



Accountability Journal

Fall in love with your love life again.

CONGRATULATIONS ON PURCHASING THE PHOENIXHER!

This device will help you unleash abilities that you never imagined possible, and we want to help you unlock them A.S.A.P. That's why we've created this Accountability Journal. It's designed to keep you on track, help you establish an action plan and develop healthier habits.

How to Use the Accountability Journal:

You should have received a recommended routine protocol with your **PhoenixHER** device. The number of treatments you have been recommended per week is based on your Female Sexual Function Index Score (FSFIS) Score, and in order to optimize your results, it's best that you follow the suggested protocol. We encourage you to keep this journal handy, and use it to monitor your progress by filling out two sections per week – one section every Sunday, and the other on Fridays.

On Sundays:

Establishing Your Weekly Action Plan! Start each Sunday morning by writing down your goals for the week. This will include the number of treatments you're committed to completing for the week.

On Fridays:

Reviewing Your Wins and Losses Start each Friday morning by reviewing your progress over the last five days. Take a look at the goals you set for yourself on Sunday, and measure how you did. Use the dedicated sections to jot down any obstacles that prevented you from reaching your goals, and list a solution that will help you overcome them the following week. You'll also be able to calculate your FSFIS Score to track your progress week-by-week.

STEP 1:

It all starts with you! The next page will ask you to make a promise to yourself, as well as list your overall goals. Before you begin your weekly routines, please take a moment to fill in the following section.

*"We may encounter many defeats, but
we must not be defeated."*

– Maya Angelou

MAKING A COMMITMENT TO MYSELF

I, _____, promise to do everything in my power to exceed the goals I have created for myself. My goal over the next three months is to _____

_____.

By following the recommended routine maintenance protocols I have been provided, I will be able to accomplish my goals by (date) _____. As recommended, I will complete _____ PheonixHER treatments per week and _____ pumping sessions as well.

By signing below, I am making a promise to myself that will allow me to live not just a better, more satisfied life, but the life I deserve!

(Signature)

CALCULATE YOUR PERFORMANCE

PATIENT INSTRUCTIONS: This questionnaire is designed to help you and your doctor identify if you may be experiencing sexual dysfunction. Each question has several possible responses. Insert the number of the response that best describes your own situation under each question. **OVER THE PAST WEEK:**

<p>0 = No sexual activity</p> <p>5 = Very high confidence</p> <p>4 = High confidence</p> <p>3 = Moderate confidence</p> <p>2 = Low confidence</p> <p>1 = Very low or no confidence</p>
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1. Over the past 4 weeks, how **often** did you feel sexual desire or interest? _____
2. Over the past 4 weeks, how would you rate your **level** (degree) of sexual desire or interest? _____
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6. Over the past 4 weeks, how **often** have you been satisfied with your arousal (excitement) during sexual activity or intercourse? _____
7. Over the past 4 weeks, how **often** did you become lubricated ("wet") during sexual activity or intercourse? _____
8. Over the past 4 weeks, how **difficult** was it to become lubricated ("wet") during sexual activity or intercourse? _____
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12. Over the past 4 weeks, when you had sexual stimulation or intercourse, how **difficult** was it for you to reach orgasm (climax)? _____

13. Over the past 4 weeks, how **satisfied** were you with your ability to reach orgasm (climax) during sexual activity or intercourse? _____

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16. Over the past 4 weeks, how **satisfied** have you been with your overall sexual life? _____

17. Over the past 4 weeks, how **often** did you experience discomfort or pain during vaginal penetration? _____

18. Over the past 4 weeks, how **often** did you experience discomfort or pain following vaginal penetration? _____

19. Over the past 4 weeks, how would you rate your **level** (degree) of discomfort or pain during or following vaginal penetration? _____

ADD YOUR RESULTS

TOTAL SCORE	IDENTIFY PROTOCOL	
	MILD DYSFUNCTION	71 - 102
	MODERATE DYSFUNCTION	50 - 70
	SEVERE DYSFUNCTION	0 - 50

WEEK 1: SUNDAY

*"The most difficult thing is the decision to act,
the rest is merely tenacity."*

