

# Decreased Sexual Desire Screener

Please answer the following questions:

Name:

Age:

Date: / /

NO YES

1. In the past, was your level of sexual desire or interest good and satisfying to you?

NO YES

2. Has there been a decrease in your level of sexual desire or interest?

NO YES

3. Are you bothered by your decreased level of sexual desire or interest?

NO YES

4. Would you like your level of sexual desire or interest to increase?

NO YES

5. Please check all the factors that you feel may be contributing to your current decrease in sexual desire or interest:

A. An operation, depression, injuries, or other medical condition

B. Medications, drugs or alcohol you are currently taking

C. Pregnancy, recent childbirth, menopausal symptoms

D. Other sexual issues you may be having (pain, decreased arousal or orgasm)

E. Your partner's sexual problems

F. Dissatisfaction with your relationship or partner

G. Stress or fatigue

Lewis-D'Agostino. Validation of the Decreased Sexual Desire Screener (DSDS)<sup>®</sup>. A brief diagnostic instrument for generalized, acquired Hypoactive Sexual Desire Disorder in women. Presented at ASRM, 21-25 October 2006, New Orleans, USA.

©Boehringer Ingelheim International GmbH 2005. All rights reserved. Any use or reproduction of this questionnaire without written authorization prohibited.