

Sexual Function and Satisfaction Post-Vaginoplasty Survey (Satisfuction Study)

To participate in this research, we ask that you try to answer all questions to the best of your ability. If there are any questions you do not want to answer, you may skip them or use the "prefer not to answer" option.

You can SAVE & RETURN to the survey using the link in your email if needed. When the survey is completed, please click SUBMIT at the bottom of the page.

The survey will close one week after you begin your responses-after that it will be inaccessible and you will not be able to complete the study and receive compensation.

If you decide that you do not want to complete the questionnaire, you can withdraw your consent and not participate in the research by simply leaving this page and not completing the questionnaire. Alternately, you may also click the WITHDRAW option at the end of this page and then click SUBMIT. If you withdraw, we will not use any of your partial answers and you will not receive compensation.

Thank you!

BACKGROUND INFORMATION

1. Age

2. State where you currently live (e.g., Ohio)

3. Race

(Check all that apply)

☐ American Indian or Alaska Native

☐ Asian

☐ Black or African American

☐ Native Hawaiian or Other Pacific Islander

☐ White

☐ Unknown

☐ Other

☐ Prefer not to answer

If other, please specify

4. Ethnicity

☐ Hispanic

☐ Non-Hispanic

☐ Unknown

☐ Prefer not to answer

5. Highest Level of Education Completed:

☐ High School

☐ Some College/Associates

☐ College

☐ Graduate School or More

☐ Prefer not to answer

6. Employment Status

(Check All That Apply)

☐ Employed

☐ Unemployed

☐ On Disability

☐ Retired

☐ Other

☐ Prefer not to answer

If other, please specify

7. Yearly income

- ☐ 0-\$30,000
☐ \$31,000-50,000
☐ \$51,000-70,000
☐ \$71,000-100,000
☐ >\$100,000
☐ Prefer not to answer
-

8. What sex was assigned to you at birth?

- ☐ Male
☐ Female
☐ Intersex
☐ Prefer not to answer
-

9. Gender Identity

- ☐ Transwoman
☐ Transman
☐ Gender Fluid/Non-Conforming
☐ Non-binary
☐ Other
☐ Prefer not to answer
-

If other, please specify

10. Sexual Orientation

- ☐ Heterosexual
☐ Homosexual
☐ Bisexual
☐ Pansexual
☐ Asexual
☐ Demisexual
☐ Other
☐ Prefer not to answer
-

If other, please specify

11. Relationship Status

- ☐ Single
☐ Married/Long-Term Relationship
☐ Open Relationship
☐ Separated
☐ Divorced
☐ Widowed
☐ Other
☐ Prefer not to answer
-

If other, please specify

12. Year of Social Transition

(What year did you socially start living as a gender different than what was assigned at birth?)

13. Year of Starting Hormone Therapy

14. How satisfied are you with your healing journey since vaginoplasty?

(how quickly you have healed, complications)

- ☐ Very satisfied
☐ Moderately satisfied
☐ Slightly satisfied
☐ Not satisfied at all
☐ I'm not sure/I don't know
☐ Prefer not to answer

15. What would you consider your level of social support (family, friends, etc.)?

- ☐ Non-existent
☐ Minimal
☐ Moderate
☐ Strong
☐ Extremely strong
☐ Prefer not to answer

16. How much time after your initial vaginoplasty procedure did you experience pleasurable sensation in the genital area?

(example: 3 months)

SURGICAL HISTORY

17. Year and Month of Initial Gender Affirming Genital ("bottom") Surgery

(Select Year and Month)

18. What type of vaginoplasty did you receive?

- ☐ Zero Depth/Vulvoplasty
☐ Shallow Depth
☐ Penile Inversion
☐ Peritoneal Pull Through
☐ Intestinal/Colon
☐ Other
☐ I'm Not Sure
☐ Prefer not to answer

If other, please specify

19. Did you have any post operative complications?

- ☐ Yes
☐ No

What post operative complications did you have?
(Check all that apply)

- ☐ UTI
☐ Hematoma/blood clot
☐ Wound infection
☐ Foul smelling vaginal discharge
☐ Wound opening
☐ Other