- Amelia Earhart

I am grateful for:

I will use the PhoenixHER on the following days this week:

Monday

Friday

Tuesday

Saturday

Wednesday

Sunday

Thursday

Thoughts and ideas:

ON FRIDAYS: REVIEWING YOUR WINS AND LOSSES

Start each Friday morning by reviewing your progress over the last five days. Take a look at the goals you set for yourself on Sunday, and measure how you did. Use the dedicated sections to jot down any obstacles that prevented you from reaching your goals, and list a solution that will help you overcome them the following week. You'll also be able to calculate your performance to track your progress week-by-week.

One struggle I encountered:

Possible solution for latest struggle:

I completed PhoenixHER treatments on following days this week:

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Tuesday

Saturday

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Sunday

Thursday

Next week is going to be even better because:

CALCULATE YOUR PERFORMANCE

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ADD YOUR RESULTS

TOTAL SCORE	IDENTIFY PROTOCOL	
	MILD DYSFUNCTION	71 - 102
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	SEVERE DYSFUNCTION	0 - 50

WEEK 2: SUNDAY

"Change happens by listening and then starting a dialogue with the people who are doing something you don't believe is right."

- Jane Goodall

I am grateful for:

I will use the PhoenixHER on the following days this week:

Monday

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Sunday

Thursday

Thoughts and ideas:

ON FRIDAYS: REVIEWING YOUR WINS AND LOSSES

"The most common way people give up their power is by thinking they don't have any."

- Alice Walker

One struggle I encountered:

Possible solution for latest struggle:

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Friday

Tuesday

Saturday

Wednesday

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Thursday

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CALCULATE YOUR PERFORMANCE

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ADD YOUR RESULTS

TOTAL SCORE	IDENTIFY PROTOCOL	
	MILD DYSFUNCTION	71 - 102
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	SEVERE DYSFUNCTION	0 - 50

WEEK 3: SUNDAY

*"The more you praise and celebrate your life,
the more there is in life to celebrate."*

- Oprah Winfrey

I am grateful for:

I will use the PhoenixHER on the following days this week:

Monday

Friday

Tuesday

Saturday

Wednesday

Sunday

Thursday

Thoughts and ideas:

ON FRIDAYS: REVIEWING YOUR WINS AND LOSSES

"Life is short, and it is up to you to make it sweet."

- Sarah Louise Delany

One struggle I encountered:

Possible solution for latest struggle:

I completed PhoenixHER treatments on following days this week:

Monday

Friday

Tuesday

Saturday

Wednesday

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CALCULATE YOUR PERFORMANCE

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WEEK 4: SUNDAY

"I have learned over the years that when one's mind is made up, this diminishes fear; knowing what must be done does away with fear."

- Rosa Parks

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Monday

Friday

Tuesday

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Wednesday

Sunday

Thursday

Thoughts and ideas:

ON FRIDAYS: REVIEWING YOUR WINS AND LOSSES

"Courage doesn't always roar. Sometimes courage is the little voice at the end of the day that says I'll try again tomorrow."

- Mary Anne Radmacher

One struggle I encountered:

Possible solution for latest struggle:

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CALCULATE YOUR PERFORMANCE

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WEEK 5: SUNDAY

"When you get into a tight place and everything goes against you, till it seems as though you could not hold on a minute longer, never give up then, for that is just the place and time that the tide will turn."

- Harriet Beecher Stowe

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Thoughts and ideas:

ON FRIDAYS: REVIEWING YOUR WINS AND LOSSES

"Character cannot be developed in ease and quiet. Only through experience of trial and suffering can the soul be strengthened, ambition inspired, and success achieved."

