28. Changing my clothes in a public change room that does not have privacy cubicles

29. Being exposed to information about contraceptive devices that require intimate genital contact (e.g., diaphragm, sponge, foam)

30. Overhearing other people (not parents) having sex

31. Watching a scene from a major box office movie in which people were engaging in sex

32. Exploring erogenous, or sexually exciting, parts of my body when I am alone

33. Someone knowing that I look at/watch erotic photos/films

34. Suggesting new sexual activities or positions to my partner

35. Visiting Internet sites that features hardcore or pornographic photos or video clips

36. Engaging in a casual sexual encounter (e.g., a one-night stand)

37. Being invited by an acquaintance/friend/partner to engage in an unusual sexual act

38. Hearing about sexual issues or matters from the newspaper or TV

39. Fantasizing about arousing sexual acts during sex with my partner in order to enhance my sexual excitement

40. Disclosing to my friends that I have a sexual problem

41. Answering questions about sexual matters such as conception

42. Someone overhearing me and my partner having sex

43. Being around others who are changing their clothes

44. Being exposed to information about diseases of the sex organs, such as cervical cancer, testicular cancer, prostate cancer, breast cancer

45. Watching an “erotic” or “softporn” film (no explicit scenes of the genitals or penetration)

46. Allowing my partner to explore my erogenous, or sexually exciting, parts of my body

47. Someone knowing that I look at/watch pornographic photos/films

48. Changing activities or positions during sex with a partner to help ensure that I have an orgasm

49. Looking at erotic or softcore photos in a magazine

50. Telling my partner what pleases me and does not please me sexually

51. Hearing about people I don’t consider to be sexual engaging in sex, such as the elderly, my parents, disabled people

52. Having a conversation with my friends about their sex lives

53. Fantasizing about arousing sexual thoughts during masturbation in order to enhance my sexual excitement

54. Watching coverage of the Gay Pride Day parade

55. Being exposed to information about contraceptives and contraceptive use

56. Completing questionnaires about my sexuality

Solitary and Impersonal Sexual Expression (Factor 1)
Exposure to Information (Factor 2)
Sexual Communication (Factor 3)

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Sexual Opinion Survey

B. J. Rye, St. Jerome’s University at the University of Waterloo
Glenn J. Meaney, Wilfrid Laurier University
William A. Fisher, University of Western Ontario

The personality dimension of erotophobia-erotophilia is conceptualized as a learned disposition to respond to sexual stimuli with negative-to-positive affect and evaluation and is believed to determine avoidance or approach responses to sexual stimuli. The Sexual Opinion Survey (SOS) is a measure of this trait (Fisher, Byrne, White, & Kelley, 1988).

Description

The SOS (see Exhibit 1) consists of 21 items intended to assess affective and evaluative responses to sexual stimuli (autosexual, homosexual, heterosexual behavior; sexual fantasy; visual sexual stimuli). Each item depicts a sexual situation and an affective response to it; individuals are asked to
Handbook of Sexuality-Related Measures

indicate degree of agreement or disagreement with the statement (scale development is described in Fisher, 1998, and Fisher et al., 1988). Terminology in some items was updated by Fisher (1998) because some of the original wording was no longer in use or had changed meaning. Translations of the SOS into Hebrew, French, Finnish, German, Portuguese, and Japanese are available; recently, it has also been translated into Spanish (Sierra, Ortega, & Zubeidat, 2006) and Dutch (Dodge, Sandfort, Yarber, & de Wit, 2005).

A short form of the SOS was developed by Semph (1979; see Exhibit 2) using five items established as strong predictors of full scale scores (e.g., Table 2, Sample 1: $r = .84$). A scale conceptually based on the SOS was designed for use with very young adolescent girls (Rye et al., 2008; see Exhibit 3) and highly correlated with the SOS in a sample of first-year university students ($r = .74, n = 55$).

