Dysfunction

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

The SDS consists of the following eight sections (see Table 1 for additional detail): (a) nature of the problem, (b) premature ejaculation, (c) erectile problems, (d) retarded ejaculation, (e) orgasmic dysfunction, (f) female unresponsiveness, (g) vaginismus, and (h) lack of sexual interest.

For each dysfunction, respondents answer questions about medical and lifestyle factors, quality of the respondent’s relationship (if the person is in a relationship), length of time the dysfunction has been in place, the frequency and severity of the dysfunction, attitudes to sexual activities and responses to these activities, response to the dysfunction, and impact of the dysfunction on the respondent’s relationship (if relevant).

The SDS was developed during a 10-year process in the late 1980s and 1990s. The items were initially drawn from the factors that were claimed in the literature to be associated with each particular sexual dysfunction. This resulted in the construction of a guided interview measure that elicited responses to open-ended questions. Subjects were also asked whether the questions were relevant to their particular sexual dysfunction. This instrument was tested on 55 people with sexual dysfunction (with at least 6 subjects within any particular dysfunctional category). The measure was then converted into a forced-choice format and administered to a sexually dysfunctional population (both clinical and nonclinical subjects; McCabe, 1994a, 1994b). The scale was further modified as a result of these studies and administered to an additional 120 clinically dysfunctional subjects. This third draft of the scale is the one included in this compendium.

Response Mode and Timing

The scale is completed as a questionnaire measure and, depending upon the number of sexual dysfunctions experienced by the respondent, takes from 10 minutes to 50 minutes to complete. All items are objectively scored and consist of either yes/no responses or 5-point Likert-scale responses.

Scoring

Responses on items may be summed to provide an index of severity (nature of problem x length of time problem has been in place x frequency of problem). There are also separate questions on the medical, lifestyle, and relationship factors surrounding the problem and questions on the impact of the problem on the relationship.

Reliability and Validity

Coefficient alpha for each of the subscales was calculated for 120 subjects who presented to the sexual behaviour clinic for treatment of their sexual problem (see Table 1). The number of subjects with each dysfunction is listed in this table. As some subjects experienced more than one sexual dysfunction, the number of dysfunctions is greater than 120. Subjects with a partner (n = 89) were asked to report on the nature of their partner’s problem. The concordance rate between their report and their partner’s report was 82%, thus demonstrating the validity of the scale. Further validity is ensured by the process of the scale construction.

Other Information

The scale, along with the scoring code, may be obtained from the author for use with clinical or research subjects.

References
