Handbook of Sexuality-Related Measures

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Sexual Problems Self-Assessment Questionnaire

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8. I would worry that my partner would leave me if I did not do what she or he wanted me to do in bed.
9. I feel a partner would be sexually attracted to my nude body.
10. I am not confused about my sexual feelings.
11. It is more acceptable to me for a male to have a one-night stand than for a female to have a one-night stand.
12. It would not be difficult for me to make suggestions to a partner on ways to improve his or her sexual techniques.
13. I would feel guilty if I did not follow my family’s teachings about sexual behavior.
14. I would feel trapped if I was in a committed relationship at this time.
15. I would feel good about exploring and learning about my own body through masturbation.
16. If my partner did not reach orgasm, I would feel like a failure.
17. Because of the way my body looks, I would feel uncomfortable in the nude with a sexual partner.
18. It bothers me that I really do not understand why I behave sexually as I do.
19. I do not believe that males usually use love to get sex and females usually use sex to get love.
20. I would feel hurt if a sexual partner told me that something I do during lovemaking turns her or him off.
21. I would not feel guilty if I had genital sexual relations (such as intercourse) with a partner.
22. I am afraid to trust anyone in a sexual relationship at this time in my life.
23. I would feel guilty about masturbating.
24. I would worry that if I did not perform well sexually my partner would look for someone else.
25. It is not difficult for me to sort out my sexual feelings, values, and behaviors.
26. There probably would be some aspects of our sexual relationship that I just could not talk about with my partner.
27. I would not feel guilty fantasizing about sexual experiences.
28. I would feel like a failure if I found out that my sexual partner also engaged in solitary masturbation.

Females Only

29. I would feel inadequate if I could not reach orgasm during vaginal penetration (such as vaginal intercourse) and needed other kinds of stimulation in order to reach an orgasm.

Males Only

30. I would feel humiliated if I was unable to get an erection during a sexual encounter.

*A scale from 1 to 5 follows each item.

Sexual Problems Self-Assessment Questionnaire

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The Sexual Problems Self-Assessment Questionnaire (SPSAQ) was designed to assess sexual and relationship satisfaction levels in couples presenting for sex therapy; it is a clinical evaluation tool that offers a brief, comprehensive assessment of adult clients’ levels of satisfaction in their sexual relationships.

Scoring forms provide client profiles. When used with a couple, a couple’s form lists each partner’s scores so that they can be compared. The instrument was not designed as a research tool and has not been tested for validity or reliability beyond the clinical applications it was designed to assess. Clients presenting with sexual difficulties often focus so narrowly on presenting issues that other, relevant and germane issues are not discovered until later in therapy. Even without numerical scores, a paper-and-pencil-marked questionnaire is useful in quickly providing a comprehensive assessment of problem domains.

Description

The SPSAQ was developed from the classification system presented in A New View of Women’s Sexual Problems (Kaschak & Tiefer, 2001). In developing the item content, we sought advice from a variety of colleagues. Leonore Tiefer

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and the New View listserv have helped in the wording, design, and use of the instrument, as have other therapists and health practitioners. Prior to designing a computer-administered version, we hand scored questionnaires.

The entire form contains 73 items. The New View nosology (Kaschak & Tiefer, 2001) provides a more multidomain description of client experience than do the categories of the Diagnostic and Statistical Manual of Mental Disorders (American Psychiatric Association, 1994; DSM-IV, pp. 493–502). Items are organized into four domains. The domains as identified in the New View nosology are (a) Socio-Cultural, Political, or Economic, (b) Relationships, (c) Psychological Factors, and (d) Medical and Physiologic Factors.³ In the SPSAQ, we shortened “Medical and Physiologic Factors” to “Physical Factors.” Items in the SPSAQ have also been expanded to include male sexual concerns (Klein & Morin, 2005; Larson, 2005) and an additional domain, Overall Satisfaction, which contains two items: Sex Life and Emotional Intimacy (Larson, 2005).

