

Multiple Sclerosis Intimacy and Sexuality Questionnaire (MSISQ-19)

INSTRUCTIONS: To better understand the impact of multiple sclerosis (MS) on intimacy and sexuality, this 19-item questionnaire asks you to rate how various MS symptoms have interfered with your sexual activity or satisfaction over the last 6 months. Questions may be answered by placing a check or any other mark in the square located next to the question and below the appropriate number. There are no right or wrong answers. If you are unsure how to answer a question, please choose the best answer you can.

Over the last 6 months, the following symptoms have interfered with my sexual activity or satisfaction:	Never 1	Rarely 2	Occasionally 3	Almost Always 4	Always 5
1. Muscle tightness or spasms in my arms, legs, or body	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Bladder or urinary symptoms	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Bowel symptoms	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Feelings of dependency because of MS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Tremors or shaking in my hands or body	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Pain, burning, or discomfort in my body	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Feeling that my body is less attractive	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Problems moving my body the way I want during sexual activity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Feeling less masculine or feminine due to MS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Problems with concentration, memory, or thinking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Exacerbation or significant worsening of my MS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Less feeling or numbness in my genitals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Fear of being rejected sexually because of MS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. Worries about sexually satisfying my partner	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. Feeling less confident about my sexuality due to MS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. Lack of sexual interest or desire	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17. Less intense or pleasurable orgasms or climaxes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18. Takes too long to orgasm or climax	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19. Inadequate vaginal wetness or lubrication (women)/difficulty getting or keeping a satisfactory erection (men)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Scoring:

Primary sexual dysfunction subscale items = 12, 16, 17, 18, 19

Secondary sexual dysfunction subscale items = 1, 2, 3, 4, 5, 6, 8, 10, 11

Tertiary sexual dysfunction subscale items = 7, 9, 13, 14, 15

Any item scoring “4” or “5” should be discussed with your MS healthcare professional.