Dyadic Sexual Communication Scale

Instructions: Now I am going to read a list of statements different people have made about discussing sex with their primary partner. As I read each one, please tell me how much you agree or disagree with it.

1. My partner rarely responds when I want to talk about our sex life.
2. Some sexual matters are too upsetting to discuss with my sexual partner.
3. There are sexual issues or problems in our sexual relationship that we have never discussed.
4. My partner and I never seem to resolve our disagreements about sexual matters.
5. Whenever my partner and I talk about sex, I feel like she or he is lecturing me.
6. My partner often complains that I am not very clear about what I want sexually.
7. My partner and I have never had a heart to heart talk about our sex life together.
8. My partner has no difficulty in talking to me about his or her sexual feelings and desires.
9. Even when angry with me, my partner is able to appreciate my views on sexuality.
10. Talking about sex is a satisfying experience for both of us.
11. My partner and I can usually talk calmly about our sex life.
12. I have little difficulty in telling my partner what I do or don’t do sexually.
13. I seldom feel embarrassed when talking about the details of our sex life with my partner.

Note. The short, four-item questionnaire used in the NABS study includes Items 2, 8, 10, and 12. The six-item version used in the AMEN and adolescent study includes Items 1, 2, 3, 8, 10, and 12. Questions in the original study have been modified for respondents who participated in subsequent studies.

The Weighted Topics Measure of Family Sexual Communication (WTM) was developed to enable researchers to assess quickly and objectively the amount of communication about sexuality that has occurred between parents and their adolescent children. This scale combines a relatively objective measure (number of topics discussed) with a more subjective one (extent of discussion).

Description

This measure asks respondents to indicate the extent to which nine specific sexual topics have been discussed, using a scale of 0–4, with 0 corresponding to None and 4 corresponding to A Lot. Possible scores range from 0–36, with higher scores indicating greater amounts of communication. Adolescents may be asked to give separate reports for communication with the mother and the father.

Response Mode and Timing

Respondents indicate the extent of communication about each topic by indicating which of the five possible ratings mentioned above best corresponds to the amount of

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communication experienced. This measure takes no more than 2 to 3 minutes to complete.

**Scoring**

To score the WTM, simply add up the weights for each topic.

**Reliability**

In a study of 129 male and 234 female unmarried college students between the ages of 18 and 24 (Fisher, 1993), the Cronbach alpha reliability coefficient was .89 for males reporting on communication with mothers, .91 for males reporting on communication with fathers, .90 for females reporting on communication with mothers, and .91 for females reporting on communication with fathers. Among the 336 mothers, the Cronbach alpha coefficient was .87, and for the 233 fathers it was .89. More recently, in a study of college students aged 18–21 (Clawson & Reese-Weber, 2003), the overall reliability coefficient was .91 for communication with fathers and .88 for communication with mothers.

**Validity**

In a validity study (Fisher, 1993) of nine measures of sexual communication using 129 male and 234 female college students between the ages of 18 and 25, the WTM was significantly correlated with general family communication as measured by the Openness in Family Communication subscale of Olson and Barnes’ Parent-Adolescent Communication Scale (Olson et al., 1982). Correlation coefficients ranged from a low of .28 based on fathers’ reports of communication to a high of .53 based on sons’ reports of communication with their mothers. The WTM was not significantly correlated with a measure of social desirability responding (Strahan & Gerbasi, 1972). The correlation between the various measures of sexual communication and the validity measures were generally non-significant, but this was largely due to the use of Bonferroni corrections to account for the very large number of correlation coefficients that were calculated. In general, for most analyses, the WTM appeared to be the strongest of the measures.

Recently, Zamboni and Silver (2009) compared the WTM with Warren and Neer’s Family Sex Communication Quotient (FSCQ; 1986). The WTM for communication with mothers was highly correlated (.64) with the comfort subscale of the FSCQ. For WTM reports of communication with fathers, the correlation with the comfort subscale of the FSCQ was .40 for females and .44 for males. Correlations of the WTM with the Value subscale of the FSCQ ranged from .22 to .46. Zamboni and Silver provided support for the concurrent validity of both the WTM and the FSCQ and concluded that “Because of these conceptual strengths and because the instruments have good psychometric properties, future studies might consider using these instruments to assess family sex communication” (p. 71).

**Other Information**

Previous studies with the WTM have consistently indicated that, when families are categorized as “high communication” and “low communication” families by means of a median split using this measure, adolescents and parents in the high communication families have sexual attitudes that are much more strongly correlated than those in the low communication families (Fisher, 1986, 1987, 1988). The WTM was also used to determine predictors of parental communication about sexuality (Fisher, 1990).

**References**


tion about sexuality and college students’ sexual behavior and atti-


**Exhibit**

### Weighted Topics Measure of Family Sexual Communication

Using a scale from 1 to 4 with 0 = None and 4 = A Lot, please indicate how much discussion you have had with your child about the following topics.

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<thead>
<tr>
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<th>None</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>A Lot</th>
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<tbody>
<tr>
<td>Pregnancy</td>
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<td>Fertilization</td>
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<td>Intercourse</td>
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<td>Menstruation</td>
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<td>Sexually Transmitted Disease [originally Venereal Disease]</td>
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<td>Birth Control</td>
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<td>Abortion</td>
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<td>Prostitution</td>
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<td>Homosexuality</td>
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**Female Partner’s Communication During Sexual Activity Scale**

**ALEXANDRA McINTYRE-SMITH** and **WILLIAM A. FISHER**, University of Western Ontario

This scale assesses female respondents' perceptions of how easy it is to communicate with a partner during sexual activity, and how frequently they communicate their sexual preferences and the type of stimulation they desire to their partners.

**Description**

The scale is composed of three items measuring how easy it is for respondents to communicate with a partner during sexual activity, rated on a 7-point scale from *Very Difficult* to *Very Easy*, and three items measuring the frequency of use of different verbal and nonverbal communication strategies, rated on a 6-point scale ranging from *0% of the time* to *100% of the time*.

Scale development followed an iterative process, whereby items were developed and refined over a series of three studies. An initial pool of 20 items was developed and administered to 198 female undergraduate students. Items were subject to individual item analyses and exploratory factor analyses. Fourteen items were deleted owing to poor empirical performance or poor conceptual overlap with the construct. The six remaining items were provided to 16 graduate students who rated the items for clarity and provided feedback and suggestions for wording changes (see Hinkin, 1998; Streiner & Norman, 2008, for evidence for the use of students as item judges). Recommendations to improve item wording were considered if they were suggested by two or more people. For this scale, no wording changes were made. The six items were then administered to a second sample of 242 female undergraduate participants, and items were subjected to item analyses and exploratory factor analyses. Two items were deleted and two additional items were written. The six remaining items were administered to 211 female undergraduate participants, and responses were subjected to item analyses and test-retest reliability analyses. All six items were retained for the final scale.

Decision-making regarding item deletion was based on the following scale development guidelines (see Netemeyer, Bearden, & Sharma, 2003; Streiner & Norman, 2008): (a) range restriction problems (i.e., more than 50% of the sample endorsed a single response option, low standard deviations), (b) poor inter-item correlations with two or more scale items ($r < .30$), (c) poor corrected item-total