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&
ASSOCIATES

Decreased Sexual Desire Screener Brief Diagnostic Assessment for Generalized, Acquired HSDD

The Decreased Sexual Desire Screener (DSDS) is intended to assist your clinician in the assessment of your decreased sexual desire. Please complete and return to your provider.

Name:
Age: Date:

Please answer each of the following questions by circling either **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, menopausal symptoms	YES	NO
D.	Other sexual issues (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