

Decreased Sexual Desire Screener (DSDS)

1. In the past, was your level of sexual desire or interest good and satisfying to you? Yes No
2. Has there been a decrease in your level of sexual desire or interest? Yes No
3. Are you bothered by your decreased level of sexual desire or interest? Yes No
4. Would you like your level of sexual desire or interest to increase? Yes No
5. Please circle 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 Yes No
 - B. Medications, drugs, or alcohol you are currently taking Yes No
 - C. Pregnancy, recent childbirth, menopausal symptoms Yes No
 - D. Other sexual issues you may be having (pain, decreased arousal or orgasm) Yes No
 - E. Your partner's sexual problems Yes No
 - F. Dissatisfaction with your relationship or partner Yes No
 - G. Stress or fatigue Yes No

3
(

Goldfischer ER et al. *Obstet Gynecol* 2008;111:109S. Clayton A et al. *J Sex Med* 2009;6:730-738. Nappi R et al. *J Sex Med* 2009;6(suppl 2):46