

Decreased Sexual Desire Screener

Name: _____

Age: _____ Date: _____

Statements	Yes	No
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?		

Please tick 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, or 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

Interpretation

The patient may qualify for the diagnosis of acquired, generalized HSDD if she answers “YES” to questions 1–4, and your review confirms “NO” to all the factors in question 5.

The patient may qualify for the diagnosis of acquired, generalized HSDD if she answers “YES” to questions 1–4 and “YES” to any of the factors in question 5; clinical judgment is required to determine if the answers to question 5 indicate a primary diagnosis other than acquired, generalized HSDD. Co-morbid conditions such as arousal or orgasmic disorder do not rule out a concurrent diagnosis of HSDD.

The patient does **NOT** qualify for the diagnosis of acquired, generalized HSDD if she answers “NO” to any of questions 1–4.

Additional notes