

Female Decreased Sexual Desire Screener

1. In the past was your level of sexual desire or interest good and satisfying to you?
2. Has there been a decrease in your level of sexual desire or interest?
3. Are you bothered by your decreased level of sexual desire or interest?
4. Would you like your level of sexual desire or interest to increase?

Do you feel any of the following has contributed to your current decrease in sexual desire or interest?

5. An operation, depression, injuries, or other medical condition?
6. Medication, drugs or alcohol you are currently taking?
7. Pregnancy, recent childbirth, menopausal symptoms?
8. Other sexual issues you may be having (pain, decreased arousal or orgasm)?
9. Your partner's sexual problems?
10. Dissatisfaction with your relationship or partner?
11. Stress or fatigue?

If the answer is no to any of 1-4, answer: The screener determines that you may not qualify for the diagnosis of Hypoactive Sexual Desire Disorder. You may still find value in the program as a tool to increase your understanding of sexual desire, and to improve your relationship.

If the answer is yes to all of 1-4, answer: The screener determines that you may qualify for the diagnosis of Hypoactive Sexual Desire Disorder. The program that is offered may be beneficial to you.

If the answer to any question 5-8, or 11 is yes add: You should also seek consultation with your health care provider to determine if a medical condition or problem is contributing to your current decrease in sexual desire or interest.

If the answer to question 9 is yes add: Your partner may need to seek consultation with his health care provider before starting the program.

If the answer to question 10 is yes add: You and your partner should consider professional counseling instead of or in addition to this program.

Screener is based on Validation of the DSDS, Clayton et al: J Sex Med 2009;6:730-738