Handbook of Sexuality-Related Measures

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Changes in Sexual Functioning Questionnaire

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labelled Sexual Desire, Sexual Activity, and Sexual Satisfaction.

Response Mode and Timing
Respondents are required to circle the single best answer to each question. The inventory takes approximately 10–15 minutes to complete.

Scoring
Individual items are scored and the aggregate scores for each of the three major factors are computed. Items for the Sexual Desire factor are 3, 6, 8, 14, and 20. Items for the Sexual Activity factor are 3, 4, 5, 7, 9, 10, 11, 17, and 20. Items for the Sexual Satisfaction factor are 6, 9, 10, 15, 18, and 19. Item 16 is used independently as a measure of body image. Items 1, 2, 21, and 22 assess the presence of a sexual partner, sexual activity during the past month, and the respondent’s sexual orientation, in terms of both experience and desire. These items are individually scored.

Reliability
In a sample of 269 women, aged 20–73, test-retest reliability was assessed by means of repeated administration of the questionnaire over a 1-month interval. Reliability was determined by means of a Pearson correlation coefficient between factor scores at the baseline and 1-month retest interval. Internal consistency was evaluated by means of Cronbach alpha coefficients for each of the factor scales. The test-retest reliability of factor scores ranged from .68 to .78. The internal consistency of the instrument ranged between .39 for Factor 1 to .83 for Factor 2. The relatively low consistency for Factor 1 was attributed to the split loading of several items with other factors.

Validity
No significant correlations were observed between the BISF-W factor scores and the Marlowe-Crowne (1964) Social Desirability Scale. This indicates that responses to the BISF-W were not biased by the effects of social desirability. Concurrent validity was assessed by means of comparison of specific factor scores with the corresponding scales of the Derogatis Sexual Function Inventory (DSFI; 1975), a comprehensive, 261-item measure of sexual information, attitudes, experience, drive, body image, sex roles, and sexual satisfaction. Correlations between BISF-W factors and subscales of the DSFI were all in a positive direction, ranging from .59 to .69. Item 16, which assesses body image, was significantly correlated with the DSFI Body Image Scale ($r = .62, p < .001$). The scale has been used for assessment of sexual functioning in a community-based sample of 329 adult women (Rosen, Taylor, Leiblum, & Bachmann, 1993).

Other Information
The DSFI may be obtained through the MAPI Institute (http://www.mapi-institute.com/).

References

Changes in Sexual Functioning Questionnaire
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Assessment of sexual functioning is an important component in many clinical encounters, and in research settings it is increasingly of interest with regard to side effects of new medications. Adequate sexual functioning for most people is an important factor for good quality of life. There is a need for brief, easy-to-use assessment instruments that provide

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valid and reliable indicators of the sexual health of the individual. The Changes in Sexual Functioning Questionnaire (CSFQ) was developed with specific versions for females and males to assess sexual functioning in all the domains of the sexual response cycle. It was developed to be used in both clinical and research settings (Clayton, McGarvey, Clavet, & Piazza, 1997).

**Description**

The CSFQ was initially developed from patient complaints of sexual dysfunction and published sexual side effects of psychotropic medications. The clinical interview (CSFQ-I) was intended for use in the diagnosis and management of sexual dysfunction in patients who were in treatment at an outpatient psychiatric clinic. The CSFQ-I included 35 items for females and 36 items for males, and also included a section for medical disorders and medication use. At the time of its development, most research on sexual dysfunction focused on problems among males, such as erectile dysfunction, and the available research instruments did not adequately capture specific female symptoms of sexual problems relating to reduced quality of life, such as lack of desire. The CSFQ-I was used clinically and included a section to identify the sexual pattern of the individual, which permitted a documentation of how much sexual change the person experienced over time. In addition, information on medication use was collected. The documentation of change could be tied to the five domains of sexual functioning so that the clinician could better focus on strategically targeted treatment for the cause of the problem, which could be related to medication, illness, relationship problems, or a combination of difficulties. In addition, the CSFQ-I addressed the need for an assessment instrument that could differentiate current sexual dysfunction from previous “normal” sexual function and/or lifelong sexual dysfunction.