Extensive construct validity for the SOS was reported by Fisher et al. (1988) and Fisher (1998); therefore, we will focus on literature published since 1998. The SOS has been used extensively with North American university students and has been used to assess erotophobia-erotophilia in university students in Australia (Beaton & Halloran, 2007), Israel (Birnbaum & Gillath, 2006), and the Netherlands (Dodge et al., 2005), as well as nonstudent populations including adult women (Graham, Sanders, & Milhausen, 2006), high-school men (Sierra et al., 2006), incarcerated men (Garland, Morgan, & Beer, 2005), women who have had an abortion and nonpregnant women at health clinics (Bradshaw & Slade, 2005), and users and nonusers of erotica (Lawyer, 2008). Normative data from these studies, when available, are summarized in Table 1; the current authors’ normative data are summarized in Table 2.

### Response Mode and Timing

Completion of the SOS usually takes 10 minutes or less. General instructions are provided (see Exhibit 1); additional instructions may be added for participants unfamiliar with Likert-type responding.

### Scoring

Fisher (1998) specified the following scoring scheme: First, score responses from 1 (Strongly Disagree) to 7 (Strongly Agree); second, add scores from Items 2, 5, 6, 12, 13, 14, 15, 16, 19, and 20; third, subtract the sum of Items 1, 3, 4, 7, 8, 9, 10, 11, 17, 18, and 21; fourth, add 67. This scheme results in a number between 0 (erotophobic) and 126 (erotophilic); missing data can be handled for positively and negatively worded items by substituting the mean score for the other