If other, please specify

20. Please select any revision procedures you have had after your initial procedure

(Check All That Apply)

- ☐ Vulvoplasty
- ☐ Subsequent Penile Inversion
- ☐ Subsequent Peritoneal Pull Through
- ☐ Intestinal/Colon
- ☐ Scar Revision
- ☐ Deepening procedure
- ☐ Other
- ☐ I'm Not Sure
- ☐ None
- ☐ Prefer not to answer

If other, please specify

What year and month? (for each procedure)

(Type in YEAR and MONTH for each procedure)

21. Have you been sexually active in the past 4 weeks?

(select all that apply)

- ☐ Yes, with a partner(s)
- ☐ Yes, alone
- ☐ No, and I did not want to
- ☐ No, but I wanted to
- ☐ Prefer not to answer

Sexual Satisfaction and Function Survey Post-Vaginoplasty

This is a survey that will help assess your sexual satisfaction and function since your vaginoplasty procedure. Each of the following questions will ask you about different aspects of your sexual satisfaction and function and refers to sexual activity.

Sexual Activity = oral sex, penetrative sex, masturbation, sex toys, etc. (alone or with partner(s))

Non-Sexual Activity = dilator use, in office vaginal/pelvic exam, speculum use, etc.

Please answer the following questions based on how you have felt over the past 4 weeks.

Genital Self Image

	Very comfortable	Slightly comfortable	Neither comfortable nor uncomfortable	Slightly uncomfortable	Very uncomfortable	I don't know or Prefer not to answer	N/A
22. How comfortable are you with the physical appearance of your external genitalia?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
23. How comfortable do you or would you feel with your partner(s) seeing your external genitalia?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

	Never	Almost never	Sometimes	Almost always	Always	I don't know or Prefer not to answer	N/A
24. How often does scarring interfere with how comfortable you are with the physical appearance of your external genitalia?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

	Much lower or absent	Lower	The same	Higher	Much higher	I don't know or Prefer not to answer	N/A
25. Compared to before your procedure, rate your gender dysphoria in relation to your genitalia. (gender dysphoria means discomfort or stress related to gender)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Desire

	Never	Almost never	Sometimes	Almost always	Always	I don't know or Prefer not to answer	N/A
26. How often do you feel sexual desire? (the feeling of wanting a sexual experience, feeling receptive to a partner's sexual initiation, or fantasizing about having sex)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

	Very satisfied	Slightly satisfied	Neither satisfied nor unsatisfied	Slightly unsatisfied	Very unsatisfied	I don't know or Prefer not to answer	N/A
27. How satisfied are you with your level of sexual desire?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Arousal

	Very satisfied	Slightly satisfied	Neither satisfied nor unsatisfied	Slightly unsatisfied	Very unsatisfied	I don't know or Prefer not to answer	N/A
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28. How satisfied are you with the frequency of your sexual arousal? (the mental/physical feelings of sexual excitement, warmth or tingling in the genitals, muscle contractions)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Very high	High	Not too high, Not too low	Low	Very low or absent	I don't know or Prefer not to answer	N/A
29. How would you rate the intensity of your sexual arousal?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Very satisfied	Slightly satisfied	Neither satisfied nor unsatisfied	Slightly unsatisfied	Very unsatisfied	I don't know or Prefer not to answer	N/A
30. How satisfied are you with the intensity of your sexual arousal?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Lubrication

	Always	Almost always	Sometimes	Almost never	Never	I don't know or Prefer not to answer	N/A
31. How often do you feel secretions during sexual activity or intercourse without using lubricants? (engaging in sexual activity alone or with a partner)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Always	Almost always	Sometimes	Almost never	Never	I don't know or Prefer not to answer	N/A
32. How often do you feel unwanted secretions outside of sexual activity or intercourse?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Orgasm

	Always	Almost always	Sometimes	Almost never	Never	I don't know or Prefer not to answer	N/A
33. How often have you been able to have an orgasm when you wanted to?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Very satisfied	Slightly satisfied	Neither satisfied nor unsatisfied	Slightly unsatisfied	Very unsatisfied	I don't know or Prefer not to answer	N/A
34. How satisfied do you feel with the quality of your orgasm during sexual stimulation and/or intercourse?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Always	Almost always	Sometimes	Almost never	Never	I don't know or Prefer not to answer	N/A
35. How often have you been able to achieve an orgasm with vaginal penetration?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
36. How often have you been able to achieve an orgasm with clitoral stimulation?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
37. How often have you been able to achieve an orgasm with anal penetration?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Satisfaction