The original CSFQ items were field tested and revised on the basis of conceptual content to ensure that five aspects of sexual functioning (i.e., sexual desire, sexual frequency, sexual satisfaction, sexual arousal, and sexual completion) were captured. To establish face validity, other physicians, clinicians, and researchers reviewed the items for accuracy and clarity. Reliability and validity were established for the clinical interview version, with 14 scored items. Male- and female-specific self-report shorter versions were developed that included only the 14 scored items from the validation of the interview version: the CSFQ-14-F for females and the CSFQ-14-M for males (Clayton, McGarvey, & Clavet, 1997; Keller, McGarvey, & Clavet, 2006).

The CSFQ has been used in studies of clinical and non-clinical samples (Bobes et al., 2000; Clayton, McGarvey, Clavet, & Piazza, 1997), in a study of women survivors of gynecological cancer (Lagana, McGarvey, Classen, & Koopman, 2001), in studies on sexual dysfunction associated with medications for depression (Clayton et al., 2002), and in a study on sexual functioning in menopause (Warnock, Swanson, Boren, Zipfel, & Brennan, 2005), among many others.

**Response Mode and Timing**

The CSFQ-I has items stated as questions that are rated by the clinician during a clinical interview, or for CSFQ-14-F self-scored by females and CSFQ-14-M self-scored by males in either a clinical or a research setting. Each item is scored on a 5-point scale that is linked to specific self-reported information. A “1” on the scale typically indicates Never or No Enjoyment or Pleasure, depending upon whether the response item is to determine frequency of occurrence or perception of satisfaction in a stated area, whereas a “5” indicates Every Day or Always in like manner. The response time for the CSFQ-I is between 30 and 45 minutes for the interview. The response time for the CSFQ-14-F and CSFQ-14-M is between 4 and 5 minutes.

**Scoring**

The CSFQ-I scoring booklet may be obtained from the first author. A CSFQ-14 total score for both female and male versions is obtained by summing the value of Items 1 to 14. Scores 41 for females and 47 for males indicate sexual dysfunction. In addition, five subscale scores with established thresholds are also provided for pleasure/overall satisfaction (Item 1 ≤ 4), desire/measured as frequency (Item 2 + Item 3 ≤ 6 for women and ≤ 8 for men), desire/measured as interest (Item 4 + Item 5 + Item 6 ≤ 9 for women and ≤ 11 for men), arousal/excitement (Item 7 + Item 8 + Item 9 ≤ 12 for females and ≤ 13 for males) and orgasm/completion (Item 11 + Item 12 + Item 13 ≤ 11 for females and ≤ 13 for males). Items 10 and 14 are included in the total score, but do not map to a subscale dimension. See the Exhibit for additional scoring information.

**Reliability and Validity**

For the CSFQ-I, alpha coefficients and item total correlations range from 0.45 to 0.60 with concurrent validation demonstrated using the Derogatis Interview for Sexual Functioning (Derogatis, 1997) and high test-retest reported (Clayton, McGarvey, Clavet, & Piazza, 1997). For the CSFQ-14-F and CSFQ-14-M versions, Cronbach’s alpha coefficient of internal reliability for the total score and the original five subscales was established in addition to other analyses for each version of the measure. The alpha coefficient for the CSFQ-14-F was .90 and for the CSFQ-14-M was .89 (Keller et al., 2006).

**Other Information**

There are 51 linguistically validated translations of the CSFQ with validation of the Spanish version reported with norms established (Bobes et al., 2000). The CSFQ has been utilized in over 75 studies, including studies in psychiatric
populations with diagnoses of major depressive disorder, schizophrenia, bipolar illness, OCD, ADHD, primary sexual disorders, alcohol dependence, and cognitive disorders. Other medical illnesses in which the CSFQ has been administered include cancer, obesity, diabetes mellitus/metabolic syndrome, rheumatologic illness, spinal cord injury, BPH, and vulvar pain, as well as with the administration of androgens. Use of the measures for clinical purposes is typically provided upon request to Dr. Clayton. Use of the measures for research may be approved with or without charge, depending upon the type of project being undertaken. Citation of use is always required.

