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 answer each of the following questions by circling either Yes or No.

Name:	Age:	Date:	/	1
In the past, was your level of sexual desire or good and satisfying to you?	interest	Yes		No
2. Has there been a decrease in your level of sedesire or interest?	xual	Yes		No
3. Are you bothered by your decreased level of s desire or interest?	sexual	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 r	medical condition	Yes		No
B. Medications, drugs, or alcohol you are currently taking		Yes		No
C. Pregnancy, recent childbirth, menopausal sy	ymptoms	Yes		No
 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 part	tner	Yes		No
G. Stress or fatigue		Yes		No
When completed, please give this form back to your clinician.				

Brief Diagnostic Assessment for Generalized, Acquired Hypoactive Sexual Desire Disorder (HSDD)

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.

The patient qualifies for the diagnosis of generalized, acquired HSDD if

 She answers "YES" to all of questions 1-4, and your review confirms "NO" to all of the factors in question 5.

The patient MAY qualify for the diagnosis of generalized, acquired HSDD if

She answers "YES" to all of 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 generalized, acquired 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 generalized, acquired HSDD if

She answers "NO" to any of the questions 1-4.

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