

# Sexual Desire Inventory

Name: \_\_\_\_\_ Date: \_\_\_\_\_

The Sexual Desire Inventory-2 (SDI-2) is a tool for quantifying sexual desire in cognitive terms, graded based on responses to its items, which are rated on a Likert scale. The response choices and their corresponding scores will be placed under each statement.

**1. During this last month, how often would you have liked to engage in sexual activity with a partner (for example, touching each other's genitals, giving or receiving oral stimulation, intercourse, etc.)?**

- |                       |                       |                       |                       |                       |                       |                       |                       |
|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 0                     | 1                     | 2                     | 3                     | 4                     | 5                     | 6                     | 7                     |
| Not at all            | Once a month          | Once every two weeks  | Once a week           | Twice a week          | 3-4 times a week      | Once a day            | More than once a day  |

**2. During this last month, how often have you had sexual thoughts involving a partner?**

- |                       |                       |                       |                       |                       |                       |                       |                       |
|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 0                     | 1                     | 2                     | 3                     | 4                     | 5                     | 6                     | 7                     |
| Not at all            | Once a month          | Once every two weeks  | Once a week           | Twice a week          | 3-4 times a week      | Once a day            | More than once a day  |

**3. When you have sexual thoughts, how strong is your desire to engage in sexual behavior with a partner?**

- |                       |                       |                       |                       |                       |                       |                       |                       |                       |
|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 0                     | 1                     | 2                     | 3                     | 4                     | 5                     | 6                     | 7                     | 8                     |
| No desire             |                       |                       |                       |                       |                       |                       |                       | Strong desire         |

**4. When you first see an attractive person, how strong is your sexual desire?**

- |                       |                       |                       |                       |                       |                       |                       |                       |                       |
|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 0                     | 1                     | 2                     | 3                     | 4                     | 5                     | 6                     | 7                     | 8                     |
| No desire             |                       |                       |                       |                       |                       |                       |                       | Strong desire         |

**5. When you spend time with an attractive person (for example, at work or school), how strong is your sexual desire?**

- |                       |                       |                       |                       |                       |                       |                       |                       |                       |
|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 0                     | 1                     | 2                     | 3                     | 4                     | 5                     | 6                     | 7                     | 8                     |
| No desire             |                       |                       |                       |                       |                       |                       |                       | Strong desire         |

**6. When you are in romantic situations (such as a candle-lit dinner, a walk on the beach, etc.), how strong is your sexual desire?**

- |                       |                       |                       |                       |                       |                       |                       |                       |                       |
|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 0                     | 1                     | 2                     | 3                     | 4                     | 5                     | 6                     | 7                     | 8                     |
| No desire             |                       |                       |                       |                       |                       |                       |                       | Strong desire         |

**7. How important is it for you to fulfill your sexual desire through activity with a partner?**

- |                       |                       |                       |                       |                       |                       |                       |                       |                       |
|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 0                     | 1                     | 2                     | 3                     | 4                     | 5                     | 6                     | 7                     | 8                     |
| Not at all important  |                       |                       |                       |                       |                       |                       |                       | Extremely important   |

**8. Compared to other people of your age and sex, how would you rate your desire to behave sexually with a partner?**

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
0	1	2	3	4	5	6	7	8
No desire								Strong desire

**9. During this last month, how often would you have liked to behave sexually by yourself (for example, masturbating, touching you genitals, etc.)?**

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
0	1	2	3	4	5	6	7	
Not at all	Once a month	Once every two weeks	Once a week	Twice a week	3-4 times a week	Once a day		More than once a day

**10. How strong is your desire to engage in sexual behavior by yourself?**

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
0	1	2	3	4	5	6	7	8
No desire								Strong desire

**11. How important is it for you to fulfill your desires to behave sexually by yourself?**

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
0	1	2	3	4	5	6	7	8
Not at all important								Extremely important

**12. Compared to other people your age and sex, how would you rate your desire to behave sexually by yourself?**

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
0	1	2	3	4	5	6	7	8
No desire								Strong desire

**13. How long could you go comfortably without having sexual activity of some kind?**

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
0	1	2	3	4	5	6	7	8
Forever	A year or two	Several months	A month	A few weeks	A week	A few days	One day	Less than one day

## Scoring and interpretation

The scores for the two dimensions of sexual desire are summed up separately:

- **Dyadic sexual desire (items 1-8):** \_\_\_\_\_

Scores will range from 0 to 62; while there is no universally established cutoff score that applies across all populations, higher scores at around 50 and upward indicate hypersexuality in the dyadic dimension.

- **Solitary sexual desire (items 9-13):** \_\_\_\_\_

Scores will range from 0 to 39; while there is no universally established cutoff score that applies across all populations, higher scores at around 31 and upward indicate hypersexuality in the solitary dimension.

## Additional notes

Spector, I. P., Carey, M. P., & Steinberg, L. (1996). The Sexual Desire Inventory: Development, factor structure, and evidence of reliability. *Journal of Sex & Marital Therapy*, 22(3), 175–190. <https://doi.org/10.1080/00926239608414655>