- Helen Keller

One struggle I encountered:

Possible solution for latest struggle:

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CALCULATE YOUR PERFORMANCE

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WEEK 6: SUNDAY

"Never underestimate the power of dreams and the influence of the human spirit. We are all the same in this notion: The potential for greatness lives within each of us."

- Wilma Rudolph

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Thursday

Thoughts and ideas:

ON FRIDAYS: REVIEWING YOUR WINS AND LOSSES

"Hard work keeps the wrinkles out of the mind and spirit."

- Helena Rubinstein

One struggle I encountered:

Possible solution for latest struggle:

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Next week is going to be even better because:

CALCULATE YOUR PERFORMANCE

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WEEK 7: SUNDAY

"Just don't give up trying to do what you really want to do. Where there is love and inspiration, I don't think you can go wrong."

- Ella Fitzgerald

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Monday

Friday

Tuesday

Saturday

Wednesday

Sunday

Thursday

Thoughts and ideas:

ON FRIDAYS: REVIEWING YOUR WINS AND LOSSES

"I think sometimes making yourself vulnerable before you are ready is exactly what can hold you accountable. Do what you fear."

- Brittany Burgunder

One struggle I encountered:

Possible solution for latest struggle:

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Monday

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CALCULATE YOUR PERFORMANCE

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17. Over the past 4 weeks, how **often** did you experience discomfort or pain during vaginal penetration? _____

18. Over the past 4 weeks, how **often** did you experience discomfort or pain following vaginal penetration? _____

19. Over the past 4 weeks, how would you rate your **level** (degree) of discomfort or pain during or following vaginal penetration? _____

ADD YOUR RESULTS

TOTAL SCORE	IDENTIFY PROTOCOL	
	MILD DYSFUNCTION	71 - 102
	MODERATE DYSFUNCTION	50 - 70
	SEVERE DYSFUNCTION	0 - 50

WEEK 8: SUNDAY

"My mother told me to be a lady. And for her, that meant be your own person, be independent."

- Ruth Bader Ginsberg

I am grateful for:

I will use the PhoenixHER on the following days this week:

Monday

Friday

Tuesday

Saturday

Wednesday

Sunday

Thursday

Thoughts and ideas:

ON FRIDAYS: REVIEWING YOUR WINS AND LOSSES

"I raise up my voice—not so I can shout but so that those without a voice can be heard... We cannot succeed when half of us are held back."

– Malala Yousafzai

One struggle I encountered:

Possible solution for latest struggle:

I completed PhoenixHER treatments on following days this week:

Monday

Friday

Tuesday

Saturday

Wednesday

Sunday

Thursday

Next week is going to be even better because:

CALCULATE YOUR PERFORMANCE

PATIENT INSTRUCTIONS: This questionnaire is designed to help you and your doctor identify if you may be experiencing sexual dysfunction. Each question has several possible responses. Insert the number of the response that best describes your own situation under each question. **OVER THE PAST WEEK:**

<p>0 = No sexual activity</p> <p>5 = Very high confidence</p> <p>4 = High confidence</p> <p>3 = Moderate confidence</p> <p>2 = Low confidence</p> <p>1 = Very low or no confidence</p>
--

1. Over the past 4 weeks, how **often** did you feel sexual desire or interest? _____
2. Over the past 4 weeks, how would you rate your **level** (degree) of sexual desire or interest? _____
3. Over the past 4 weeks, how **often** did you feel sexually aroused ("turned on") during sexual activity or intercourse? _____
4. Over the past 4 weeks, how would you rate your **level** of sexual arousal ("turn on") during sexual activity or intercourse? _____
5. Over the past 4 weeks, how **confident** were you about becoming sexually aroused during sexual activity or intercourse? _____
6. Over the past 4 weeks, how **often** have you been satisfied with your arousal (excitement) during sexual activity or intercourse? _____
7. Over the past 4 weeks, how **often** did you become lubricated ("wet") during sexual activity or intercourse? _____
8. Over the past 4 weeks, how **difficult** was it to become lubricated ("wet") during sexual activity or intercourse? _____
9. Over the past 4 weeks, how **often** did you maintain your lubrication ("wetness") until completion of sexual activity or intercourse? _____
10. Over the past 4 weeks, how **difficult** was it to maintain your lubrication ("wetness") until completion of sexual activity or intercourse? _____

