

# Decreased Sexual Desire Screener

*To be discussed with your health care provider.*

**Each question is answered Yes or No.**

---

1. In the past, was your level of sexual desire or interest good and satisfying to you?

---

2. Has there been a decrease in your level of sexual desire or interest?

---

3. Are you bothered by your decreased level of sexual desire or interest?

---

4. Would you like your level of sexual desire or interest to increase?

---

5. Please circle all the factors that you feel may be contributing to your current decrease in sexual desire or interest:

- a. An operation, depression, injuries, or other medical condition
  - b. Medications, drugs, or alcohol you are currently taking
  - c. Pregnancy, recent childbirth, or menopausal symptoms
  - d. Other sexual issues you may be having (pain, decreased arousal, or orgasm)
  - e. Your partner's sexual problems
  - f. Dissatisfaction with your relationship or partner
  - g. Stress or fatigue
-