The Abbreviated Female Sexual Function Questionnaire (ASFQ)®

Background and Scoring

This abbreviated version of the Female Sexual Function Questionnaire (SFQ28)\(^1\) does not contain the partner and enjoyment domains; it captures the functional domains only (Arousal-Lubrication, Arousal-Cognitive, Arousal-Sensation, Desire, Orgasm, and Pain). Confirmatory validation still needs to be conducted due to the removal of the two general domains.

References:

ASFQ Scoring System (Items, Total, Domains)

Individual Items
The ASFQ contains 20 items and each item has between 5 or 7 possible response options.

Items 1-4, 20 are scored 1-5 (in ascending order)

e.g. 1. Over the last 4 weeks, how often have you had pleasurable thoughts and feelings about sexual activity?

Not at all (1)
Rarely (2)
Sometimes (3)
Often (4)
Very often (5)
**Items 5-12, 17** are scored 1-5 (in *ascending* order) with the 'not applicable' category (e.g. 'I did not take part in sexual activity') set to 'missing'.

**e.g.** 5. **Over the last 4 weeks, how often did you have a feeling of 'warmth' in your vagina/genital area when you took part in sexual activity?**

- I did not take part in sexual activity (missing)
- Not at all (1)
- Sometimes (2)
- Often (3)
- Very Often (4)
- Every time (5)

**Item 13** is scored 1-6 (in *ascending* order) with the 'not applicable' category (e.g. 'I did not take part in sexual activity) set to 'zero'.

**e.g.** 13. **Over the last 4 weeks, how often did you take part in sexual activity with penetration (e.g. vaginal penetration and intercourse)?**

- I did not take part in sexual activity (0)
- Once/twice (1)
- 3-4 times (2)
- 5-8 times (3)
- 9-12 times (4)
- 13-16 times (5)
- >16 times (6)

**Items 18-19** are scored 1-5 (in *ascending* order) with the 'not applicable' category (e.g. 'I did not have any orgasms') set to 'zero'.

**e.g.** 18. **Over the last 4 weeks, in general, how pleasurable were the orgasms that you had?**

- I did not have any orgasms (0)
- Not pleasurable (1)
- Slightly pleasurable (2)
- Moderately pleasurable (3)
- Very pleasurable (4)
- Extremely pleasurable (5)
**Items 14-15** are scored 5-1 (in descending order) with the 'not applicable' category (e.g. 'I did not take part in sexual activity') set to 'missing'.

e.g. 14. Over the last 4 weeks, **how often** did you experience pain in your vagina/genital area during or after sexual activity (e.g. penetration, intercourse)?

- Not at all (5)
- Sometimes (4)
- Often (3)
- Very often (2)
- Every time (1)

**Item 16** is scored from 5-1 (in descending order) with the 'I did not take part in sexual activity' scored as 'missing' and the 'I did not take part in sexual activity because of being worried or anxious about pain' scored as 'zero'.

e.g. 16. Over the last 4 weeks, **how often** have you been worried or anxious about pain during sexual activity?

- I did not take part in sexual activity (missing)
- I did not take part in sexual activity because of being worried or anxious about pain (0)
- Not at all (5)
- Sometimes (4)
- Often (3)
- Very often (2)
- Every time (1)
Domain Scores

Six domains have been identified:

<table>
<thead>
<tr>
<th>Domain</th>
<th># of items</th>
<th>Items</th>
<th>Raw Score range</th>
<th>*Scores suggesting normal function</th>
</tr>
</thead>
<tbody>
<tr>
<td>Desire</td>
<td>6</td>
<td>1-4, 13, 20</td>
<td>5-31</td>
<td>≥23</td>
</tr>
<tr>
<td>Arousal (Sensation)</td>
<td>4</td>
<td>5-8</td>
<td>4-20</td>
<td>≥14</td>
</tr>
<tr>
<td>Arousal (Lubrication)</td>
<td>2</td>
<td>9-10</td>
<td>2-10</td>
<td>≥8</td>
</tr>
<tr>
<td>Arousal (Cognitive)</td>
<td>2</td>
<td>11-12</td>
<td>2-10</td>
<td>≥8**</td>
</tr>
<tr>
<td>Orgasm</td>
<td>3</td>
<td>17-19</td>
<td>1-15</td>
<td>≥12</td>
</tr>
<tr>
<td>Pain</td>
<td>3</td>
<td>14-16</td>
<td>2-15</td>
<td>≥12</td>
</tr>
</tbody>
</table>

*These scores indicating a high likelihood of normal function have been derived using discriminant analyses from the current database and should be used as guidelines only. There is a band of score below these where functional status (excluding Partner domain) would be considered as borderline depending on other clinical indices. See Table 1.

Table 1. ASFQ Score ranges indicative of likelihood of sexual dysfunction

<table>
<thead>
<tr>
<th>Domain</th>
<th>Score range indicating high probability of FSD</th>
<th>Score range indicating borderline sexual function</th>
<th>Score range indicating high probability of normal sexual function</th>
</tr>
</thead>
<tbody>
<tr>
<td>Desire</td>
<td>5-16</td>
<td>17-22</td>
<td>23-31</td>
</tr>
<tr>
<td>Arousal (S)</td>
<td>4-10</td>
<td>11-13</td>
<td>14-20</td>
</tr>
<tr>
<td>Arousal (L)</td>
<td>2-5</td>
<td>6-7</td>
<td>8-10</td>
</tr>
<tr>
<td>Arousal (C)</td>
<td>2-5</td>
<td>6-7</td>
<td>8-10**</td>
</tr>
<tr>
<td>Orgasm</td>
<td>1-8</td>
<td>9-11</td>
<td>12-15</td>
</tr>
<tr>
<td>Pain</td>
<td>2-8</td>
<td>9-11</td>
<td>12-15</td>
</tr>
</tbody>
</table>

**Data regarding validation of this domain and its cut-score is available upon request. Manuscript is in preparation.
When used in conjunction with a clinical sexual history interview the ASFQ scores should be supportive of information derived from the subject (i.e. if the subject proposes that orgasm is her greatest sexual complaint a score within the range of 3-11 would be expected. A score greater than 12 should prompt a review and further discussion).

Where discrepancies between the ASFQ score and the sexual problem(s) derived from the sexual history interview arise the opportunity should be taken to discuss this further with the subject and determine the cause(s) for any discrepancy.

**Missing items**

Inevitably there will be occasions when not all questions for a particular domain have been answered, either by mistake or because the respondent was not prepared to answer a particular question. However, if 50% or more of the items have been answered then the score can still be calculated by imputing the average of the other respondents to the missing item. For example, if item 13 on the desire domain was missing then the average score for this item from the other respondents can be imputed.

**Missing Questionnaires**

If more than a baseline assessment has been made prior to end of treatment (EOT) then the last observation carried forward (LOCF) principle can be applied.