The Female Sexual Distress Scale-Revised (FSDS-R; revised 2005): Screening Questionnaire for Measuring Sexually Related Personal Distress in Women With Female Sexual Dysfunction (FSD)

Name: Date:

Below is a list of feelings and problems that women sometimes have concerning their sexuality. Please read each item carefully, and circle the number that best describes HOW OFTEN THAT PROBLEM HAS BOTHERED YOU OR CAUSED YOU DISTRESS DURING THE PAST 30 DAYS INCLUDING TODAY. Circle only one number for each item, and take care not to skip any items. If you change your mind, erase your first circle carefully. Read the example before beginning, and if you have any questions please ask about them.

Example: How often did you feel: Personal responsibility for your sexual problems.

NEVER	RARELY	FREQUENTLY			ALWAYS			
0	1	2	3	3		4		
low often	did you f	eel						
1. Distresse	0	1	2	3	4			
2. Unhappy about your sexual relationship				1	2	3	4	
3. Guilty about sexual difficulties				1	2	3	4	
4. Frustrate	0	1	2	3	4			
5. Stressed	0	1	2	3	4			
6. Inferior be	0	1	2	3	4			
7. Worried a	0	1	2	3	4			
8. Sexually i	0	1	2	3	4			
9. Regrets a	0	1	2	3	4			
10. Embarras	0	1	2	3	4			
11. Dissatisfi	0	1	2	3	4			
12. Angry abo	0	1	2	3	4			
13. Bothered	by low sexua	al desire	0	1	2	3	4	
A score of ≥11 with FSD and no	-	riminates between wom	ien		Total			

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