---

### Table 1

<table>
<thead>
<tr>
<th>Study</th>
<th>Subsamples</th>
<th>$N$</th>
<th>$M$</th>
<th>$SD$</th>
<th>Group Differences</th>
<th>Scoring’</th>
<th>High Score</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Barak et al. (1999)</td>
<td>n/a</td>
<td>31</td>
<td>73.36</td>
<td>17.21</td>
<td>n/a</td>
<td>Fisher</td>
<td>Erotophilia</td>
<td>Undergraduate men</td>
</tr>
<tr>
<td>Bogaert &amp; Sadava (2002)</td>
<td>n/a</td>
<td>792</td>
<td>83.97</td>
<td>22.16</td>
<td>n/a</td>
<td>22 to 137</td>
<td>Erotophilia</td>
<td>Adults</td>
</tr>
<tr>
<td>Bradshaw &amp; Slade (2005)</td>
<td>Abortion</td>
<td>98</td>
<td>69</td>
<td>19</td>
<td>Significant difference</td>
<td>Fisher</td>
<td>Erotophilia</td>
<td>Women from health clinics</td>
</tr>
<tr>
<td></td>
<td>No abortion</td>
<td>51</td>
<td>69</td>
<td>21</td>
<td>Significant difference</td>
<td>Average</td>
<td>Erotophobia</td>
<td>Undergraduate men</td>
</tr>
<tr>
<td>Dodge et al. (2005)</td>
<td>United States</td>
<td>133</td>
<td>3.07</td>
<td>1.03</td>
<td>Significant difference</td>
<td>Average</td>
<td>Erotophobia</td>
<td>University students; short version</td>
</tr>
<tr>
<td></td>
<td>Netherlands</td>
<td>109</td>
<td>2.61</td>
<td>1.00</td>
<td>Significant difference</td>
<td>Average</td>
<td>Erotophilia</td>
<td></td>
</tr>
<tr>
<td>Forbes et al. (2003)</td>
<td>n/a</td>
<td>211</td>
<td>2.68</td>
<td>.70</td>
<td>No gender difference</td>
<td>1 to 6</td>
<td>Erotophilia</td>
<td></td>
</tr>
<tr>
<td>Garcia (1999)</td>
<td>Men</td>
<td>77</td>
<td>5.7 ± 19.1</td>
<td>n/a</td>
<td>No significant difference</td>
<td>Fisher –67</td>
<td>Erotophilia</td>
<td>Introductory psychology students</td>
</tr>
<tr>
<td></td>
<td>Women</td>
<td>84</td>
<td>–6.7 ± 19.3</td>
<td>n/a</td>
<td>No significant difference</td>
<td>–67 to +59</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Geer &amp; Robertson (2005)</td>
<td>Men</td>
<td>115</td>
<td>66.72</td>
<td>23.89</td>
<td>Significant difference</td>
<td>Not described</td>
<td>Erotophilia</td>
<td>Psychology undergraduates</td>
</tr>
<tr>
<td></td>
<td>Women</td>
<td>137</td>
<td>59.56</td>
<td>19.32</td>
<td>Significant difference</td>
<td>Items: 1, 3, 4, 7, 8, 9, 10, 11, 17, 18, and 21</td>
<td>Erotophilia</td>
<td>Introductory psychology students</td>
</tr>
<tr>
<td>Hogben et al. (2001)</td>
<td>Men</td>
<td>177</td>
<td>59.88</td>
<td>11.86</td>
<td>Significant difference</td>
<td>1 to 6</td>
<td>Erotophilia</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Women</td>
<td>176</td>
<td>71.15</td>
<td>15.96</td>
<td>Significant difference</td>
<td>1 to 6</td>
<td>Erotophilia</td>
<td></td>
</tr>
<tr>
<td>Lawyer (2008)</td>
<td>Erotica users</td>
<td>34</td>
<td>93.3</td>
<td>22.7</td>
<td>No significant difference</td>
<td>Not described</td>
<td>Erotophilia</td>
<td>Men and women</td>
</tr>
<tr>
<td></td>
<td>Erotica non-users</td>
<td>37</td>
<td>84.9</td>
<td>22.1</td>
<td>No significant difference</td>
<td>Not described</td>
<td>Erotophilia</td>
<td></td>
</tr>
<tr>
<td>Sanders et al. (2006)</td>
<td>Condom users</td>
<td>102</td>
<td>3.9</td>
<td>1.2</td>
<td>Significant difference</td>
<td>Average</td>
<td>Erotophilia</td>
<td>Sexually active women</td>
</tr>
<tr>
<td></td>
<td>Condom non-users</td>
<td>220</td>
<td>4.2</td>
<td>1.1</td>
<td>Significant difference</td>
<td>Average</td>
<td>Erotophilia</td>
<td></td>
</tr>
<tr>
<td>Shim et al. (2007)</td>
<td>n/a</td>
<td>151</td>
<td>76</td>
<td>19</td>
<td>n/a</td>
<td>Fisher</td>
<td>Erotophilia</td>
<td>Introductory communications students</td>
</tr>
</tbody>
</table>

*Scoring information based on published literature or personal communication with authors. “Fisher” indicates that scores were calculated as specified by Fisher (1998) and in the Scoring section. “Average” indicates that negatively worded items were reverse coded and then all items were averaged. All items were scored on a 7-point Likert-type scale except where noted.*
TABLE 2
Normative Data From the Authors’ Research

