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

LAURA CRETI¹ AND CATHERINE S. FICHTEN, SMBD-Jewish General Hospital RHONDA AMSEL, McGill University
WILLIAM BRENDER, SMBD-Jewish General Hospital
LESLIE R. SCHOVER, The Cleveland Clinic Foundation
DENNIS KALOGEROPOULOS, Royal Victoria Hospital
EVA LIBMAN, SMBD-Jewish General Hospital

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-byitem 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, & Quinlivana, 2005; Weber, Walters, Schover, Church, & Piedmonte, 1999).

'Address correspondence to Laura Creti, ICFP, Jewish General Hospital, 4333 Chemin de la Cote Ste Catherine, Montreal, Quebec, Canada, H3T 1E4; e-mail: lcreti@mail.megill.ca

#### Description

The SHF is a self-report measure consisting of 46 multiple-choice items that have variable numbers of response options and different response scales (e.g., Item 1 has 9 options; Item 18 has 6 options). Response options are numbered and have a verbal descriptor corresponding to each number. Normative data are available for individual items (see Creti et al., 1998). Norms have yet to be established for the Global Sexual Functioning score.

## Response Mode and Timing

Respondents are asked to circle the number that corresponds to the single most appropriate response for each question. The measure requires approximately 15 minutes to complete.

### Scoring

The Global Sexual Functioning score is based on 12 items. Because certain items are relevant only for males, whereas others are relevant only for females, the items used to calculate the male and female scores are somewhat different. These items were selected as representative of various domains of sexual functioning: frequency of sexual activities, sexual desire, arousal, orgasmic, and erectile abilities.

To arrive at the single summary score, SHF items are grouped into a 12-item scale; this reflects either male or female global sexual functioning. The single summary score is derived by (a) converting the scores on each of the 12 items to a proportion of the maximum possible value (e.g., if on Item 1, where response options are numbered 1 to 9, the respondent answers "(4) twice a week," this is converted to 4/9 = .44), (b) summing the 12 proportions, and (c) calculating the mean by dividing the total by the number of items that the respondent is deemed to have answered (usually 12). The resulting mean value, which is the Global Sexual Functioning score, will be greater than 0 and less than 1.

Specified in Table 1 are the items included in the calculation of the Global Sexual Functioning score. For items with an asterisk, responses equaling 6 are considered missing because this response option is *have never tried*; in this case, the summed proportions are divided not by 12 but by the number of items that are deemed to have been answered (i.e., not missing). The scoring system is summarized in Table 1. Lower scores indicate better functioning.

# Reliability

Temporal stability for the GSF ranged from .92 (Creti et al., 1988) to .98 (Libman et al., 1989). Internal consistency ranged from .50 to .70 (Creti et al., 1988).

### Validity

Male global sexual functioning. Data reported to date indicate the following: (a) The GSF score can differentiate

**TABLE 1 Calculating the Global Sexual Functioning Score** 

Male	×	Female	
Item no.	Divide by	Item no.	Divide by
- 1	9	1	9
2	9	2	9
6	9	6	9
7	9	7	9
10	6	16	5
16	5	23*	5
18	6	24*	5
19	6	25*	5
22	6	26*	5
23*	5	27*	5
24*	5	29	6
25*	5	37*	5

Note. Score as follows: (a) convert scores to proportions, (b) sum proportions, and (c) divide by number of items. Although all items included in the global sexual functioning score are present in the original 28-item version, items have been renumbered in the current 46-item version.

sexually well-functioning from poorly functioning men, and it is responsive to changes with therapy (Creti et al., 1987; Kalogeropoulos, 1991); (b) the GSF score was found to be logically and significantly related to scores on measures of sexual satisfaction, sexual repertoire, sexual self-efficacy, sexual drive, sexual knowledge, and liberal attitudes (Creti et al. 1987; Creti & Libman, 1989; Meana & Nunnink, 2006); and (c) the GSF score is sensitive to age differences in sexual functioning (Brown et al., 2005; Creti et al., 1987, Creti & Libman, 1989; Libman et al., 1991).

