



Decreased Sexual Desire Screener (DSDS)¹

Results are to be discussed with your health care provider.

Each question is answered Yes or No.

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, or 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

1. Clayton A, Goldfischer E, Goldstein I, et al. Validity of the decreased sexual desire screener for diagnosing hypoactive sexual desire disorder. J Sex & Marital Ther. 2009;39:132-143.PR-1006.00