<table>
<thead>
<tr>
<th>Sample</th>
<th>Subsamples</th>
<th>N</th>
<th>M</th>
<th>SD</th>
<th>Group Differences</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Men</td>
<td>854</td>
<td>3.83</td>
<td>.50</td>
<td>Significant difference</td>
<td>Introductory human sexuality students; 23 classes enrolled between 1999 and 2007</td>
</tr>
<tr>
<td>1</td>
<td>Women</td>
<td>2007</td>
<td>3.60</td>
<td>.57</td>
<td>Significant difference</td>
<td></td>
</tr>
<tr>
<td>1</td>
<td>Heterosexual*</td>
<td>2657</td>
<td>3.63</td>
<td>.55</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1</td>
<td>Queer*</td>
<td>207</td>
<td>4.07</td>
<td>.52</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Men</td>
<td>27</td>
<td>4.37</td>
<td>.83</td>
<td>No significant difference</td>
<td>Introductory psychology students agreed to participate in sex study</td>
</tr>
<tr>
<td>2</td>
<td>Women</td>
<td>39</td>
<td>4.05</td>
<td>.91</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>n/a</td>
<td>135</td>
<td>4.14</td>
<td>1.15</td>
<td>n/a</td>
<td>Introductory psychology students department mass-testing</td>
</tr>
<tr>
<td>4</td>
<td>Men</td>
<td>43</td>
<td>4.92</td>
<td>1.18</td>
<td>Significant difference</td>
<td>Homophobia awareness workshop (Rye &amp; Meaney, 2009); short version without Item 21</td>
</tr>
<tr>
<td>4</td>
<td>Women</td>
<td>70</td>
<td>4.31</td>
<td>1.11</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>Heterosexual</td>
<td>49</td>
<td>4.39</td>
<td>.67</td>
<td>Lesbians more erotophilic than heterosexuals</td>
<td>Adult women</td>
</tr>
<tr>
<td>5</td>
<td>AIS*</td>
<td>44</td>
<td>4.59</td>
<td>.76</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>Lesbian</td>
<td>45</td>
<td>4.85</td>
<td>.63</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Note. Except where noted, all samples completed the full, 21-item SOS. Scoring: Individual items were rated on a 1 to 7 scale, except for Sample 1 (1 to 5). Negatively worded items were reverse scored. Then, all items were averaged. Higher scores indicate erotophilia. Missing data were ignored provided completion of half the items.

*5-point self-identification scale: 1–2 = heterosexual, 3–5 = queer (bisexual or homosexual)

Reliability

Since Fisher (1998) reported on the reliability of the SOS, high internal consistency has been found among various samples of university students (Cronbach’s α = .76 to .89; see References) and using a Hebrew version of the SOS (α = .85; Birnbaum & Gillath, 2006); internal consistency is about equal for men and women (e.g., Smith & Nave, 2007). Lower internal consistency (α = .63) was found for the short version (Beatson & Halloran, 2007). A scale conceptually based on the SOS designed for very young adolescent girls had similar internal consistency (α = .63; Rye et al., 2008). Substantial test-retest reliability of the full scale was found with a sample of university students over an interval of several weeks (Table 2, Sample 2: r = .61, n = 35).

Although the SOS is highly internally consistent, some researchers have attempted to identify subscales. Sierra et al. (2006), using a Spanish sample, reported four factors (erotophilia, erotophobia, homophobia, and unconventional sex); a similar factor structure was reported using a Norwegian sample (Rise, Traeen, & Kraft, 1993). Based on our analysis (Table 2, Sample 1), we recommend a two-factor solution when investigation of factors is desired: (a) open sexual display and sexual variety, and (b) homoeroticism—a refinement of the three-factor solution suggested by Gilbert & Gamache, 1984). Further investigation is required to demonstrate the generality and stability of sets of factors and the utility of factor-based subscales.

Validity

Since publication in the previous edition of the Handbook of Sexuality-Related Measures (Fisher, 1998), the construct validity of the SOS continues to be well established through research with theoretically relevant variables. In particular, SOS scores are predictive of prior sexual media exposure (Bogaert, 2001), subjective sexual arousal (Nobre et al., 2004), sexual arousal and anxiety (and, indirectly, sexual self-schema; Cyranowski & Andersen, 1998), self-reported sexual behavior (i.e., masturbation, multiple partners, unprotected sex; Durant, Carey, & Schroder, 2002), implicit sexual attitudes (Geer & Robertson, 2005), perceptions of consumer items as a means of attracting sex-ual partners or enhancing sex (Gould, 1995), sexual excitation and inhibition (Graham et al., 2006; Janssen, Vorst, Finn, & Bancroft, 2002a, 2002b; Wilson, Holm, Bishop, & Borowiak, 2002), homonegativity (Mahaffey, Bryan, & Hutchison, 2005), condom application (i.e., women...
who applied condoms on their male partners were more erotophilic than those who did not; Sanders et al., 2006), “short-term, unrestricted mating orientation” (Schmitt, Shackelford, Duntley, Tooko, & Buss, 2001), willingness to be exposed to unsolicited Internet pornography (Shim, Lee, & Paul, 2007), and sexual fantasy (Sierra et al., 2006). Garcia (1999) found that participants higher in erotophilia were more likely to rate themselves as sexually experienced, sexually deviant, holding liberal or permissive sexual attitudes, and being sexually responsive.

