DECREASED SEXUAL DESIRE SCREENER FOR GENERALIZED ACQUIRED HSDD

ANSWER THE FOLLOWING QUESTIONS

**In the past, was your level of sexual desire/interest good and satisfying to you?**

 Yes

 No

**Has there been a decrease in your level of sexual desire/interest?**

 Yes

 No

**Are you bothered by your decreased level of sexual desire/interest?**

 Yes

 No

**Would you like your level of sexual desire/interest to increase?**

 Yes

 No

**Please check all the factors that you feel may be contributing to your current decrease in sexual desire/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 have (pain, decreased arousal, 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