11. Over the past 4 weeks, when you had sexual stimulation or intercourse, how **often** did you reach orgasm (climax)? _____

12. Over the past 4 weeks, when you had sexual stimulation or intercourse, how **difficult** was it for you to reach orgasm (climax)? _____

13. Over the past 4 weeks, how **satisfied** were you with your ability to reach orgasm (climax) during sexual activity or intercourse? _____

14. Over the past 4 weeks, how **satisfied** have you been with the amount of emotional closeness during sexual activity between you and your partner? _____

15. Over the past 4 weeks, how **satisfied** have you been with your sexual relationship with your partner? _____

16. Over the past 4 weeks, how **satisfied** have you been with your overall sexual life? _____

17. Over the past 4 weeks, how **often** did you experience discomfort or pain during vaginal penetration? _____

18. Over the past 4 weeks, how **often** did you experience discomfort or pain following vaginal penetration? _____

19. Over the past 4 weeks, how would you rate your **level** (degree) of discomfort or pain during or following vaginal penetration? _____

ADD YOUR RESULTS

TOTAL SCORE	IDENTIFY PROTOCOL	
	MILD DYSFUNCTION	71 - 102
	MODERATE DYSFUNCTION	50 - 70
	SEVERE DYSFUNCTION	0 - 50

WEEK 9: SUNDAY

"Nothing is worth more than laughter. It is strength to laugh and to abandon oneself, to be light."

- Frida Kahlo

I am grateful for:

I will use the PhoenixHER on the following days this week:

Monday

Friday

Tuesday

Saturday

Wednesday

Sunday

Thursday

Thoughts and ideas:

ON FRIDAYS: REVIEWING YOUR WINS AND LOSSES

"Don't ever make decisions based on fear. Make decisions based on hope and possibility. Make decisions based on what should happen, not what shouldn't."

- Michelle Obama

One struggle I encountered:

Possible solution for latest struggle:

I completed PhoenixHER treatments on following days this week:

Monday

Friday

Tuesday

Saturday

Wednesday

Sunday

Thursday

Next week is going to be even better because:

CALCULATE YOUR PERFORMANCE

PATIENT INSTRUCTIONS: This questionnaire is designed to help you and your doctor identify if you may be experiencing sexual dysfunction. Each question has several possible responses. Insert the number of the response that best describes your own situation under each question. **OVER THE PAST WEEK:**

<p>0 = No sexual activity</p> <p>5 = Very high confidence</p> <p>4 = High confidence</p> <p>3 = Moderate confidence</p> <p>2 = Low confidence</p> <p>1 = Very low or no confidence</p>
--

1. Over the past 4 weeks, how **often** did you feel sexual desire or interest? _____
2. Over the past 4 weeks, how would you rate your **level** (degree) of sexual desire or interest? _____
3. Over the past 4 weeks, how **often** did you feel sexually aroused ("turned on") during sexual activity or intercourse? _____
4. Over the past 4 weeks, how would you rate your **level** of sexual arousal ("turn on") during sexual activity or intercourse? _____
5. Over the past 4 weeks, how **confident** were you about becoming sexually aroused during sexual activity or intercourse? _____
6. Over the past 4 weeks, how **often** have you been satisfied with your arousal (excitement) during sexual activity or intercourse? _____
7. Over the past 4 weeks, how **often** did you become lubricated ("wet") during sexual activity or intercourse? _____
8. Over the past 4 weeks, how **difficult** was it to become lubricated ("wet") during sexual activity or intercourse? _____
9. Over the past 4 weeks, how **often** did you maintain your lubrication ("wetness") until completion of sexual activity or intercourse? _____
10. Over the past 4 weeks, how **difficult** was it to maintain your lubrication ("wetness") until completion of sexual activity or intercourse? _____

