongly Disagree	<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"/>	Strongly Agree				

12. I have knowledge of sexual problems.

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

13. I know how to talk about sexual violence.

	1	2	3	4	5	
Strongly Disagree	<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"/>	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"/>	Strongly Agree				

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

	1	2	3	4	5	
Strongly Disagree	<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"/>	Strongly Agree				

18. I feel comfortable touching my vagina.

	1	2	3	4	5	
Strongly Disagree	<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"/>	Strongly Agree				

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

	1	2	3	4	5	
Strongly Disagree	<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"/>	Strongly Agree				

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

	1	2	3	4	5	
Strongly Disagree	<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"/>	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"/>	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"/>	Strongly Agree				

26. My partner has little or no sexual difficulties.

	1	2	3	4	5	
Strongly Disagree	<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"/>	Strongly Agree				

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

	1	2	3	4	5	
Strongly Disagree	<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"/>	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"/>	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.