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
sexual dysfunction (Derogatis et al., 2002). The reliability and the validity of the FSDS-R were established in a multicenter, 4-week, nontreatment study, conducted in adult North American women with generalized acquired HSDD (n = 136), other Female Sexual Dysfunction (FSD; Female Sexual Arousal Disorder [FSAD] or Female Orgasmic Disorder [FOD], n = 48); or no FSD (n = 75; Derogatis, Clayton, Lewis-D’Agostino, Wunderlich, & Fu, 2008).

Cronbach’s alpha coefficient was used to measure the internal consistency of the FSDS-R. Cronbach’s alpha was > .88 for subjects with HSDD, other FSD, and no FSD on days 0, 7, and 28 (Derogatis, Clayton, et al., 2008).

Intraclass correlation coefficient (ICC) was used to estimate test-retest reliability. For all subjects, the ICC for the FSDS-R total and Item 13 scores between days 0 and 28 was .88 and .83, respectively (Derogatis, Clayton, et al., 2008). A version that was identical except for using 7-day recall gave equivalent results to the standard 30-day recall version in reliability.

Validity

In the validation study, mean FSDS, FSDS-R, and FSDS-R Item 13 scores were significantly higher in women with HSDD or other FSD than in women with no FSD (p < .001 at all time points), demonstrating that all these tests had discriminant validity (Derogatis, Clayton, et al., 2008). Receiver operating characteristic analyses of FSDS and FSDS-R total scores confirmed these findings (Derogatis, Clayton, et al., 2008). A version that was identical except for using 7-day recall gave equivalent results to the standard 30-day recall version in discriminant validity.

The content validity (relevance, clarity, and comprehensiveness) of the FSDS-R (7-day recall version) and the potential of Item 13 (bothered by low sexual desire) as a stand-alone measure of distress associated with decreased sexual desire were assessed through saturation interviewing in women with generalized acquired HSDD in a multicenter, single-visit study conducted in the U.S. (Derogatis, Pyke, McCormack, Hunter, & Harding, 2008). Saturation was reached (i.e., no new information obtained) with 25 subjects. Subjects completed the FSDS-R prior to undergoing cognitive debriefing to capture information on their perceptions of the instrument. Subjects rated the relevancy of every item in the FSDS-R from 0 (Not at all Relevant) to 4 (Extremely Relevant). Item 13 (bothered by low sexual desire) was rated as the most relevant item, with a mean rating of 3.33. The majority of participants found every item clear and easy to understand; the percentage of respondents answering “Yes” to the question “Was this item clear and easy to understand?” was 76% for Item 9 (regrets about your sexuality), 80% for Item 8 (sexually inadequate) and 88%–100% for the remaining items. Item 13 alone demonstrated good content validity and 56% of respondents felt that it covered all of their feelings about their decreased sexual desire.

Other Information

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References


Exhibit

Female Sexual Distress Scale—Revised

Instructions: 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.

<table>
<thead>
<tr>
<th>Never</th>
<th>Rarely</th>
<th>Occasionally</th>
<th>Frequently</th>
<th>Always</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
</tbody>
</table>

HOW OFTEN DID YOU FEEL:

1. Distressed about your sex life
2. Unhappy about your sexual relationship
3. Guilty about sexual difficulties
4. Frustrated by your sexual problems
Attitudes Related to Sexual Concerns Scale

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The Attitudes Related to Sexual Concerns Scale (ASCS) was developed to measure those attitudes that have been conceptually, empirically, or clinically associated with specific sexual concerns/dysfunctions of men and women. Although a number of scales have previously been developed to measure overall sexual attitudes or some particular attitudes, none targeted those attitudes that were specifically associated with sexual concerns/dysfunctions. The ASCS can be used as a research tool in examining the attitudes of various subsamples of differing gender, sexual orientation, age, relationship status, ethnicity, and so forth (Cowden & Koch, 1995). It could also serve as a clinical tool for counselors and therapists in assessing the attitudes related to the sexual concerns/dysfunctions their clients are experiencing.

Description

The ASCS consists of 30 items with responses on a 5-point Likert format ranging from 1 (Strongly Agree) to 5 (Strongly Disagree). Each statement is written in a personalized manner to measure the most proximal attitude, rather than a generalized one, because proximal attitudes are more closely related to one’s own personal behavior (Ajzen & Fishbein, 1980). Through pilot testing with approximately 400 college students, principal components factor analysis with promax rotation extracted eight factors that were identified as attitudes toward (a) sexual self-understanding (14% explained variance), (b) body image (8%), (c) gender roles (4%), (d) commitment (6%), (e) communication with a sexual partner (10%), (f) masturbation (42%), (g) sexual guilt (11%), and (h) sexual performance (5%; Cowden & Koch, 1995; Koch, 1983).

Response Mode and Timing

The respondent is instructed to indicate the choice (Strongly Agree = 1, Agree = 2, Uncertain = 3, Disagree = 4, Strongly Disagree = 5) that best represents his or her attitudes toward each statement. The statements represent attitudes that might be expressed in a variety of situations. The respondents are instructed that, if they have never personally been in such a situation, they are to imagine themselves in it and think of how they might react. The term partner refers to whomever the respondent might share his or her sexuality with. The scale takes approximately 15 minutes to complete.

Scoring

Scores on the ASCS range from 30, indicating the least negative attitudes, to 150, indicating the most negative attitudes. Thus, the higher a person’s score, the more she or he exhibits attitudes associated with experiencing high levels of various relationship and sexual functioning concerns. The subscales consist of the following items (those with an asterisk must be reversed scored): Body Image (1, 9, *17); Sexual Self-Understanding (*2, 10, *18, 25), Gender Roles (*3, *11, 19), Communication (*4, 12, *20, *26), Guilt (*5, *13, 21, 27), Commitment (6, *14, *22, *28), Masturbation (7, 15, *23), and Sexual Performance (*8, *16, *24, *29 [for females only]/*30 [for males only]). In administering the scale to homosexually-oriented respondents, the

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Dysfunction

5. Stressed about sex 0 1 2 3 4
6. Inferior because of sexual problems 0 1 2 3 4
7. Worried about sex 0 1 2 3 4
8. Sexually inadequate 0 1 2 3 4
9. Regrets about your sexuality 0 1 2 3 4
10. Embarrassed about sexual problems 0 1 2 3 4
11. Dissatisfied with your sex life 0 1 2 3 4
12. Angry about your sex life 0 1 2 3 4
13. Bothered by low sexual desire 0 1 2 3 4

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