11. Over the past 4 weeks, when you had sexual stimulation or intercourse, how **often** did you reach orgasm (climax)? _____

12. Over the past 4 weeks, when you had sexual stimulation or intercourse, how **difficult** was it for you to reach orgasm (climax)? _____

13. Over the past 4 weeks, how **satisfied** were you with your ability to reach orgasm (climax) during sexual activity or intercourse? _____

14. Over the past 4 weeks, how **satisfied** have you been with the amount of emotional closeness during sexual activity between you and your partner? _____

15. Over the past 4 weeks, how **satisfied** have you been with your sexual relationship with your partner? _____

16. Over the past 4 weeks, how **satisfied** have you been with your overall sexual life? _____

17. Over the past 4 weeks, how **often** did you experience discomfort or pain during vaginal penetration? _____

18. Over the past 4 weeks, how **often** did you experience discomfort or pain following vaginal penetration? _____

19. Over the past 4 weeks, how would you rate your **level** (degree) of discomfort or pain during or following vaginal penetration? _____

ADD YOUR RESULTS

TOTAL SCORE	IDENTIFY PROTOCOL	
	MILD DYSFUNCTION	71 - 102
	MODERATE DYSFUNCTION	50 - 70
	SEVERE DYSFUNCTION	0 - 50

WEEK 10: SUNDAY

*"I attribute my success to this: I never gave
or took an excuse."*
- Florence Nightingale

I am grateful for:

I will use the PhoenixHER on the following days this week:

- | | |
|------------------------------------|-----------------------------------|
| <input type="checkbox"/> Monday | <input type="checkbox"/> Friday |
| <input type="checkbox"/> Tuesday | <input type="checkbox"/> Saturday |
| <input type="checkbox"/> Wednesday | <input type="checkbox"/> Sunday |
| <input type="checkbox"/> Thursday | |

Thoughts and ideas:

ON FRIDAYS: REVIEWING YOUR WINS AND LOSSES

"Do not stop thinking of life as an adventure. You have no security unless you can live bravely, excitingly, imaginatively; unless you can choose a challenge instead of competence."

- Eleanor Roosevelt

One struggle I encountered:

Possible solution for latest struggle:

I completed PhoenixHER treatments on following days this week:

Monday

Friday

Tuesday

Saturday

Wednesday

Sunday

Thursday

Next week is going to be even better because:

CALCULATE YOUR PERFORMANCE

PATIENT INSTRUCTIONS: This questionnaire is designed to help you and your doctor identify if you may be experiencing sexual dysfunction. Each question has several possible responses. Insert the number of the response that best describes your own situation under each question. **OVER THE PAST WEEK:**

<p>0 = No sexual activity</p> <p>5 = Very high confidence</p> <p>4 = High confidence</p> <p>3 = Moderate confidence</p> <p>2 = Low confidence</p> <p>1 = Very low or no confidence</p>
--

1. Over the past 4 weeks, how **often** did you feel sexual desire or interest? _____
2. Over the past 4 weeks, how would you rate your **level** (degree) of sexual desire or interest? _____
3. Over the past 4 weeks, how **often** did you feel sexually aroused ("turned on") during sexual activity or intercourse? _____
4. Over the past 4 weeks, how would you rate your **level** of sexual arousal ("turn on") during sexual activity or intercourse? _____
5. Over the past 4 weeks, how **confident** were you about becoming sexually aroused during sexual activity or intercourse? _____
6. Over the past 4 weeks, how **often** have you been satisfied with your arousal (excitement) during sexual activity or intercourse? _____
7. Over the past 4 weeks, how **often** did you become lubricated ("wet") during sexual activity or intercourse? _____
8. Over the past 4 weeks, how **difficult** was it to become lubricated ("wet") during sexual activity or intercourse? _____
9. Over the past 4 weeks, how **often** did you maintain your lubrication ("wetness") until completion of sexual activity or intercourse? _____
10. Over the past 4 weeks, how **difficult** was it to maintain your lubrication ("wetness") until completion of sexual activity or intercourse? _____