Female global sexual functioning. Data reported by Creti et al. (1988) indicate that (a) women with diagnosed sexual dysfunction had worse scores (M=.68, SD=.17) than women who were functioning well (M=.49, SD=.14), (b) that younger women (age 21–46) had better scores (M=.46, SD=.03) than older women (age greater than 64; M=.62, SD=.16), and (c) that female GSF scores were logically and significantly correlated with sexual harmony, sexual drive, diversity of sexual repertoire, and sexual satisfaction. Meana and Nunnink (2006) also found significant correlations with sexual satisfaction, fantasies, experiences, and liberal attitudes. The GSF score was also found to be related to the female's sexual efficacy expectations for her male partner (Creti & Libman, 1989).

Reissing, Binik, Khalif, Cohen, and Amsel (2003) found worse global sexual functioning scores in women with vaginismus and women with vulvar vestibulitis syndrome than in women with no pain (M=38.00).

Bergeron et al. (2001) found that scores significantly improved from posttreatment to 6-month follow-up in a sample of females who underwent cognitive-behavioral therapy, electromyographic biofeedback, or vestibulectomy in the treatment of dyspareunia resulting from vulvar vestibulitis.

The GSF score has also been used to validate the Pelvic Organ Prolapse—Urinary Incontinence Sexual

<sup>\*</sup>Responses equaling 6 are considered missing.

Functioning 297

Questionnaire (PISQ; Rogers, Kammerer-Doak, Villarreal, Coates, & Qualls, 2001) and its modified short form (Rogers, Coates, Kammerer-Doak, Khalsa, & Qualls, 2003), an instrument in urogynecology that is specifically designed to measure sexual function in women with pelvic organ prolapse or incontinence.

Psychometric properties for the male and female Global Sexual Functioning scores suggest that these provide a good index of the underlying construct. Even in the absence of norms, the score is useful in research and practice. It allows investigators to classify respondents in terms of level of overall sexual functioning by using a mean or median split.

#### Other Information

The 28-item version of the SHF has been translated into French (Formulaire d'Histoire Sexuelle) and Spanish (Ávila Escribano, Perez Madruga, Olazabal Ulacia, & Lopez Fidalgo, 2004).

Additional affiliations: Catherine S. Fichten, Dawson College, McGill University; William Brender, Concordia University; Eva Libman, McGill University.

#### References

- Ávila Escribano, J. J., Perez Madruga, A., Olazabal Ulacia, J. C., & Lopez Fidalgo, J. (2004). Disfunciones sexuales en el alcoholismo. Adiccones, 16(4), 1-6.
- Bergeron, S., Binik, Y. B., Khalifé, S., Pagidas, A., Glazer, H. I., Meana M., et al. (2001). A randomized comparison of group cognitive-behavioral therapy, surface electromyographic biofeedback, and vestibulectomy in the treatment of dyspareunia resulting from vulvar vestibulitis. *Pain*, 91, 297–306.
- Brown, R., Balousek, S., Mundt, M., & Fleming, M. (2005). Methadone maintenance and male sexual dysfunction. *Journal of Addictive Diseases*, 24(2), 91-106.
- Creti, L., Fichten, C. S., Amsel, R., Brender, W., Schover, L. R., Kalogeropoulos, D., et al. (1998). Global sexual functioning: A single summary score for Nowinski and LoPiccolo's Sexual History Form (SHF). In C. M. Davis, W. L. Yarber, R. Bauserman, G. Schreer, & S. L. Davis (Eds.), Handbook of sexuality-related measures (pp. 261–267). Thousand Oaks, CA: Sage.
- Creti, L., Fichten, C. S., Libman, E., Amsel, R., & Brender, W. (1988, June). Female sexual functioning: A global score for Nowinski and LoPiccolo's Sexual History Form. Paper presented at the annual convention of the Canadian Psychological Association, Montreal. (Abstracted in Canadian Psychology, 29[2a], Abstract 164)

Creti, L., Fichten, C. S., Libman, E., Kalogeropoulos, D., & Brender, W. (1987, November). A global score for the "Sexual History Form" and its effectiveness. Paper presented at the 21st annual convention of the Association for Advancement of Behavior Therapy, Boston.