	Very satisfied	Slightly satisfied	Neither satisfied nor unsatisfied	Slightly unsatisfied	Very unsatisfied	I don't know or Prefer not to answer	N/A
38. How satisfied are you with the amount of sexual activity you have?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
39. How satisfied are you with the feeling of vaginal penetration?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
40. How satisfied are you with the depth of your vagina?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

41. How satisfied are you with the circumference of your vagina?

☐
☐
☐
☐
☐
☐
☐

Pain

Never

Almost never

Sometimes

Almost always

Always

I don't know or Prefer not to answer

N/A

42. How often do you experience pain during vaginal penetration?

☐
☐
☐
☐
☐
☐
☐

Very low or absent

Low

Not too high, Not too low

High

Very high

I don't know or Prefer not to answer

N/A

43. How would you rate the intensity of pain you experience during vaginal penetration?

☐
☐
☐
☐
☐
☐
☐

Never

Almost never

Sometimes

Almost always

Always

I don't know or Prefer not to answer

N/A

44. How often do you experience pain with clitoral stimulation?

☐
☐
☐
☐
☐
☐
☐

Very low or absent

Low

Not too high, Not too low

High

Very high

I don't know or Prefer not to answer

N/A

45. How would you rate the intensity of pain you experience with clitoral stimulation?

☐
☐
☐
☐
☐
☐
☐

Never

Almost never

Sometimes

Almost always

Always

I don't know or Prefer not to answer

N/A

46. How often do you experience pain with arousal?

☐
☐
☐
☐
☐
☐
☐

Very low or absent

Low

Not too high, Not too low

High

Very high

I don't know or Prefer not to answer

N/A

47. How would you rate the intensity of pain you experience with arousal?

☐
☐
☐
☐
☐
☐
☐

Anatomy

Very high

High

Not too high, Not too low

Low

Very low or absent

I don't know or Prefer not to answer

N/A

48. How would you rate the sensitivity of your clitoris? (sensitivity describes awareness of light touch)

☐
☐
☐
☐
☐
☐
☐

Very satisfied

Slightly satisfied

Neither satisfied nor unsatisfied

Slightly unsatisfied

Very unsatisfied

I don't know or Prefer not to answer

N/A

49. How satisfied are you with the sensitivity of your clitoris? (sensitivity describes awareness of light touch)

☐
☐
☐
☐
☐
☐
☐

Very high

High

Not too high, Not too low

Low

Very low or absent

I don't know or Prefer not to answer

N/A

50. How would you rate the sensitivity of your labia majora (outer lips of the vulva)? (sensitivity describes awareness of light touch)

☐
☐
☐
☐
☐
☐
☐

Very satisfied

Slightly satisfied

Neither satisfied nor unsatisfied

Slightly unsatisfied

Very unsatisfied

I don't know or Prefer not to answer

N/A

51. How satisfied are you with the sensitivity of your labia majora (outer lips of vulva)? (sensitivity describes awareness of light touch)

☐
☐
☐
☐
☐
☐
☐

	Very high	High	Not too high, Not too low	Low	Very low or absent	I don't know or Prefer not to answer	N/A
52. How would you rate the sensitivity of your labia minora (inner lips of the vulva)? (sensitivity describes awareness of light touch)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

	Very satisfied	Slightly satisfied	Neither satisfied nor unsatisfied	Slightly unsatisfied	Very unsatisfied	I don't know or Prefer not to answer	N/A
53. How satisfied are you with the sensitivity of your labia minora (inner lips of vulva)? (sensitivity describes awareness of light touch)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

	Very high	High	Not too high, Not too low	Low	Very low or absent	I don't know or Prefer not to answer	N/A
54. During vaginal penetration, how would you rate the sensitivity of your prostate (erectile tissue between bladder and rectum)? (sensitivity describes awareness of touch/pressure)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

	Very satisfied	Slightly satisfied	Neither satisfied nor unsatisfied	Slightly unsatisfied	Very unsatisfied	I don't know or Prefer not to answer	N/A
55. During vaginal penetration, how satisfied are you with the the sensitivity of your prostate (erectile tissue between bladder and rectum)? (sensitivity describes awareness of touch/pressure)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Any comments or concerns? Please feel free to share any comments about your sexual journey. (This item is optional.)

