



## 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           | 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 |

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

- |                         |                         |
|-------------------------|-------------------------|
| 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 |

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 through 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

Source. This inventory was originally published in "The Sexual Desire Inventory: Development, Factor, Structure, and Evidence of Reliability," by I. P. Spector, M. P. Carey, and L. Steinberg. 1996, *Journal of Sex & Marital Therapy*, 22, 175-190.