

Appendix 1. Survey Questions

1. In your medical practice to do you see:
 - a. All FPMRS/urogynecology patients
 - b. Mainly urogynecology
 - c. General gynecology
 - d. Gynecology and obstetrics patients
 - e. Urology patients
 - f. Other: _____

2. How long have you been in practice?
 - a. I am still in training (i.e. fellowship, residency)
 - b. <5 years
 - c. 5-10 years
 - d. 11-20 years
 - e. >20 years
 - f. I am currently retired

3. Area of practice:
 - a. Northeast United States (CT, DE, MA, MD, ME, NH, NJ, NY, PA, RI, VT)
 - b. South United States (AL, AR, FL, GA, KY, LA, MS, NC, OK, SC, TN, TX, VA, WV)
 - c. Midwest/Central United States (IA, IL, IN, KS, MI, MN, MO, ND, NE, OH, SD, WI)
 - d. West Coast United States (AK, AZ, CA, CO, HI, ID, MT, NM, NV, OR, UT, WA, WY)
 - e. Canada
 - f. Outside of United States or Canada (*Please list*): _____

4. What is the population of the area where your practice is located?
 - a. <50,000 inhabitants
 - b. 50,000-500,000 inhabitants
 - c. >500,000 inhabitants

5. Is your primary practice:
 - a. Academic or University based
 - b. Private Practice or Community based
 - c. Integrated health system (i.e. Kaiser)
 - d. Hospital employed
 - e. Other: _____

6. Number of physician partners that you work with:
 - a. 0-1
 - b. 2-4
 - c. >5

7. What is your gender?
 - a. Male
 - b. Female
 - c. Other

8. What is your age?
- 20-30
 - 31-40
 - 41-50
 - 51-60
 - >60
9. Below is a list of questionnaires some physicians use to assess female patients for sexual dysfunction. Please indicate all those you are familiar with:
- Female Sexual Function Index (FSFI)
 - Pelvic Organ Prolapse-Urinary Incontinence Sexual Function Questionnaire (PISQ)
 - Female Sexual Distress Scale (FSDS)
 - Sexual Function Questionnaire (SFQ-V1)
 - Derogatis Interview for Sexual Functioning (DISF/DISF-SR)
 - Other: _____
 - Not familiar with any
10. Compared to other medical conditions you deal with, how important is it to screen patients for female sexual dysfunction?
- Not important
 - Somewhat important
 - Very important
 - Extremely important
11. How frequently do you screen female patients for sexual dysfunction?
- Never → Skip to Question 14
 - Rarely → Skip to Question 14
 - Most of the time → Continue to Question 12
 - Always → Continue to Question 12
12. If you Most of the Time or Always screen for female sexual dysfunction, what methods do you use? (Mark all that apply)
- 1 -2 questions about sexual activity
 - 1 -2 questions about dyspareunia
 - 1 -2 questions about libido
 - 1 -2 questions about arousal/lubrication
 - 1 -2 questions about orgasm
 - Validated Index/Questionnaire about sexual function
13. How is the information from Question 12 elicited?
- I ask patient questions
 - Patient fills out a form
 - Patient fills out a form and we discuss the answers
 - Research/clinical nurse/physician assistant asks the patient

14. What are some *barriers* to screening for sexual dysfunction (*Mark all that apply*)
- Not enough time
 - Don't know what/how to ask
 - If patient has a problem, I am unsure about therapeutic options
 - Most of my patients are elderly
 - Afraid to offend patients (i.e. cultural taboo)
 - Other: _____
15. What percentage of female patients that you see *do you believe* experience sexual dysfunction?
- <5%
 - 5-10%
 - 11-20%
 - 21-30%
 - 31-40%
 - 41-50%
 - 51-60%
 - 61-70%
 - 71-80%
 - 81-90%
 - >90%

If you do not perform surgery as part of your practice SKIP TO QUESTION 20

16. How frequently do you screen patients for sexual dysfunction after surgery for prolapse or incontinence?
- Never → *Continue to Question 17*
 - Rarely → *Continue to Question 17*
 - Most of the time → *Skip to Question 18*
 - Always → *Skip to Question 18*
17. If you said that you Never or Rarely screen for female sexual dysfunction after surgery for prolapse or incontinence, what are some of the reasons? (*Mark all that apply*)
- Not enough time
 - Don't know what/how to ask
 - Don't think surgery is *typically* related to changes in sexual function
 - If patient *does* have a problem, I am unsure about therapeutic options
 - Most of my patients are elderly
 - Afraid to offend patients (i.e. cultural taboos)
 - I see the patient too early to determine if there is a problem (i.e. not sexually active yet)
 - Other: _____

If you answered Question 17 then SKIP to Question 20

18. If you Most of the Time or Always assess for sexual dysfunction after surgery for prolapse or incontinence, what methods do you use? (*Mark all that apply*)
- 1 -2 questions about sexual activity
 - 1 -2 questions about dyspareunia
 - 1 -2 questions about libido
 - 1 -2 questions about arousal/lubrication

- e. 1 -2 questions about orgasm
 - f. Validated Index/Questionnaire about sexual function
19. How is the information from Question 18 elicited from the patient?
- a. I ask patient questions
 - b. Patient fills out a form
 - c. Patient fills out a form and we discuss the answers
 - d. Research/clinical nurse/physician assistant asks the patient
20. If you received post resident training in FPMRS/Urogynecology, how would you rate the training with respect to female sexual dysfunction?
- a. Unsatisfactory
 - b. Somewhat satisfactory
 - c. Very satisfactory
 - d. Extremely satisfactory
 - e. I did not train post-residency
21. What type of resources do you provide for patients with female sexual dysfunction? (*Circle all that apply*)
- a. Referral to pelvic floor physical therapy
 - b. Referral to sexual medicine provider (sex therapist or sexual medicine physician)
 - c. Referral to an online source (specify which one): _____
 - d. Referral to an app (specify which one): _____
 - e. Other resources: _____
22. Would you feel comfortable referring patients to use an interactive phone app for female sexual dysfunction?
- a. Yes
 - b. No
23. Would you be more likely to recommend an app for female sexual dysfunction if it was created by a physician?
- a. Yes
 - b. No