All versions of the CSFQ are under copyright to Anita H. Clayton, MD, David C. Wilson Professor, Department of Psychiatry and Neurobehavioral Science, University of Virginia, 2955 Ivy Road, Suite 210, Charlottesville, VA 22903; Tel: 434-243-4646; e-mail: ahc8v@virginia.edu

References


Exhibit

Changes in Sexual Functioning Questionnaire for Females (CSFQ-F-C)

Note: This is a questionnaire about sexual activity and sexual function. By sexual activity, we mean sexual intercourse, masturbation, sexual fantasies, and other activity.

1. Compared with the most enjoyable it has ever been, how enjoyable or pleasurable is your sexual life right now?
   - [ ] 1 No Enjoyment or Pleasure
   - [ ] 2 Little Enjoyment or Pleasure
   - [ ] 3 Some Enjoyment or Pleasure
   - [ ] 4 Much Enjoyment or Pleasure
   - [ ] 5 Great Enjoyment or Pleasure

2. How frequently do you engage in sexual activity (sexual intercourse, masturbation, etc.) now?
   - [ ] 1 Never
   - [ ] 2 Rarely (once a month or less)
   - [ ] 3 Sometimes (more than once a month, up to twice a week)
   - [ ] 4 Often (more than twice a week)
   - [ ] 5 Every Day

3. How often do you desire to engage in sexual activity?
   - [ ] 1 Never
   - [ ] 2 Rarely (once a month or less)
   - [ ] 3 Sometimes (more than once a month, up to twice a week)
   - [ ] 4 Often (more than twice a week)
   - [ ] 5 Every Day

4. How frequently do you engage in sexual thoughts (thinking about sex, sexual fantasies) now?
   - [ ] 1 Never
   - [ ] 2 Rarely (once a month or less)
5. Do you enjoy books, movies, music, or artwork with sexual content?
   - 1 Never
   - 2 Rarely (once a month or less)
   - 3 Sometimes (more than once a month, up to twice a week)
   - 4 Often (more than twice a week)
   - 5 Every Day

6. How much pleasure or enjoyment do you get from thinking about and fantasizing about sex?
   - 1 No Enjoyment or Pleasure
   - 2 Little Enjoyment or Pleasure
   - 3 Some Enjoyment or Pleasure
   - 4 Much Enjoyment or Pleasure
   - 5 Great Enjoyment or Pleasure

7. How often do you become sexually aroused?
   - 1 Never
   - 2 Rarely (once a month or less)
   - 3 Sometimes (more than once a month, up to twice a week)
   - 4 Often (more than twice a week)
   - 5 Every Day

8. Are you easily aroused?
   - 1 Never
   - 2 Rarely (much less than half the time)
   - 3 Sometimes (about half the time)
   - 4 Often (much more than half the time)
   - 5 Always

9. Do you have adequate vaginal lubrication during sexual activity?
   - 1 Never
   - 2 Rarely (much less than half the time)
   - 3 Sometimes (about half the time)
   - 4 Often (much more than half the time)
   - 5 Always

10. How often do you become aroused and then lose interest?
    - 1 Never
    - 2 Rarely (much less than half the time)
    - 3 Sometimes (about half the time)
    - 4 Often (much more than half the time)
    - 5 Always

11. How often do you experience an orgasm?
    - 1 Never
    - 2 Rarely (much less than half the time)
    - 3 Sometimes (about half the time)
    - 4 Often (much more than half the time)
    - 5 Always

12. Are you able to have an orgasm when you want to?
    - 1 Never
    - 2 Rarely (much less than half the time)
    - 3 Sometimes (about half the time)
4. Often (much more than half the time)
5. Always

13. How much pleasure or enjoyment do you get from your orgasms?
1. No Enjoyment or Pleasure
2. Little Enjoyment or Pleasure
3. Some Enjoyment or Pleasure
4. Much Enjoyment or Pleasure
5. Great Enjoyment or Pleasure

14. How often do you have painful orgasm?
5. Never
4. Rarely (once a month or less)
3. Sometimes (more than once a month, up to twice a week)
2. Often (more than twice a week)
1. Every Day

____ = Pleasure (Item 1)
____ = Desire/Frequency (Item 2 + Item 3)
____ = Desire/Interest (Item 4 + Item 5 + Item 6)
____ = Arousal/Excitement (Item 7 + Item 8 + Item 9)
____ = Orgasm/Completion (Item 11 + Item 12 + Item 13)
____ = Total CSFQ Score (Items 1 to 14)

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Changes in Sexual Functioning Questionnaire for Males (CSFQ-M-C)—sample items only

Note: This is a questionnaire about sexual activity and sexual function. By sexual activity, we mean sexual intercourse, masturbation, sexual fantasies, and other activity.