Utrecht Gender Dysphoria Scale - Gender Spectrum (UGDS-GS)

For each question, select the response that best describes how much you agree with each statement. Note: Assigned sex means the sex you were assigned at birth and affirmed gender is the gender you currently identify with.

		Disagree completely	Disagree	Neither agree nor disagree	Agree	Agree completely
56	I prefer to behave like my affirmed gender	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
57	Every time someone treats me like my assigned sex I feel hurt.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
58	It feels good to live as my affirmed gender.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
59	I always want to be treated like my affirmed gender.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
60	A life in my affirmed gender is more attractive for me than a life in my assigned sex.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
61	I feel unhappy when I have to behave like my assigned sex.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
62	It is uncomfortable to be sexual in my assigned sex.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
63	Puberty felt like a betrayal.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
64	Physical sexual development was stressful.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
65	I wish I have been born as my affirmed gender.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
66	The bodily functions of my assigned sex are distressing for me (erection, menstruation).	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
67	My life would be meaningless if I would have to live as my assigned sex.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
68	I feel hopeless if I have to stay in my assigned sex.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
69	I feel unhappy when someone misgenders me.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
70	I feel unhappy because I have the physical characteristics of my assigned sex.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
71	I hate my birth assigned sex.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
72	I feel uncomfortable behaving like my assigned sex.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

73

It would be better not to live,
than to live as my assigned sex.

☐☐☐☐☐

The Female Sexual Distress Scale-Revised (FSDS-R; revised 2005): Screening Questionnaire for Measuring Sexually Related Personal Distress in Women With Female Sexual Dysfunction (FSD)

Below is a list of feelings and problems that women sometimes have concerning their sexuality. Please read each item carefully, and circle the number that best describes how often that problem has bothered you or caused you distress during the past 30 days including today.

		Never	Rarely	Occasionally	Frequently	Always
74	Distressed about your sex life	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
75	Unhappy about your sexual relationship	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
76	Guilty about sexual difficulties	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
77	Frustrated by your sexual problems	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
78	Stressed about sex	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
79	Inferior because of sexual problems	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
80	Worried about sex	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
81	Sexually inadequate	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
82	Regrets about your sexuality	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
83	Embarrassed about sexual problems	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
84	Dissatisfied with your sex life	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
85	Angry about your sex life	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
86	Bothered by low sexual desire	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

If any of these questions have triggered distress for you, please feel free to reach out to a psychologist who specializes in gender dysphoria. At UH, you can schedule with Dr. R. Brian Denton by calling (216) 844-3009.

Other resources:

National Suicide Prevention Lifeline, call 1-800-273-8255

Crisis Text Line, text TALK to 741741

THANK YOU!

After you click the SUBMIT button, you will be given the instructions to receive your study payment.

Withdraw from study: You may withdraw from participation in this research by simply leaving this page and not clicking SUBMIT. Alternately, you may also click the WITHDRAW option below and then click SUBMIT.

If you withdraw, we will not use any of your partial answers and you will not receive compensation.

☐ I wish to WITHDRAW from this research study.

OPTIONAL - withdrawal reason: If you are withdrawing from this research study and are open to sharing your reason for withdrawal, please provide your reason in the box below. Your feedback may help us learn more about conducting this research. This is not required.

FIELDS BELOW ARE RETIRED FIELDS, now hidden from participant view - DO NOT DELETE

RETIRED FIELD, now hidden from participant view - DO NOT DELETE

First 5 participants completed this textbox field prior to replacing this field with checkboxes

What post operative complication did you have and when did it happen? (example: UTI, May 2021)

(UTI, hematoma/blood clot, wound infection, foul smelling vaginal discharge, wound opening, other)