The SPSAQ is administered by computer, with individual respondents completing the assessment by keyboard and mouse. Upon completion, a paper printout of the results is immediately available. In our clinical setting, neither the individual’s responses nor identifying data is are electronically stored. The clinician is provided with a printed answer sheet with ample space for interview notes. For couples, an additional form provides space to list each partner’s scores and facilitates comparison.

The instrument measures the subjective perceptions of each individual at the time of administration. The responses should not be confused with an objective measure of a symptom. The SPSAQ provides practitioners with quick, comprehensive feedback regarding clients’ subjective state of relational and sexual satisfaction.

Response Mode and Timing

Using a hidden 100-point Likert-type scale, individuals respond to statements by marking a continuum usually ranging from Yes to No. The left—right direction of the high score is varied by the wording of the statements affirmatively or negatively throughout the instrument. Items ask for a level of agreement or disagreement. An example is the mock item used in the instructions: “I feel I have adequate access to chocolate” (see Exhibit).

Respondents can choose to mark any items as “Skip” and can change their responses to any items up until they click “Finished.”

Timing is not rigid and respondents typically take 12 to 25 minutes to complete the computerized version, which provides an immediate printout of the results.

Scoring

The computer program translates the mark along the Likert-type continuum to a numerical score from 0 to 100. Higher scores represent problem areas. Typically, glancing at a printout of the respondent’s scores helps focus clinical interviews on areas of distress. The instrument is ordinarily introduced in the early stage of therapy; however, using the SPSAQ later in the course of therapy can sometimes indicate areas of improvement or areas that are being overlooked.

Reliability

No systematic assessment of reliability has been undertaken.

Validity

During development of the instrument, long-term therapy clients, usually couples, were invited to complete the instrument. Most of these clients found the questionnaire user-friendly and brief. The senior author was pleased to see “no surprises” in client responses. Then the instrument was administered to new clients. Following that, clinical interviews revealed that some clients had inaccurately marked some items. Items that proved too vaguely worded or confusing were reworded or dropped.

Except for the clinical validation in the initial population of long-term clients, no validating data have been gathered on the SPSAQ.

Other Information

We have presented this work in its development stages at meetings of the Society for the Scientific Study of Sexuality (Larson, 2005; Larson & McKay, 2006). The SPSAQ is a work in progress; future revisions of the questions and data forms are contemplated.

We typically give clients an opportunity to complete the questionnaire (in print or electronically) on the second or third visit. We often devote half, or more, of a one-on-one session to pursuing details from the questionnaire responses. The SPSAQ lends itself to several applications beyond the satisfaction with relationships for individuals and for couples. The instrument can be used during the course of therapy as a within-subject change measure. See the companion website at www.routledge.com/textbooks/9780415801751 for a sample, fictitious printout as well as the test-retest scoring summary sheet.

No work has been done with a large population of subjects, and no standardizing procedures have been attempted.

References


Marty Klein and Jack Morin (2005), in applying the “New View” nosology to a unified classification of women’s and men’s sexual problems, expanded the original Medical category to a more inclusive Physical Factors which we found more descriptive of respondents’ subjective reports.
Exhibit

Sexual Problems Self-Assessment Questionnaire

1. This questionnaire is part of a research and development project; it is unfinished and there are no scoring norms. It is being explored as a tool to aid in making a comprehensive assessment of sexual issues in women and men.

2. This information is intended for two uses:
   a. Feedback to your educator or clinician; and
   b. Data to a research project to measure the effectiveness of this questionnaire.
   Your answers might be shared anonymously with scientific, educational, or clinical professionals.

3. If you are a client or patient, know that you have the right to decline to answer all or part of the questionnaire and it will not negatively affect standard practice of treatment.