- Creti, L., & Libman, E. (1989). Cognitions and sexual expression in the aging. *Journal of Sex and Marital Therapy*, 15, 83-101.
- Desrosiers, M., Bergeron, S., Meana, M., Leclerc, B., Binik, Y. B., & Khalifé, S. (2008). Psychosexual characteristics of vestibulodynia couples: Partner solicitousness and hostility are associated with pain. *Journal of Sexual Medicine*, 5, 418–427.
- Kalogeropoulos, D. (1991). Vasoactive intracavernous pharmacotherapy for erectile dysfunction: Its effects on sexual, interpersonal, and psychological functioning. Unpublished doctoral dissertation, Concordia University, Montreal.
- Libman, E., Fichten, C. S., Creti, L., Weinstein, N., Amsel, R., & Brender, W. (1989). Transurethral prostatectomy: Differential effects of age category and presurgery sexual functioning on postprostatectomy sexual adjustment. *Journal of Behavioral Medicine*, 12, 469–485.
- Libman, E., Fichten, C. S., Rothenberg, P., Creti, L., Weinstein, N., Amsel, R., et al. (1991). Prostatectomy and inguinal hernia repair: A comparison of the sexual consequences. *Journal of Sex and Marital Therapy*, 17. 27–34.
- Meana, M., & Nunnink, S. E. (2006). Gender differences in the content of cognitive distraction during sex. *The Journal of Sex Research*, 43, 59-67.
- Nowinski, J. K., & LoPiccolo, J. (1979). Assessing sexual behaviors in couples. *Journal of Sex and Marital Therapy*, 5, 225–243.
- Petersen, R. W., Ung, K., Holland, C., & Quinlivana, J. A. (2005). The impact of molar pregnancy on psychological symptomatology, sexual function, and quality of life, *Gynecologic Oncology*, 97, 535-542.
- Reissing, E. D., Binik, Y. M., Khalif, S., Cohen, D., & Amsel, R. (2003). Etiological correlates of vaginismus: Sexual and physical abuse, sexual knowledge, sexual self-schema, and relationship adjustment. *Journal of Sex and Marital Therapy*, 29, 47–59.
- Rogers, R. G., Coates, K. W., Kammerer-Doak, D., Khalsa, E. S., & Qualls, E. C. (2003). A short form of the Pelvic Organ Prolapse/ Urinary Incontinence Sexual Questionnaire (PISQ-12). International Urogynecology Journal and Pelvic Floor Dysfunction, 14, 164–168.
- Rogers, R. G., Kammerer-Doak, D., Villarreal, A., Coates, K. W., & Qualls, E. C. (2001). A new instrument to measure sexual function in women with urinary incontinence or pelvic organ prolapse. *American Journal of Obstetrics and Gynecology*, 184, 552–558.
- Schover, L. R., Friedman, J. M., Weiler, J., Heiman, J. R., & LoPiccolo, J. (1982). Multiaxial problem-oriented system for sexual dysfunctions: An alternative to DSM-III. Archives of General Psychiatry, 39, 614–619.
- Schover, L. R., & Jensen, S. B. (1988). Sexuality and chronic illness: A comprehensive approach. New York: Guilford.
- Weber, A. M., Walters, M. D., Schover, L. R., Church, J. M., & Piedmonte, M. R. (1999). Functional outcomes and satisfaction after abdominal hysterectomy. *American Journal of Obstetrics and Gynecology*, 181, 530-535.

# **Exhibit**

# Sexual History Form

Please circle the most appropriate response to each question.

- 1. How frequently do you and your mate have sexual intercourse or activity?
  - I) more than once a day
  - 2) once a day
  - 3) 3 or 4 times a week
  - 4) twice a week
  - 5) once a week

- 6) once every two weeks
- 7) once a month
- 8) less than once a month
- 9) not at all

