Handbook of Sexuality-Related Measures

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Sexual Interest and Desire Inventory—Female

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19. Women are naturally more monogamous (inclined to stick with one partner) than are men.
20. A man should be sexually experienced when he gets married.
21. A guy who has sex on the first date is “easy.”
22. It’s okay for a woman to have sex with a man she is not in love with.
23. A woman should be sexually experienced when she gets married.
24. It’s best for a girl to lose her virginity before she’s out of her teens.
25. I admire a woman who is a virgin when she gets married.
26. A man who initiates sex is too aggressive.

Note: Scoring: Total = Item 1 + Item 15 + Item 19 + (3 − Item 4) + (3 − Item 5) + (3 − Item 8) + (Item 2 − Item 24) + (Item 12 − Item 3) + (Item 10 − Item 6) + (Item 17 − Item 7) + (Item 9 − Item 22) + (Item 11 − Item 26) + (Item 13 − Item 18) + (Item 25 − Item 14) + (Item 16 − Item 21) + (Item 20 − Item 23).

Do not use the scale’s title on the form completed by respondents; this might bias their responses.

The wording of this item was changed slightly from the 1998 version to make it parallel to its paired item.

Sexual Interest and Desire Inventory—Female

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The Sexual Interest and Desire Inventory—Female (SIDI-F) is a clinician-administered instrument to quantitatively assess Hypoactive Sexual Desire Disorder (HSDD) severity in women. It is a 17-page instrument available in its entirety at the companion website for this handbook: www.routledge.com/textbooks/9780415801751.

Description

The SIDI-F is a clinician-rated instrument consisting of 13 items (relationship—sexual, receptivity, initiation, desire—frequency, affection, desire—satisfaction, desire—distress, thoughts—positive, erotica, arousal—frequency, arousal ease, arousal continuation, and orgasm), as well as a 5-item diagnostic module. The items in the diagnostic module are for information purposes on common interfering conditions (e.g., fatigue, depression, and pain) and do not contribute to the total score.

The SIDI-F was developed in a collaborative effort by a group of academic sexual dysfunction researchers, pharmaceutical industry professionals, and clinicians. It originally consisted of 17 items but was modified following preliminary testing and item response analysis (Sills et al., 2005). The resulting “near-final” version, consisting of a 13-item clinician-rated instrument with 30-day recall, was tested for reliability and validity in a two-center North American pilot validation study conducted on 90 women with HSDD, Female Orgasmic Disorder (FOD), or no Female Sexual Dysfunction (FSD; Clayton et al., 2006). The reliability and validity of the final version of the SIDI-F were subsequently established in two multicenter, nontreatment studies, conducted in North America (n = 223) and Europe (n = 254), in women with HSDD (both studies), Female Sexual Arousal Disorder (FSAD; North American study only), or no FSD (both studies; Lewis-D’Agostino et al., 2007; Nappi et al., 2008).

The SIDI-F is designed to assess HSDD severity in adult women, regardless of age, menopausal status, or country. It was validated for use by clinicians trained in FSD, so its use by untrained clinicians to evaluate patients against a normative sample can only be advisory. However, its ease of use and the low level of interpretation required by the clinician are highly compatible with use by all clinicians to monitor changes in symptoms over time with treatment, especially by clinicians experienced in treating FSD.

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Response Mode and Timing

Following a brief introduction, the administering clinician progresses through the 13 items of the instrument with the respondent. Each item (written in bold) consists of one or two questions, which are read verbatim by the clinician. Supplementary information (written in plain typeface) is provided to guide more specific probes. Additional questions are asked until the respondent gives a clear answer to which the clinician can assign a specific severity score. The SIDI-F takes approximately 15 minutes to administer.

Scoring

The SIDI-F uses two kinds of ratings: 8 items are rated in terms of symptom intensity only, whereas 5 items are rated in terms of both symptom intensity and frequency. The 5 dual-rated items are arranged in a grid: symptom intensity increases from left to right and symptom frequency increases from top to bottom. The intersection of these points gives the overall severity rating.

Items are rated from 0 to 3, 4, or 5, depending on the item. The total score ranges from 0 to 51, with higher scores indicating greater levels of sexual interest. A total score of 33 or less indicates the presence of HSDD.

Reliability

For all subjects, the Cronbach’s alpha for the SIDI-F was .90 on both day 0 and day 28 in the North American study (N = 223). In the European study (N = 254), the corresponding values were .93 and .92 on day 0 and day 28, respectively.

Test-retest reliability was assessed using the Pearson correlation and intraclass correlation coefficient (ICC). For all subjects, the Pearson correlation and ICC coefficients for the SIDI-F score between day 0 and day 28 were .86 and .85, respectively, in the North American study, and .91 and .90, respectively, in the European study (Lewis-D’Agostino et al., 2007; Nappi et al., 2008).