7. How often do you have an erection related or unrelated to sexual activity?
1. Never
2. Rarely (once a month or less)
3. Sometimes (more than once a month, up to twice a week)
4. Often (more than twice a week)
5. Every Day

8. Do you get an erection easily?
1. Never
2. Rarely (much less than half the time)
3. Sometimes (about half the time)
4. Often (much more than half the time)
5. Always

Instructions for completing and scoring the CSFQ

Ask the patient to complete all 14 items on the clinical version of the CSFQ. The patient should place a check (✓) in the box corresponding to the response for that particular item. The patient should choose only one response per item.

To score items on the CSFQ, take the numerical value or weight indicated for a particular response. For example, in Item 1, a response of “some enjoyment or pleasure” has a numerical value of 3, whereas a response of “much enjoyment or pleasure” has a numerical value of 4. Some items have responses that are reverse scored: for example, on Item 14 in the CSFQ-F-C version, a response of “never” has a numerical value of 5, whereas a response of “every day” has a value of 1.

To calculate the total CSFQ score, add up the values of the responses for all 14 items. To calculate subscale scores, add up the values for only the items that correspond to a particular subscale (see shaded box after item 14). To determine if sexual dysfunction is present, refer to the gender-specific scoring protocols below.
Scoring for CSFQ-F-C: (Female Clinical Version)

If the female patient obtains a score at or below the following cutoff points on any of these scales, it is indicative of sexual dysfunction:

- Total CSFQ score: 41.0 (range: 14 to 70)
- Sexual Desire/Frequency score: 6.0 (range: 2 to 10)
- Sexual Desire/Interest: 9.0 (range: 3 to 15)
- Sexual Pleasure: 4.0 (range: 1 to 5)
- Sexual Arousal/Excitement: 12.0 (range: 3 to 15)
- Sexual Orgasm/Completion: 11.0 (range: 3 to 15)

Scoring for CSFQ-M-C: (Male Clinical Version)

If the male patient obtains a score at or below the following cutoff points on any of these scales, it is indicative of sexual dysfunction:

- Total CSFQ score: 47.0 (range: 14 to 70)
- Sexual Desire/Frequency score: 8.0 (range: 2 to 10)
- Sexual Desire/Interest: 11.0 (range: 3 to 15)
- Sexual Pleasure: 4.0 (range: 1 to 5)
- Sexual Arousal/Excitement: 13.0 (range: 3 to 15)
- Sexual Orgasm/Completion: 13.0 (range: 3 to 15)

*Based on comparisons of nondepressed participants and clinically depressed patients.

Global Sexual Functioning: A Single Summary Score for Nowinski and LoPiccolo’s Sexual History Form (SHF)

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The Sexual History Form (SHF: Nowinski & LoPiccolo, 1979; Schover & Jensen, 1988) is a questionnaire that evaluates sexual functioning including desire, arousal, orgasm, pain, frequency of sexual activities, and overall sexual satisfaction for men and women. Originally, it was developed for clinical use and to provide standardized data for diagnosis and research (Schover, Friedman, Weiler, Heiman, & LoPiccolo, 1982), and was limited to item-by-item analysis.

We developed a new scoring system that generates a single summary score: Global Sexual Functioning (Creti, Fichten, Libman, Amsel, & Brender, 1988; Creti, Fichten, Libman, Kalogeropoulos, & Brender, 1987), which is concise and accurate, and reflects overall level of sexual functioning. The questionnaire has been used to describe sexual functioning in different populations, in studies of various medical conditions and procedures, in sex therapy outcome, and in longitudinal assessments of the impact of chronic illness on sexuality (Creti et al., 1998; Desrosiers et al., 2008; Petersen, Ung, Holland, & Quinilvana, 2005; Weber, Walters, Schover, Church, & Piedmonte, 1999).

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