GENERAL QUESTIONS

A. FEEDBACK
   1. Are you taking this survey to provide feedback to your service provider?
      ___ Yes  ___ No

   2. Enter service provider’s name:
      _______________________________________

   3. Please create your code number with the first letter of your mother’s maiden name and the last four digits of your Social Security Number. Or you may, instead, create another 5-character code that you will remember.
      ___ ___ ___ ___ ___

   4. To assist us in long-term research, do you agree to have a second report sent to Seattle Institute?
      ___ Yes  ___ No

B. DEMOGRAPHICS

   1. Sex: _______ Female _______ Male _______ Other
   2. Age _______
   3. Are you in a relationship? _______
   4. If so, how long? _________________

C. INSTRUCTIONS AND SAMPLE QUESTION
   Answer each question by placing an “X” on the dotted line at the place that best describes how you feel.
   Example:  1. I feel I have adequate access to chocolate.
             Yes...............................................................................X...........................................

D. OVERALL SATISFACTION

   1. In general, I am satisfied with my sex life.
      Very........................................................................................................Not at all
   2. In general, I am satisfied with the emotional intimacy in my life.
      Very........................................................................................................Not at all

I. SOCIO-CULTURAL, POLITICAL, OR ECONOMIC FACTORS

   A. I feel uninformed about sexuality due to inadequate sex education.
      Yes........................................................................................................No
B. I think my vocabulary is adequate to describe subjective or physical sexual experience.
C. I have adequate information about human sexual biology and women’s changes with age.
D. I have adequate information about human sexual biology and men’s changes with age.
E. I think I lack information about how gender roles influence men’s and women’s sexuality.
F. I have adequate access to information and services for birth control.
G. I have adequate access to information and services for prevention and treatment of sexually transmitted infections.
H. I have adequate access to information and services for rape or sexual trauma.
I. I have adequate access to information and services for domestic violence.
J. I avoid having sex or experience distress during sex because I feel I don’t live up to the ideals of my culture regarding sexuality or desirability.
K. I feel anxiety or shame about my body, sexual attractiveness, or sexual responses.
L. I feel confusion or shame about my sexual orientation or identity.
M. I feel confusion or shame about my sexual fantasies, desires, and preferences.
N. I feel that there are conflicts between my sexual values and those of my partner.
O. I feel that there are conflicts between my sexual values and those of my peer group.
P. I feel that there are conflicts between my sexual values and those of the mainstream culture.
Q. I feel a lack of interest, fatigue, or lack of time for sex due to family, work, or other obligations.
R. I feel inhibited about communicating preferences or initiating, pacing, or shaping sexual activities.

II. RELATIONSHIPS
A. I currently experience sexual inhibition, avoidance, or distress because of betrayal by or dislike of my partner.
  Yes...........................................................................................................................No
B. I currently experience sexual inhibition, avoidance, or distress because I fear my partner.
C. I currently experience sexual inhibition, avoidance, or distress because of abuse by my partner.
D. I currently experience inhibition, avoidance, or distress arising from unequal power between myself and my partner.
E. I currently experience sexual inhibition, avoidance, or distress because of my partner’s negative communication patterns.
F. I have experienced sexual inhibition, avoidance, or distress arising from betrayal, dislike, fear, or abuse in a previous relationship.
G. There are discrepancies between myself and my partner in frequency of desire for sexual activity.
H. There are discrepancies between myself and my partner in preferences for various sexual activities.
  I. I trust my partner to be sensitive to my wants.
  J. I have lost sexual interest as a result of conflicts with my partner over commonplace issues such as money, schedules, or relatives.
  K. I have experienced loss of sexual interest due to traumatic experiences, such as infertility or the death of a child.
  L. My partner’s health and/or sexual problems interfere with my sexual arousal, enjoyment, or spontaneity.
  M. I experience sexual aversion, mistrust, or inhibition of sexual pleasure due to my partner’s personality, such as problems with rejection, cooperation, closeness, or criticalness.
  N. I experience sexual aversion, mistrust, or inhibition of sexual pleasure due to my partner’s depression or anxiety.