Validity

For discriminant validity, a two-way analysis of covariance, with age categories and country as fixed effects, was used. In the North American study, the SIDI-F score was significantly lower for women diagnosed with HSDD than those diagnosed with FSAD, or with no FSD, at day 0 (p < .001, for both; Lewis-D’Agostino et al., 2007). In the European study, the SIDI-F score was significantly lower for women diagnosed with HSDD than those with no FSD at day 0 (p < .001; Nappi et al., 2008). Similar findings were seen for women aged 50 years or under and aged over 50 years in both studies. Further, the SIDI-F score showed discriminant validity regardless of menopausal status (both studies), or country (European study only).

Convergent validity was assessed by comparing responses on the SIDI-F to those on the Female Sexual Function Index (FSFI; Meston, 2003; Rosen et al., 2000) and the Changes in Sexual Functioning Questionnaire—Female (CSFQ-F; Clayton, McGarvey, & Clavet, 1997) using Pearson’s correlation. In both studies, the SIDI-F score was highly correlated (all correlations > .60) with FSFI and CSFQ-F total scores in women with HSDD at day 0 (irrespective of age group), demonstrating convergent validity (Lewis-D’Agostino et al., 2007; Nappi et al., 2008).

Divergent validity was assessed by comparing responses on the SIDI-F with those on the Locke-Wallace Marital Adjustment Scale (MAS; Locke & Wallace, 1959) using Pearson’s correlation. In both studies, the SIDI-F score was not highly correlated (.02 and .23 for the two studies) with the MAS score in women with HSDD at day 0 (irrespective of age group), demonstrating divergent validity (Lewis-D’Agostino et al., 2007; Nappi et al., 2008).

Sensitivity to change was assessed retrospectively in the North American and European studies. At study end, the percentage change from baseline in SIDI-F score was significantly correlated with percentage change in FSFI total and desire domain scores in both studies (p < .0001, for all). Sensitivity to therapeutically induced change was demonstrated in two proof-of-concept trials of an agent to treat HSDD; SIDI-F score was significantly correlated with the Clinical Global Impression of Improvement score (which assesses overall improvement in sexual functioning with study medication throughout the 12-week treatment period in both studies (p < .0001, for all; data on file, Boehringer Ingelheim).

Other Information

The SIDI-F was copyrighted in 2004 by Drs. Anita Clayton, Sandra Leiblum, Kenneth R. Evans, Terrence Sills, Robert Pyke, Rosemary Basson, and R. Taylor Segraves. Use of this instrument by the scientific community is encouraged and free of charge as long as the abovementioned copyright notice is reproduced and as long as the instrument is not altered or modified without the express written consent of the copyright holders. Inquiries for such consents may be addressed to Dr. Robert Pyke at Boehringer Ingelheim Pharmaceuticals, Inc., 900 Ridgebury Rd, Ridgefield, CT 06877; rpyke@rdg.boehringer-ingelheim.com

References

and Desire Inventory—Female (SIDI-F) in North American women. Obstetrics and Gynecology, 109, 23S.

Exhibit

Sexual Interest and Desire Inventory—Female

This measure may be viewed in its entirety at the companion website for this book: http://www.routledge.com/textbooks/9780415801751

Female Sexual Distress Scale—Revised

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The Female Sexual Distress Scale—Revised (FSDS-R) is a self-administered questionnaire designed to assess distress related to sexual dysfunction in women with Hypoactive Sexual Desire Disorder (HSDD), and other sexual dysfunctions.

Description

The FSDS-R is a self-administered questionnaire consisting of 13 items that relate to different aspects of sex-related personal distress in women. Responses are based on the frequency with which each problem has bothered the subject or caused them distress within different recall periods (past 7 or 30 days).

The FSDS-R is an extended version of the 12-item Female Sexual Distress Scale (FSDS; Derogatis, Rosen, Leiblum, Burnett, & Heiman, 2002). The FSDS was developed by a national group of experts in human sexuality under the auspices of the American Foundation for Urologic Disease (AFUD). The FSDS-R includes an additional question (Item 13) that specifically assesses distress related to low sexual desire. The FSDS-R is for use in both pre- and postmenopausal women.

Response Mode

Respondents read a list of feelings and problems that women sometimes have concerning their sexuality and circle the number that best describes how often that problem has bothered them or caused them distress during the past 30 days. They are provided with an example before completing the questionnaire and are free to ask any questions they may have.

Scoring

All items are rated in terms of the frequency with which that problem has bothered the individual or caused her distress in the past 30 days. Respondents rate every item from 0 to 4: (Never [0]), Rarely [1], Occasionally [2], Frequently [3], or Always [4]). The total score ranges from 0 to 52, with higher scores indicating more distress. A total score of ≥ 11 or more indicates a clinical level of sexual distress.

Reliability

The FSDS was tested for reliability and validity in three studies involving over 500 women with and without

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