11. Over the past 4 weeks, when you had sexual stimulation or intercourse, how **often** did you reach orgasm (climax)? _____

12. Over the past 4 weeks, when you had sexual stimulation or intercourse, how **difficult** was it for you to reach orgasm (climax)? _____

13. Over the past 4 weeks, how **satisfied** were you with your ability to reach orgasm (climax) during sexual activity or intercourse? _____

14. Over the past 4 weeks, how **satisfied** have you been with the amount of emotional closeness during sexual activity between you and your partner? _____

15. Over the past 4 weeks, how **satisfied** have you been with your sexual relationship with your partner? _____

16. Over the past 4 weeks, how **satisfied** have you been with your overall sexual life? _____

17. Over the past 4 weeks, how **often** did you experience discomfort or pain during vaginal penetration? _____

18. Over the past 4 weeks, how **often** did you experience discomfort or pain following vaginal penetration? _____

19. Over the past 4 weeks, how would you rate your **level** (degree) of discomfort or pain during or following vaginal penetration? _____

ADD YOUR RESULTS

TOTAL SCORE	IDENTIFY PROTOCOL	
	MILD DYSFUNCTION	71 - 102
	MODERATE DYSFUNCTION	50 - 70
	SEVERE DYSFUNCTION	0 - 50

WEEK 11: SUNDAY

"Nothing is impossible, the word itself says 'I'm possible!'"

- Audrey Hepburn

I am grateful for:

I will use the PhoenixHER on the following days this week:

Monday

Friday

Tuesday

Saturday

Wednesday

Sunday

Thursday

Thoughts and ideas:

ON FRIDAYS: REVIEWING YOUR WINS AND LOSSES

"I didn't get there by wishing for it or hoping for it, but by working for it."

- Estée Lauder

One struggle I encountered:

Possible solution for latest struggle:

I completed PhoenixHER treatments on following days this week:

Monday

Friday

Tuesday

Saturday

Wednesday

Sunday

Thursday

Next week is going to be even better because:

CALCULATE YOUR PERFORMANCE

PATIENT INSTRUCTIONS: This questionnaire is designed to help you and your doctor identify if you may be experiencing sexual dysfunction. Each question has several possible responses. Insert the number of the response that best describes your own situation under each question. **OVER THE PAST WEEK:**

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--

1. Over the past 4 weeks, how **often** did you feel sexual desire or interest? _____
2. Over the past 4 weeks, how would you rate your **level** (degree) of sexual desire or interest? _____
3. Over the past 4 weeks, how **often** did you feel sexually aroused ("turned on") during sexual activity or intercourse? _____
4. Over the past 4 weeks, how would you rate your **level** of sexual arousal ("turn on") during sexual activity or intercourse? _____
5. Over the past 4 weeks, how **confident** were you about becoming sexually aroused during sexual activity or intercourse? _____
6. Over the past 4 weeks, how **often** have you been satisfied with your arousal (excitement) during sexual activity or intercourse? _____
7. Over the past 4 weeks, how **often** did you become lubricated ("wet") during sexual activity or intercourse? _____
8. Over the past 4 weeks, how **difficult** was it to become lubricated ("wet") during sexual activity or intercourse? _____
9. Over the past 4 weeks, how **often** did you maintain your lubrication ("wetness") until completion of sexual activity or intercourse? _____
10. Over the past 4 weeks, how **difficult** was it to maintain your lubrication ("wetness") until completion of sexual activity or intercourse? _____

11. Over the past 4 weeks, when you had sexual stimulation or intercourse, how **often** did you reach orgasm (climax)? _____

12. Over the past 4 weeks, when you had sexual stimulation or intercourse, how **difficult** was it for you to reach orgasm (climax)? _____