In our research (Table 2, Sample 1), SOS scores were weakly to moderately correlated with a variety of sexual attitudes (e.g., approval of premarital sexual intercourse, accessibility of birth control), sexual behaviors with others (e.g., number of sexual partners, having orally stimulated a partner’s genitals), and autosexual behavior (e.g., use of mechanical aids, frequency of masturbation, also reported by Zamboni & Crawford, 2002). The SOS did not predict self-reported sexual dysfunction. Erotophobia correlated moderately with being gay or lesbian, attitudes toward homosexuality, and having gay friends or acquaintances.

Although previous research has found erotophobia-erotophilia to be a consistent predictor of sexual health behaviors (see Fisher, 1998), little current research has investigated this connection. Our data (Table 2, Sample 1) suggest that the SOS was generally unrelated to sexual health behaviors, with a few exceptions—for example, erotophilia predicted self-reported likelihood of pap exams and breast self-examination (but not testicular self-examination). Wilkinson, Holahan, and Drane-Edmundson (2002) found that erotophilia predicted safer-sex behaviors for people with cooperative partners, but not for people with uncooperative partners.

Erotophobia-erotophilia has been found to correlate with authoritarianism (Bogaert, 2001; Hogben, Byrne, Hambarger, & Osland, 2001), sensation-seeking (Bogaert, 2001), and anxious (Bogaert & Sadava, 2002) and dismissive (Schmitt et al., 2001) attachment styles. Hogben et al. (2001) found that SOS scores were related to aggression (although Bogaert did not) and gender-typing for men (again, not found by Bogaert). Our data (Table 2, Sample 4) indicate that SOS scores moderately predict authoritarianism, religiosity, and knowledge of sexual anatomy.

Discriminant validity is provided by evidence that the SOS does not correlate with social desirability, aggression, dominance, intelligence, or psychoticism (Bogaert, 2001). Our own data (Table 2, Sample 4) suggest that erotophobia-erotophilia is uncorrelated with social desirability.

Other Information

Although intended to measure an affective disposition, the SOS is generally used as an indicator of general attitudes toward sexuality. Erotophobia-erotophilia tends to be used as one of several potential predictors of an outcome measure of interest, and is occasionally used as an outcome measure in itself.

References


The Basic and Unpublished


Exhibit 1

**Sexual Opinion Survey**

Please respond to each item as honestly as you can. There are no right and wrong answers, and your answers will be completely anonymous.

