

DISF – SR (M)

NAME: _____

DATE: _____

LOCATION: _____

AGE: _____ EDUCATION: _____

ID NO: _____

VISIT NO: _____

INSTRUCTIONS

Below you will find a brief set of questions about your sexual activities. The questions are divided into different sections that ask about different aspects of your sexual experiences. One section asks about sexual fantasies or daydreams, while another inquires about the kinds of sexual experiences that you have. You are also asked about the nature of your sexual arousal and the quality of your orgasm. There are also a few other questions about different areas of your sexual relationship.

On some questions you are asked to respond in terms of a frequency scale, that is “**how often**” do you perform the sexual activities asked about in that section. Some frequency scales go from “**0 = not at all**” to “**8 = four or more times a day**”. Other frequency scales range from “**0 = never**” to “**4 = always**”. With other questions, you will be asked to respond in terms of a satisfaction scale. This type of scale tells how much you enjoyed, or were satisfied by the sexual activity being asked about. Some satisfaction scales range from “**0 = could not be worse**” to “**8 = could not be better**”. Other satisfaction scales go from “**0 = not at all satisfied**”, to “**4 = extremely satisfied**”.

In every section of the inventory the scales required for that section are printed just above the questions so it will be easy to follow. Although it is brief, take your time with the inventory. For each item, please circle the scale number that best describes your personal experience. If you have any questions, please ask the person who gave you the inventory for help.

SECTION I – SEXUAL COGNITION/FANTASY

During the past **30 days**, or since the last time you filled out this inventory, **how often have you had thoughts, dreams or fantasies about:**

8 = 4 or more per day
7 = 2 or 3 per day
6 = 1 per day
5 = 4 to 6 per week
4 = 2 or 3 per week
3 = 1 per week
2 = 1 or 2 per month
1 = Less than 1 per month
0 = Not at all

1.1 A sexually attractive person	0	1	2	3	4	5	6	7	8
1.2 Erotic parts of a woman's body (e.g., face, genitals, legs)	0	1	2	3	4	5	6	7	8
1.3 Erotic or romantic situations	0	1	2	3	4	5	6	7	8
1.4 Caressing, touching, undressing, or foreplay	0	1	2	3	4	5	6	7	8
1.5 Sexual intercourse, oral sex, touching to orgasm	0	1	2	3	4	5	6	7	8

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SECTION II – SEXUAL AROUSAL

During the past **30 days**, or since the last time you filled out this inventory, **how often did you have the following experiences?**

8 = 4 or more per day
7 = 2 or 3 per day
6 = 1 per day
5 = 4 to 6 per week
4 = 2 or 3 per week
3 = 1 per week
2 = 1 or 2 per month
1 = Less than 1 per month
0 = Not at all

2.1 A full erection upon awakening	0 1 2 3 4 5 6 7 8
2.2 A full erection during a sexual fantasy or daydream	0 1 2 3 4 5 6 7 8
2.3 A full erection while looking at a sexually arousing person, movie or picture	0 1 2 3 4 5 6 7 8
2.4 A full erection during masturbation	0 1 2 3 4 5 6 7 8
2.5 A full erection throughout the phases of a normal sexual response cycle, that is from undressing and preplay, through intercourse and orgasm	0 1 2 3 4 5 6 7 8

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SECTION III – SEXUAL BEHAVIOR/EXPERIENCES

During the past **30 days**, or since the last time you filled out this inventory, **how often did you engage in the following sexual activities?**

8 = 4 or more per day
7 = 2 or 3 per day
6 = 1 per day
5 = 4 to 6 per week
4 = 2 or 3 per week
3 = 1 per week
2 = 1 or 2 per month
1 = Less than 1 per month
0 = Not at all

3.1	Reading or viewing romantic or erotic books or stories	0	1	2	3	4	5	6	7	8
3.2	Masturbation	0	1	2	3	4	5	6	7	8
3.3	Casual kissing and petting	0	1	2	3	4	5	6	7	8
3.4	Sexual foreplay	0	1	2	3	4	5	6	7	8
3.5	Sexual intercourse, oral sex, etc.	0	1	2	3	4	5	6	7	8

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SECTION IV – ORGASM

During the past **30 days**, or since the last time you filled out this inventory, **how satisfied have you been with the following?**

4 = Extremely
3 = Highly
2 = Moderately
1 = Slightly
0 = Not at all

4.1	Your ability to have an orgasm	0	1	2	3	4
4.2	The intensity of your orgasm	0	1	2	3	4
4.3	The length or duration of your orgasm	0	1	2	3	4
4.4	The amount of seminal fluid that you ejaculate	0	1	2	3	4
4.5	Your sense of control (timing) of your orgasm	0	1	2	3	4
4.6	Feeling a sense of relaxation and well-being after orgasm	0	1	2	3	4

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SECTION V – DRIVE/RELATIONSHIP

5.1 With the partner of your choice, what would be your ideal frequency of sexual intercourse?

0 1 2 3 4 5 6 7 8

8 = 4 or more per day
7 = 2 or 3 per day
6 = 1 per day
5 = 4 to 6 per week
4 = 2 or 3 per week
3 = 1 per week
2 = 1 or 2 per month
1 = Less than 1 per month
0 = Not at all

5.2 During this period, how interested have you been in sex?

0 1 2 3 4

4 = Extremely
3 = Highly
2 = Moderately
1 = Slightly
0 = Not at all

5.3 During this period, how satisfied have you been with your personal relationship with your sexual partner?

0 1 2 3 4

4 = Extremely
3 = Highly
2 = Moderately
1 = Slightly
0 = Not at all

5.4 In general, what would represent the best description of the quality of your current sexual functioning?

0 1 2 3 4 5 6 7 8

8 = Could not be better
7 = Very Good
6 = Good
5 = Above average
4 = Adequate
3 = Somewhat inadequate
2 = Poor
1 = Very poor
0 = Could not be worse

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