۷.	How frequently would you like to have sexual intercourse	or activity?		
	I) more than once a day	6) once every two weeks		
	2) once a day	7) once a month		
	3) 3 or 4 times a week	8) less than once a month		
	4) twice a week	9) not at all		
	5) once a week			
3	Who usually initiates sexual intercourse or activity?			
	I) I always do	4) my mate usually does		
	2) I usually do	5) my mate always does		
	3) my mate and I initiate about equally often			
4.	Who would you ideally like to initiate sexual intercourse or activity?			
	I) myself, always	4) my mate, usually		
	2) myself, usually	5) my mate, always		
	3) my mate and I equally often			
5.	When your mate makes sexual advances, how do you usually respond?			
	I) I usually accept with pleasure	3) often refuse		
	2) accept reluctantly	4) usually refuse		
,	Hanna Aran da una compania a consolidadire (akii alian)	d		
О.	How often do you experience sexual desire (this may include wanting to have sex, planning to have sex, feeling frustrated due tack of sex, etc.)?			
	I) more than once a day	6) once every two weeks		
	2) once a day	7) once a month		
	3) 3 or 4 times a week	8) less than once a month		
	4) twice a week	9) not at ali		
	5) once a week	,,		
7.	How often do you masturbate (bring yourself to orgasm in	private)?		
	I) more than once a day	6) once every two weeks		
	2) once a day	7) once a month		
	3) 3 or 4 times a week	8) less than once a month		
	4) twice a week	9) not at all		
	5) once a week			
8.	For how long do you and your mate usually engage in sexual foreplay (kissing, petting, etc.) before having intercourse?			
	I) less than I minute	5) I I to 15 minutes		
	2) I to 3 minutes	6) 16 to 30 minutes		
	3) 4 to 6 minutes	7) 30 minutes to one hour		
	4) 7 to 10 minutes	· · · · · · · · · · · · · · · · · · ·		
9.	How long does intercourse usually last, from entry of the penis to the male's orgasm/climax?			
	I) less than I minute	6) I I to I5 minutes		
	2) I to 2 minutes	7) 15 to 20 minutes		
	3) 2 to 4 minutes	8) 20 to 30 minutes		
	4) 4 to 7 minutes	9) more than 30 minutes		
	5) 7 to 10 minutes	,		
10.	Does the male ever reach orgasm while he is trying to enter the vagina with his penis?			
10.	I) never	4) sometimes (50% of the time)		
	2) rarely (less than 10% of the time)	5) usually (75% of the time)		
	3) seldom (less than 25% of the time)	6) nearly always (over 90% of the time)		
11.	Do you feel that premature ejaculation (rapid climax) is a p	problem in your sexual relationship?		
	l) yes	2) no		
	-,,,=-	-, no		

12.	How satisfied are you with the variety of sexual activities in your cucaressing with a partner, different positions for intercourse, etc.)	urrent sex life? (This includes the different types of kissing and		
	1) extremely satisfied	4) slightly unsatisfied		
	2) moderately satisfied	5) moderately unsatisfied		
	3) slightly satisfied	6) extremely unsatisfied		
12	Mould you like your lovemaking to include more			
13.	Would you like your lovemaking to include <i>more</i> :  Breast caressing	1) yes 2) no		
	Hand caressing of your genital area	1) yes 2) no		
	Oral caressing (kissing) of your genital area	i) yes 2) no		
	Different positions for intercourse	1) yes 2) no		
	Different positions for intercourse	1) yes 2) 110		
14.	If you would like a certain kind of sexual caress or activity, which way do you typically let your partner know?			
	I wait to see if my partner will do what I like without my asking			
	2) I show my partner what I would like by moving their hand or changing my own position			
	3) I tell my partner exactly what I would like			
15	How have you typically learned about your partner's sexual likes a	nd dielikas?		
15.	From my partner telling me exactly what they want	iid dislikes:		
	From my partner tening me exactly what they want     From my partner moving my hand or changing their position to	signal what they would like me to do		
	3) From watching my partner's reactions during sex	Signal What they would like the to do		
	4) From intuition			
16.	When you have sex with your mate do you feel sexually aroused (	•		
	I) nearly always (over 90% of the time)	4) seldom (about 25% of the time)		
	2) usually (about 75% of the time)	5) never		
	3) sometimes (about 50% of the time)			
17.	When you have sex with your mate, do you have negative emotio	nal reactions (e.g. fear disgust shame or guilt)?		
	I) never	4) sometimes (50% of the time)		
	2) rarely (less than 10% of the time)	5) usually (75% of the time)		
	3) seldom (less than 25% of the time	6) nearly always (over 90% of the time)		
	-,	-,, =, - (		
18.	Does the male have any trouble getting an erection before interce	*		
	I) never	4) sometimes (50% of the time)		
	2) rarely (less than 10% of the time)	5) usually (75% of the time)		
	3) seldom (less than 25% of the time)	6) nearly always (over 90% of the time)		
19.	Does the male have any trouble keeping an erection once intercourse has begun?			
	l) never	4) sometimes (50% of the time)		
	2) rarely (less than 10% of the time)	5) usually (75% of the time)		
	3) seldom (less than 25% of the time)	6) nearly always (over 90% of the time)		
		, , , ,		
20.				
	before penetrating to start intercourse			
	2) while trying to penetrate			
	3) after penetration, during the thrusting of intercourse			
	4) not applicable, losing erections is not a problem			
21.	What is the male's typical degree of erection during sexual activity	₹		
	I) 0 to 20% of a full erection	4) 60% to 80% of a full erection		
	2) 20% to 40% of a full erection	5) 80% to 100% of a full erection		
	3) 40% to 60% of a full erection			
22	Describe and determine defined 2. St. 11. 1. C. 11. 1.			
22.				
	1) never 2) merely (less than 10% of the time)	4) sometimes (50% of the time)		
	2) rarely (less than 10% of the time) 3) seldom (less than 25% of the time)	5) usually (75% of the time) 6) nearly always (over 90% of the time)		
	of personal fields plant work of plant filling.	villenti attaja (vtet 1070 of tile tille)		

