Sexual Desire Inventory

This questionnaire asks about your level of sexual desire. By desire, we mean interest in or wish for sexual activity. For each item, please circle the number that best shows your thoughts and feelings. Your answers will be private and anonymous.

1. During this last month, how often would you have liked to engage in sexual activity with a partner (for example, touching each other’s genitals, giving or receiving oral stimulation, intercourse, etc.)?

0) Not at all  1) Once a month  2) Once every two weeks  3) Once a week  4) Twice a week  5) 3 to 4 times a week  6) Once a day  7) More than once a day

2. During this last month, how often have you had sexual thoughts involving a partner?

0) Not at all  1) Once a month  2) Once every two weeks  3) Once a week  4) Twice a week  5) 3 to 4 times a week  6) Once a day  7) More than once a day

3. When you have sexual thoughts how strong is your desire to engage in sexual behavior with a partner?

0 1 2 3 4 5 6 7 8
No desire  Strong desire

4. When you first see an attractive person, how strong is your sexual desire?

0 1 2 3 4 5 6 7 8
No desire  Strong desire

5. When you spend time with an attractive person (for example, at work or school), how strong is your sexual desire?

0 1 2 3 4 5 6 7 8
No desire  Strong desire

6. When you are in romantic situations (such as a candle-lit dinner, a walk on the beach, etc.) how strong is your sexual desire?

0 1 2 3 4 5 6 7 8
No desire  Strong desire

7. How important is it for you to fulfill your sexual desire though activity with a partner?

0 1 2 3 4 5 6 7 8
Not at all important  Extremely important
8. Compare to other people of your age and sex, how would you rate your desire to behave sexually with a partner?

   0  1  2  3  4  5  6  7  8  
   Much less desire          Much more desire

9. During this last month, *how often* would you have liked to behave sexually by yourself (for example, masturbating, touching you genitals, etc.)?

   0) Not at all         4) Twice a week
   1) Once a month      5) 3 to 4 times a week
   2) Once every two weeks 6) Once a day
   3) Once a week      7) More than once a day

10. *How strong* is your desire to engage in sexual behavior by yourself?

    0  1  2  3  4  5  6  7  8  
    No desire             Strong desire

11. *How important* is it for you to fulfill your desires to behave sexually by yourself?

    0  1  2  3  4  5  6  7  8  
    Not at all important  Extremely important

12. Compared to other people your age and sex, how would you rate your desire to behave sexually by yourself?

    0  1  2  3  4  5  6  7  8  
    Much less desire       Much more desire

13. *How long* could you go comfortably without having sexual activity of some kind?

    0) Forever         4) A few weeks
    1) A year or two   5) A week
    2) Several months  6) A few days
    3) A month         7) One day
    8) Less than one day

*If you have a score of 45 or lower* you may be suffering from low desire and may be helped by contacting a practitioner who specializes in the medical diagnosis and treatment of female sexual dysfunction.