1. I think it would be very entertaining to look at hard-core erotica.
   - I strongly agree
   - I strongly disagree

2. Erotica is obviously filthy and people should not try to describe it as anything else.

3. Swimming in the nude with a member of the opposite sex would be an exciting experience.

4. Masturbation can be an exciting experience.

5. If I found that a close friend of mine was a homosexual, it would annoy me.

6. If people thought I was interested in oral sex, I would be embarrassed.

7. Engaging in group sex is an entertaining idea.

8. I personally find that thinking about engaging in sexual intercourse is arousing.

9. Seeing an erotic movie would be sexually arousing to me.

10. Thoughts that I may have homosexual tendencies would not worry me at all.

11. The idea of my being physically attracted to members of the same sex is not depressing.

12. Almost all sexually explicit material is nauseating.

13. It would be emotionally upsetting to me to see someone exposing themselves publicly.

14. Watching an exotic dancer of the opposite sex would not be very exciting.

15. I would not enjoy seeing an erotic movie.

16. When I think about seeing pictures showing someone of the same sex as myself masturbating, it nauseates me.

17. The thought of engaging in unusual sex practices is highly arousing.

18. Manipulating my genitals would probably be an arousing experience.

19. I do not enjoy daydreaming about sexual matters.

20. I am not curious about explicit eroticism.

21. The thought of having long-term sexual relations with more than one sex partner is not disgusting to me.

Note. Score the survey as follows: First, score responses from 1 = I strongly agree to 7 = I strongly disagree. Second, add scores from Items 2, 5, 6, 12, 13, 14, 15, 16, 19, and 20. Third, subtract from this total the sum of Items 1, 3, 4, 7, 8, 9, 10, 11, 17, 18, and 21. Fourth, add 67 to this quantity. Scores range from 0 (most erotophobic) to 126 (most erotophilic). For the short form, administer Items 12, 4, 13, 17, and 21 (in this order, renumbered 1–5). Score responses from 1 = I strongly agree to 7 = I strongly disagree.

To reflect current usage, the terms pornography and pornographic from the original scale have been replaced with erotic or sexually explicit material and stripper has been replaced with exotic dancer.

*The scale is repeated after each item.*
Exhibit 2

Sexual Opinion Survey—Short Form

1. Almost all sexually explicit material is nauseating.
   - I strongly agree
   - I strongly disagree

2. Masturbation can be an exciting experience.

3. It would be emotionally upsetting to me to see someone exposing themselves publicly.

4. The thought of engaging in unusual sex practices is highly arousing.

5. The thought of having long-term sexual relations with more than one sex partner is not disgusting to me.

Note. Score as follows: Score responses from 1 = I strongly agree to 7 = I strongly disagree; then reverse code items 1 and 3; then add all responses. Scores can range from 5 (most erotophilic) to 35 (most erotophobic). To reflect current usage, the terms pornography and pornographic from the original scale have been replaced with erotic or sexually explicit material.

a The scale is repeated after each item.

Exhibit 3

Comfort With Sexuality Matters for Very Young Adolescent Girls

Please respond to each item as honestly as you can. There are no right and wrong answers, and your answers will be completely anonymous.

1. It is not OK for a person to have more than one sex partner during their lifetime.
   - I strongly disagree
   - I strongly agree

2. It is OK for a person to masturbate if it makes him/her feel good.

3. It is OK for two men to have sex with each other or two women to have sex with each other.

4. It is not OK for people to have sexual intercourse unless they are in a committed relationship.

5. It is OK to enjoy being sexually aroused (turned on) by a sexy story, picture, or movie.

6. Oral sex is disgusting to me.

Note. Score as follows: First, score responses from 1 (I strongly disagree) to 7 (I strongly agree); second, reverse code Items 1, 4, and 6; third, average all 6 items. Scores range from 1 (least comfortable) to 7 (most comfortable). Missing data can be ignored provided participants complete at least half of the items.

a The scale is repeated after each item.

b Our initial sample of Grade 7 girls generally did not know what “oral sex” was. The term was defined briefly by the project manager.

Sexual Inhibition/Sexual Excitation Scales—Short Form

DEANNA L. CARPENTER, Christopher Newport University
ERICK JANSSEN, The Kinsey Institute for Research in Sex, Gender, and Reproduction
CYNTHIA A. GRAHAM, Warneford Hospital, Oxford
HARRIE VORST AND JELTE WICHERTS, University of Amsterdam

The central assumption of the dual control model (Bancroft & Janssen, 2000) is that sexual arousal and response result from a balance between inhibitory and excitatory mechanisms of the central nervous system. The Sexual Inhibition/Sexual Excitation Scales (SIS/SES; Janssen, Vorst, Finn, & Bancroft, 2002) consist of 45 items and feature one sexual excitation factor (SES) and two inhibition-related factors: one relevant to the threat of performance failure (SIS1) and one relevant to the threat of performance consequences (SIS2). The SIS/SES has been found to be relevant to the