

Decreased Sexual Desire Screener (DSDS)

Name: _____ Age: _____ Date: ____/____/____

Dear Patient, please answer each of the following questions:

- 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

When completed, please give this form back to your health care provider.

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Clinician, verify with the patient each of the answers she has given.

The Diagnostic and Statistical Manual of Mental Disorders, 4th Edition, Text Revision, characterizes Hypoactive Sexual Desire Disorder (HSDD) as a deficiency or absence of sexual fantasies and desire for sexual activity, which causes marked distress or interpersonal difficulty, and which is not better accounted for by a medical, substance-related, psychiatric, or other sexual condition.

HSDD can be either generalized (not limited to certain types of stimulation, situations, or partners) or situational, and can be either acquired (develops only after a period of normal functioning) or lifelong.

If the patient answers "NO" to any of the questions 1 through 4, then she does not qualify for the diagnosis of generalized acquired HSDD.

If the patient answers "YES" to all of the questions 1 through 4, and your review confirms "NO" answers to all of the factors in question 5, then she does qualify for the diagnosis of generalized acquired HSDD.

If the patient answers "YES" to all of the questions 1 through 4 and "YES" to any of the factors in question 5, then decide if the answers to question 5 indicate a primary diagnosis other than generalized acquired HSDD. Co-morbid conditions such as arousal or orgasmic disorder do not rule out a concurrent diagnosis of HSDD.

Based on the above, does the patient have generalized acquired Hypoactive Sexual Desire Disorder?

Yes

No