III. PSYCHOLOGICAL FACTORS
A. I experience inhibition of sexual pleasure or response that I believe is due to a history of physical, sexual, or emotional trauma.
  Yes...........................................................................................................................No
B. I avoid sexual activity or fail to experience sexual pleasure because of fears of rejection or intimacy.
C. I avoid sexual activity or fail to experience sexual pleasure because of anger toward my partner.
D. I experience sexual aversion, mistrust, or inhibition of sexual pleasure due to depression or anxiety.
E. I experience sexual inhibition due to fear of sexual acts or their possible consequences, for example pain during intercourse, pregnancy, sexually transmitted infections, etc.
F. I limit my sexual feelings due to my fear of losing my partner.
G. I engage in sexual behavior that feels inappropriate and out of control.

IV. PHYSICAL FACTORS
A. I experience pain or lack of physical response during sexual activity due to medical condition(s) affecting my body.
  Yes...........................................................................................................................No
B. I believe my sexual experience and pleasure are limited by the following medical conditions (check all that apply):
Dysfunction

1. _____ Diabetes
2. _____ Multiple Sclerosis
3. _____ Parkinson’s Disease
4. _____ Lupus
5. _____ Headaches
6. _____ Epilepsy
7. _____ Arthritis
8. _____ Other

C. (men) I have been treated for prostate cancer.  ___ Yes  ___ No
D. (women) I have had a hysterectomy or had my ovary(ies) removed.  ___ Yes  ___ No
E. I have taken female hormones (estrogen, progesterone, etc.) at some time in my life.  ___ Yes  ___ No
F. I have taken male hormones (testosterone, DHEA, etc.) at some time in my life.  ___ Yes  ___ No

G. I experience pain or lack of physical response during sexual activity due to the following medical conditions:
   1. Pregnancy
      Yes..................................................................................................................No
   2. Childbirth
   3. Menopause
   4. Sexually Transmitted Disease
   5. Physical Injury
   6. Side effects of drugs, medications, or treatment for a medical condition.
   7. (women) Involuntary contractions of the vagina (vaginismus).

H. I am satisfied with my ability to control my ejaculation/orgasm.
I. I experience pain during arousal (erection, lubrication).
J. I experience pain during orgasm.
K. I experience pain during intercourse or other sexual contact for undiagnosed reasons.
L. I take medication/substance(s) (prescribed, herbal, or illegal) to enhance my sexual experience.
M. I lead a physically healthy lifestyle.
N. I smoke.
O. I drink more than 1 alcoholic beverage per day (women) or more than 2 drinks per day (men).
P. Regarding my weight, I am:
   Too Thin................................................................................................................Too Fat
Q. I am exposed to solvents or volatile substances, e.g., exhaust, chemical odors, etc.
   Daily......................................................................................................................Rarely
R. I regularly engage in vigorous physical exercise.
   Daily......................................................................................................................Rarely

Note. This questionnaire has been derived from the diagnostic classification system created by The Working Group on a New View of Women’s Sexual Problems and developed by Seattle Institute for Sex Therapy, Education and Research (Elizabeth Rae Larson, Malcolm McKay, Laura Tsang, Ann Manly [Editor] and Ian Hagemann [Web Page Design]), with gratefully acknowledged critical feedback and generous assistance from Joy Davidson, Leonore Tiefer, Gerald Weeks, Marilyn McIntyre, Jack Morin, and Marty Klein. The New View of Women’s Sexual Problems (2000) Working Group members were Linda Alperstein, Carol Ellison, Jennifer R. Fishman, Marny Hall, Lisa Handwerker, Heather Hartley, Ellyn Kaschak, Peggy J. Kleinplatz, Meika Loe, Laura Mamo, Carol Tavris, and Leonore Tiefer.

*The response option is repeated for each item.

Sexual Dysfunction Scale

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The Sexual Dysfunction Scale (SDS) is designed to evaluate the factors associated with each of the sexual dysfunctions among males and females. Respondents are asked a general question about which sexual dysfunctions they are experiencing, and then they complete a set of more specific questions on their particular sexual dysfunction(s).

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