



Dear Patient,

Below is the Decreased Sexual Desire Screener (DSDS) which allows us to assess for female sexual dysfunction.

Please answer each of the following questions by placing an “X” in the appropriate box:

Question	YES	NO								
1. In the past was your level of sexual desire or interest good and satisfying to you?										
2. Has there been a decrease in your level of sexual desire or interest?										
3. Are you bothered by your decreased level of sexual desire or interest?										
4. Would you like your level of sexual desire or interest to increase?										
<p>5. Please check all the factors that you feel may be contributing to your current decrease in sexual desire or interest:</p> <table border="0" style="width: 100%;"> <tr> <td data-bbox="204 1129 812 1192"><input type="checkbox"/> An operation, depression, injuries or other medical condition</td> <td data-bbox="883 1129 1253 1161"><input type="checkbox"/> Your partner’s sexual problems</td> </tr> <tr> <td data-bbox="204 1213 812 1245"><input type="checkbox"/> Medication, drugs or alcohol you are currently taking</td> <td data-bbox="883 1213 1429 1245"><input type="checkbox"/> Dissatisfaction with your relationship or partner</td> </tr> <tr> <td data-bbox="204 1287 812 1318"><input type="checkbox"/> Pregnancy, recent childbirth, menopausal symptoms</td> <td data-bbox="883 1287 1091 1318"><input type="checkbox"/> Stress or fatigue</td> </tr> <tr> <td data-bbox="204 1360 812 1423"><input type="checkbox"/> Other sexual issues you may have (pain, decreased arousal or orgasm)</td> <td data-bbox="883 1360 974 1392"><input type="checkbox"/> None</td> </tr> </table>			<input type="checkbox"/> An operation, depression, injuries or other medical condition	<input type="checkbox"/> Your partner’s sexual problems	<input type="checkbox"/> Medication, drugs or alcohol you are currently taking	<input type="checkbox"/> Dissatisfaction with your relationship or partner	<input type="checkbox"/> Pregnancy, recent childbirth, menopausal symptoms	<input type="checkbox"/> Stress or fatigue	<input type="checkbox"/> Other sexual issues you may have (pain, decreased arousal or orgasm)	<input type="checkbox"/> None
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