

The Day-to-Day Impact of Vaginal Aging Questionnaire

We are interested in understanding the impact of vaginal symptoms such as vaginal dryness, soreness, irritation, and itching on your day-to-day life. For each question below, please check the answer that best describes how your activities, relationships, and feelings have been affected by any of these symptoms during the past four weeks.

PART A. During the past four weeks, how much have vaginal symptoms such as dryness, soreness, irritation, or itching made it uncomfortable or interfered with your ability to:

1. Walk at your usual speed?

- | | | | | |
|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|
| <input type="checkbox"/> 0 | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 |
| Not at all | A little bit | Moderately | Quite a bit | Extremely |

2. Wear the clothing or underwear you want?

- | | | | | |
|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|
| <input type="checkbox"/> 0 | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 |
| Not at all | A little bit | Moderately | Quite a bit | Extremely |

3. Use the toilet or wipe yourself after using the toilet?

- | | | | | |
|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|
| <input type="checkbox"/> 0 | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 |
| Not at all | A little bit | Moderately | Quite a bit | Extremely |

4. Sit for more than an hour?

- | | | | | |
|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|
| <input type="checkbox"/> 0 | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 |
| Not at all | A little bit | Moderately | Quite a bit | Extremely |

5. Get a good night's sleep?

- | | | | | |
|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|
| <input type="checkbox"/> 0 | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 |
| Not at all | A little bit | Moderately | Quite a bit | Extremely |

PART B. During the past four weeks, how often have vaginal symptoms such as dryness, soreness, irritation, or itching caused you to feel:

6. Depressed or down?

- | | | | | |
|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|
| <input type="checkbox"/> 0 | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 |
| Never | Rarely | Sometimes | Fairly often | Very often |

7. Embarrassed?

- | | | | | |
|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|
| <input type="checkbox"/> 0 | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 |
| Never | Rarely | Sometimes | Fairly often | Very often |

8. Frustrated or resentful?

- | | | | | |
|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|
| <input type="checkbox"/> 0 | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 |
| Never | Rarely | Sometimes | Fairly often | Very often |

9. Bad about yourself?

- | | | | | |
|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|
| <input type="checkbox"/> 0 | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 |
| Never | Rarely | Sometimes | Fairly often | Very often |

PART C. The following questions ask about the impact of your symptoms on vaginal sexual intercourse as well as other types of sexual activity such as self-stimulation or masturbation. During the past four weeks, have vaginal symptoms such as dryness, soreness, irritation, or itching affected:

10. Your desire or interest in having sexual intercourse or other types of sexual activity (including self-stimulation or masturbation)?

- 0 1 2 3 4
Not at all A little bit Moderately Quite a bit Extremely

11. How frequently you had sexual intercourse or other types of sexual activity (including self-stimulation or masturbation)?

- 0 1 2 3 4
Not at all A little bit Moderately Quite a bit Extremely

12. Your ability to become aroused during sexual activity (including self-stimulation or masturbation)?

- 0 1 2 3 4
Not at all A little bit Moderately Quite a bit Extremely

Not applicable – I have not had sexual activity of any kind recently

13. Your ability to be spontaneous about sexual activity (including self-stimulation and masturbation)?

- 0 1 2 3 4
Not at all A little bit Moderately Quite a bit Extremely

Not applicable – I have not had sexual activity of any kind recently

15. The amount of pleasure you experienced during sexual activity (including self-stimulation or masturbation)?

- 0 1 2 3 4
Not at all A little bit Moderately Quite a bit Extremely

Not applicable – I have not had sexual activity of any kind recently

16. Your desire or interest in being in a sexual relationship?

- 0 1 2 3 4
Not at all A little bit Moderately Quite a bit Extremely

17. Your confidence that you could sexually satisfy a partner?

- 0 1 2 3 4
Not at all A little bit Moderately Quite a bit Extremely

18. Your overall satisfaction with your sex life?

- 0 1 2 3 4
Not at all A little bit Moderately Quite a bit Extremely

PART D. The following statements describe ways in which your vaginal symptoms may have affected your feelings about yourself and your body. Please indicate how true each of the following statements has been for you during the past four weeks.

19. My vaginal symptoms make me feel like I'm getting old.

- 0 1 2 3 4
Not at all true A little true Somewhat true Mostly true Definitely true

20. I feel undesirable because of my vaginal symptoms.

0 1 2 3 4
Not at all true A little true Somewhat true Mostly true Definitely true

21. When I think about my vaginal symptoms, I feel like I have lost something.

0 1 2 3 4
Not at all true A little true Somewhat true Mostly true Definitely true

22. My vaginal symptoms make me feel like my body is deteriorating.

0 1 2 3 4
Not at all true A little true Somewhat true Mostly true Definitely true

22. I feel less sexy because of my vaginal symptoms.

0 1 2 3 4
Not at all true A little true Somewhat true Mostly true Definitely true

Thank you!

Recommended scoring

Total scores for each domain scale are computed by calculating the average of scores for the corresponding individual items. The possible score range for all domain scales is 0 to 4, with higher scores denoting greater impact of vaginal symptoms.

Two versions of the sexual functioning scale are available: 1) a short, 5-item version that can be administered to all postmenopausal women, regardless of sexual activity status; and 2) a longer, 9-item version that includes 4 additional items (12, 13, 14, and 15) that are only appropriate for women with a history of recent sexual activity.

Activities of daily living domain: items 1, 2, 3, 4, 5

Emotional well-being domain: items 6, 7, 8, 9

Sexual functioning domain (short version): items 10, 11, 12, 16, 17, 18

Sexual functioning domain (longer version): items 10, 11, 12, 13, 14, 15, 16, 17, 18, Self-concept and body image domain: items 19, 20, 21, 22, 23

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Huang AJ, Gregorich SE, Kuppermann M, et al. Day-to-Day Impact of Vaginal Aging questionnaire: a multidimensional measure of the impact of vaginal symptoms on functioning and well-being in postmenopausal women. *Menopause*. 2015;22(2):144–154. doi:10.1097/GME.0000000000000281