

## Data Collection Worksheet

**Please Note:** The Data Collection Worksheet (DCW) is a tool to aid integration of a PhenX protocol into a study. The PhenX DCW is not designed to be a data collection instrument. Investigators will need to decide the best way to collect data for the PhenX protocol in their study. Variables captured in the DCW, along with variable names and unique PhenX variable identifiers, are included in the PhenX Data Dictionary (DD) files.

PROMIS® v2.0 Brief Profile Sexual Function and Satisfaction (Female)				
Item ID	Item Context	Item Stem	Responses and Scores	Screening Question
SFINT101	In the past 30 days	How interested have you been in sexual activity?	<input type="checkbox"/> 1 = Not at all <input type="checkbox"/> 2 = A little bit <input type="checkbox"/> 3 = Somewhat <input type="checkbox"/> 4 = Quite a bit <input type="checkbox"/> 5 = Very	
SFINT201	In the past 30 days	How often have you felt like you wanted to have sexual activity?	<input type="checkbox"/> 1 = Never <input type="checkbox"/> 2 = Rarely <input type="checkbox"/> 3 = Sometimes <input type="checkbox"/> 4 = Often <input type="checkbox"/> 5 = Always	
SFSCR202	In the past 30 days	Did you have any type of sexual activity? (Examples of sexual activity are masturbation, oral sex, and sexual intercourse.)	<input type="checkbox"/> 1 = No <input type="checkbox"/> 2 = Yes	
SFSCR204bpf		There are many reasons why people may not have had sexual activity during the month. What are the reasons why you did not have sexual activity? Please read the list carefully and check every reason that applies to you, even if it happened only one time during the past 30 days.	<input type="checkbox"/> 1 = Was not interested in having sexual activity <input type="checkbox"/> 2 = Dryness or pain in or around my vagina <input type="checkbox"/> 3 = Difficulties with orgasm/climax <input type="checkbox"/> 4 = Don't enjoy sexual activity <input type="checkbox"/> 5 = Health condition <input type="checkbox"/> 6 = No partner <input type="checkbox"/> 7 = Partner was away <input type="checkbox"/> 8 = Partner	Conditional on answer 1 = no for SFSCR202 - no activity

			was not interested in sexual activity [ ] 9 = Partner's health condition [ ] 10 = Some other reason (Specify) _____	
SFLUB001r	In the past 30 days	How often did you become lubricated ("wet") during sexual activity or intercourse?	[ ] 5 = Almost always or always [ ] 4 = Most times (more than half the time) [ ] 3 = Sometimes (about half the time) [ ] 2 = A few times (less than half the time) [ ] 1 = Almost never or never	Conditional on answer 2 = yes for SFSCR202
SFLUB004r	In the past 30 days	How difficult was it to maintain your lubrication ("wetness") until completion of sexual activity or intercourse?	[ ] 1 = Extremely difficult or impossible [ ] 2 = Very difficult [ ] 3 = Difficult [ ] 4 = Slightly difficult [ ] 5 = Not difficult	Conditional on answer 2 = yes for SFSCR202
SFVAG202	In the past 30 days	When you have had sexual activity, how much discomfort have you felt inside your vagina?	[ ] 1 = None [ ] 2 = A little bit [ ] 3 = Some [ ] 4 = Quite a bit [ ] 5 = A lot	Conditional on answer 2 = yes for SFSCR202
SFVAG206	In the past 30 days	When you have had sexual activity, how much pain have you felt inside your vagina?	[ ] 1 = None [ ] 2 = A little bit [ ] 3 = Some [ ] 4 = Quite a bit [ ] 5 = A lot	Conditional on answer 2 = yes for SFSCR202
SFVUL203	In the past 30 days	When you have had sexual activity, how much discomfort have you had in your labia (lips around the opening of the vagina)?	[ ] 1 = None [ ] 2 = A little bit [ ] 3 = Some [ ] 4 = Quite a bit [ ] 5 = A lot	Conditional on answer 2 = yes for SFSCR202
SFVUC203	In the past 30	When you have had sexual activity, how much discomfort have you had in	[ ] 1 = None [ ] 2 = A little bit [ ] 3 = Some	Conditional on answer 2 = yes

	days	your clitoris (clit)?	<input type="checkbox"/> 4 = Quite a bit <input type="checkbox"/> 5 = A lot	for SFSCR202
SFOGA201	In the past 30 days	How often have you been able to have an orgasm/climax when you wanted to?	<input type="checkbox"/> 0 = Have not tried to have an orgasm/climax <input type="checkbox"/> 1 = Never <input type="checkbox"/> 2 = Rarely <input type="checkbox"/> 3 = Sometimes <input type="checkbox"/> 4 = Often <input type="checkbox"/> 5 = Always	Conditional on answer 2 = yes for SFSCR202
SFOGP203	In the past 30 days	How satisfying have your orgasms or climaxes been?	<input type="checkbox"/> 0 = Have not had an orgasm/climax <input type="checkbox"/> 1 = Not at all <input type="checkbox"/> 2 = A little bit <input type="checkbox"/> 3 = Somewhat <input type="checkbox"/> 4 = Quite a bit <input type="checkbox"/> 5 = Very	Conditional on answer 2 = yes for SFSCR202
SFSAT101	In the past 30 days	How satisfied have you been with your sex life?	<input type="checkbox"/> 1 = Not at all <input type="checkbox"/> 2 = A little bit <input type="checkbox"/> 3 = Somewhat <input type="checkbox"/> 4 = Quite a bit <input type="checkbox"/> 5 = Very	Conditional on answer 2 = yes for SFSCR202
SFSAT102r	In the past 30 days	How much pleasure has your sex life given you?	<input type="checkbox"/> 1 = None <input type="checkbox"/> 2 = A little bit <input type="checkbox"/> 3 = Some <input type="checkbox"/> 4 = Quite a bit <input type="checkbox"/> 5 = A lot	Conditional on answer 2 = yes for SFSCR202

Protocol source: <https://www.phenxtoolkit.org/protocols/view/880801>