

# Decreased Sexual Desire Screener

*Please print for a discussion with your healthcare provider.*

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

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

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

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

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

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  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, 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
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