13. Over the past 4 weeks, how **satisfied** were you with your ability to reach orgasm (climax) during sexual activity or intercourse? _____

14. Over the past 4 weeks, how **satisfied** have you been with the amount of emotional closeness during sexual activity between you and your partner? _____

15. Over the past 4 weeks, how **satisfied** have you been with your sexual relationship with your partner? _____

16. Over the past 4 weeks, how **satisfied** have you been with your overall sexual life? _____

17. Over the past 4 weeks, how **often** did you experience discomfort or pain during vaginal penetration? _____

18. Over the past 4 weeks, how **often** did you experience discomfort or pain following vaginal penetration? _____

19. Over the past 4 weeks, how would you rate your **level** (degree) of discomfort or pain during or following vaginal penetration? _____

ADD YOUR RESULTS

TOTAL SCORE	IDENTIFY PROTOCOL	
	MILD DYSFUNCTION	71 - 102
	MODERATE DYSFUNCTION	50 - 70
	SEVERE DYSFUNCTION	0 - 50

WEEK 12: SUNDAY

"I choose to make the rest of my life the best of my life."

- Louise Hay

I am grateful for:

I will use the PhoenixHER on the following days this week:

Monday

Friday

Tuesday

Saturday

Wednesday

Sunday

Thursday

Thoughts and ideas:

ON FRIDAYS: REVIEWING YOUR WINS AND LOSSES

"This journey has always been about reaching your own other shore no matter what it is, and that dream continues."

- Diana Nyad

One struggle I encountered:

Possible solution for latest struggle:

I completed PhoenixHER treatments on following days this week:

Monday

Friday

Tuesday

Saturday

Wednesday

Sunday

Thursday

Next week is going to be even better because:

CALCULATE YOUR PERFORMANCE

PATIENT INSTRUCTIONS: This questionnaire is designed to help you and your doctor identify if you may be experiencing sexual dysfunction. Each question has several possible responses. Insert the number of the response that best describes your own situation under each question. **OVER THE PAST WEEK:**

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--

1. Over the past 4 weeks, how **often** did you feel sexual desire or interest? _____
2. Over the past 4 weeks, how would you rate your **level** (degree) of sexual desire or interest? _____
3. Over the past 4 weeks, how **often** did you feel sexually aroused ("turned on") during sexual activity or intercourse? _____
4. Over the past 4 weeks, how would you rate your **level** of sexual arousal ("turn on") during sexual activity or intercourse? _____
5. Over the past 4 weeks, how **confident** were you about becoming sexually aroused during sexual activity or intercourse? _____
6. Over the past 4 weeks, how **often** have you been satisfied with your arousal (excitement) during sexual activity or intercourse? _____
7. Over the past 4 weeks, how **often** did you become lubricated ("wet") during sexual activity or intercourse? _____
8. Over the past 4 weeks, how **difficult** was it to become lubricated ("wet") during sexual activity or intercourse? _____
9. Over the past 4 weeks, how **often** did you maintain your lubrication ("wetness") until completion of sexual activity or intercourse? _____
10. Over the past 4 weeks, how **difficult** was it to maintain your lubrication ("wetness") until completion of sexual activity or intercourse? _____

11. Over the past 4 weeks, when you had sexual stimulation or intercourse, how **often** did you reach orgasm (climax)? _____

12. Over the past 4 weeks, when you had sexual stimulation or intercourse, how **difficult** was it for you to reach orgasm (climax)? _____

13. Over the past 4 weeks, how **satisfied** were you with your ability to reach orgasm (climax) during sexual activity or intercourse? _____

14. Over the past 4 weeks, how **satisfied** have you been with the amount of emotional closeness during sexual activity between you and your partner? _____

15. Over the past 4 weeks, how **satisfied** have you been with your sexual relationship with your partner? _____

16. Over the past 4 weeks, how **satisfied** have you been with your overall sexual life? _____

17. Over the past 4 weeks, how **often** did you experience discomfort or pain during vaginal penetration? _____

18. Over the past 4 weeks, how **often** did you experience discomfort or pain following vaginal penetration? _____

19. Over the past 4 weeks, how would you rate your **level** (degree) of discomfort or pain during or following vaginal penetration? _____

ADD YOUR RESULTS

TOTAL SCORE	IDENTIFY PROTOCOL	
	MILD DYSFUNCTION	71 - 102
	MODERATE DYSFUNCTION	50 - 70
	SEVERE DYSFUNCTION	0 - 50

WEEK 13: SUNDAY

"It's not what you do once in a while it's what you do day in and day out that makes the difference."

