Introduction: Polycystic ovary syndrome appears to be related to sexual dysfunction under a dual behavior: with decreased libido in cases where the prejudice is a result of the rejection of body image related to clinical hyperandrogenism and associated metabolic syndrome, or an exaltation of sexuality related elevated androgen levels. Aim: To assess the degree of sexual dysfunction in patients with polycystic ovary syndrome attending Gynecology Department at Caracas University Hospital. Study Design: Cross-sectional and descriptive analysis, with simple sequential sampling of 31 sexually active patients, who met the Rotterdam criteria for polycystic ovary syndrome and, attended Gynecology Department at Caracas University Hospital between March and September 2013. Female Sexual Function Index (FSFI) Questionnaire was used anonymously and unsupervised, and determined associations between the degree of dysfunction with the acceptance of body image, body mass index and androgen levels, using contingency coefficient (C). Results: 61.29% (19/31 patients) showed no sexual dysfunction according to the FSFI Total score, however patients showed alterations (desire, arousal, lubrication, orgasm, satisfaction and pain) of an item of the questionnaire the 25.81% (8/31) and two or more 54.84% (17/31). Only in 19.35% (6/31 pacientes) revealed no change in sexual function. No cases of increased libido. The areas with the highest impairment were desire and pain. In 33.33% of cases with sexual dysfunction according to the FSFI Total score, however patients showed alterations (desire, arousal, lubrication, orgasm, satisfaction and pain) of an item of the questionnaire the 25.81% (8/31) and two or more 54.84% (17/31). Only in 19.35% (6/31 pacientes) revealed no change in sexual function. No cases of increased libido. The areas with the highest impairment were desire and pain. In 33.33% of cases with sexual dysfunction, clinical hyperandrogenism was evident (p> 0.05, C: 0.018), refused to body image: partial (66.66%, 8/12 patients) or complete (33.33%, 4/12 patients) as Likert survey designed by the authors (p> 0.05, C: 0.292), and BMI in overweight and obese range in 66.66% of the affected (p> 0.05, C: 0.08). There were no statistically significant differences (p> 0.05) when comparing the different parameters between the affected patient and patients without sexual dysfunction. Conclusion: Sexual dysfunction in patients with polycystic ovary syndrome is common, which should be included in the evaluation of all patients with PCOS, and considering the assessment by the specialist in sexuality. Body image changes associated with hyperandrogenism and overweight may be involved, however need more cases for these correlations.