- Jenny Craig

I am grateful for:

I will use the PhoenixHER on the following days this week:

Monday

Friday

Tuesday

Saturday

Wednesday

Sunday

Thursday

Thoughts and ideas:

ON FRIDAYS: REVIEWING YOUR WINS AND LOSSES

"At the end of the day we are accountable to ourselves – our success is a result of what we do."

- Catherine Pulsifer

One struggle I encountered:

Possible solution for latest struggle:

I completed PhoenixHER treatments on following days this week:

Monday

Friday

Tuesday

Saturday

Wednesday

Sunday

Thursday

Next week is going to be even better because:

CALCULATE YOUR PERFORMANCE

PATIENT INSTRUCTIONS: This questionnaire is designed to help you and your doctor identify if you may be experiencing sexual dysfunction. Each question has several possible responses. Insert the number of the response that best describes your own situation under each question. **OVER THE PAST WEEK:**

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--

1. Over the past 4 weeks, how **often** did you feel sexual desire or interest? _____
2. Over the past 4 weeks, how would you rate your **level** (degree) of sexual desire or interest? _____
3. Over the past 4 weeks, how **often** did you feel sexually aroused ("turned on") during sexual activity or intercourse? _____
4. Over the past 4 weeks, how would you rate your **level** of sexual arousal ("turn on") during sexual activity or intercourse? _____
5. Over the past 4 weeks, how **confident** were you about becoming sexually aroused during sexual activity or intercourse? _____
6. Over the past 4 weeks, how **often** have you been satisfied with your arousal (excitement) during sexual activity or intercourse? _____
7. Over the past 4 weeks, how **often** did you become lubricated ("wet") during sexual activity or intercourse? _____
8. Over the past 4 weeks, how **difficult** was it to become lubricated ("wet") during sexual activity or intercourse? _____
9. Over the past 4 weeks, how **often** did you maintain your lubrication ("wetness") until completion of sexual activity or intercourse? _____
10. Over the past 4 weeks, how **difficult** was it to maintain your lubrication ("wetness") until completion of sexual activity or intercourse? _____

11. Over the past 4 weeks, when you had sexual stimulation or intercourse, how **often** did you reach orgasm (climax)? _____

12. Over the past 4 weeks, when you had sexual stimulation or intercourse, how **difficult** was it for you to reach orgasm (climax)? _____

13. Over the past 4 weeks, how **satisfied** were you with your ability to reach orgasm (climax) during sexual activity or intercourse? _____

14. Over the past 4 weeks, how **satisfied** have you been with the amount of emotional closeness during sexual activity between you and your partner? _____

15. Over the past 4 weeks, how **satisfied** have you been with your sexual relationship with your partner? _____

16. Over the past 4 weeks, how **satisfied** have you been with your overall sexual life? _____

17. Over the past 4 weeks, how **often** did you experience discomfort or pain during vaginal penetration? _____

18. Over the past 4 weeks, how **often** did you experience discomfort or pain following vaginal penetration? _____

19. Over the past 4 weeks, how would you rate your **level** (degree) of discomfort or pain during or following vaginal penetration? _____

ADD YOUR RESULTS

TOTAL SCORE	IDENTIFY PROTOCOL	
	MILD DYSFUNCTION	71 - 102
	MODERATE DYSFUNCTION	50 - 70
	SEVERE DYSFUNCTION	0 - 50