23.	If you try, is it possible to reach orgasm (sensation of climax) th	rough masturbation?		
	I) nearly always (over 90% of the time)	4) seldom (about 25% of the time)		
	2) usually (about 75% of the time)	5) never		
	3) sometimes (about 50% of the time)	6) have never tried to		
24.	If you try, is it possible for you to reach orgasm (sensation of climax) through having your genitals caressed by your mate?			
	1) nearly always (over 90% of the time)	4) seldom (about 25% of the time)		
	2) usually (about 75% of the time)	5) never		
	3) sometimes (about 50% of the time)	6) have never tried to		
25.	If you try, is it possible for you to reach orgasm (sensation of cli	max) through sexual intercourse?		
	I) nearly always (over 90% of the time)	4) seldom (about 25% of the time)		
	2) usually (about 75% of the time)	5) never		
	3) sometimes (about 50% of the time)	6) have never tried to		
26.	Can you reach orgasm (sensation of climax) through stimulat (i.e., running water, rubbing with some object, etc.)?	ion of your genitals by an electric vibrator or any other means		
	I) nearly always (over 90% of the time)	4) seldom (about 25% of the time)		
	2) usually (about 75% of the time)	5) never		
	3) sometimes (about 50% of the time)	6) have never tried to		
27.	(Women only) Can you reach orgasm during sexual intercourse or your mate with a vibrator, etc.)?	if, at the same time, your genitals are being caressed (by yoursel		
	i) nearly always (over 90% of the time)	4) seldom (about 25% of the time)		
	2) usually (about 75% of the time)	5) never		
	3) sometimes (about 50% of the time)	6) have never tried to		
28.	Have you noticed a change in the intensity and pleasure of your	orgasm?		
	I) much more intense and pleasurable than in the past	4) somewhat less intense and pleasurable than in the past		
	<ul><li>2) somewhat more intense and pleasurable than in the past</li><li>3) the same as in the past</li></ul>	5) much less intense and pleasurable than in the past		
29.	Is the female's vagina so "dry" or "tight" that intercourse canno	ot occur?		
	I) never	4) sometimes (50% of the time)		
	2) rarely (less than 10% of the time)	5) usually (75% of the time)		
	3) seldom (less than 25% of the time	6) nearly always (over 90% of the time)		
30.	Do you feel pain in your genitals (sexual parts) during intercour	rse?		
	I) never	4) sometimes (50% of the time)		
	2) rarely (less than 10% of the time)	5) usually (75% of the time)		
	3) seldom (less than 25% of the time)	6) nearly always (over 90% of the time)		
31.	How often does pain (genital or nongenital) interfere with your ability to feel sexual pleasure?			
	l) never	4) sometimes (50% of the time)		
	2) rarely (less than 10% of the time)	5) usually (75% of the time)		
	3) seldom (less than 25% of the time)	6) nearly always (over 90% of the time)		
32.	Have you noticed a change in the sensitivity to touch of your ge	enitals?		
	I) much more sensitive than in the past	4) somewhat less sensitive than in the past		
	2) somewhat more sensitive than in the past	5) much less sensitive than in the past		
	3) about as sensitive as in the past	•		
33,	Overall, how satisfactory to you is your sexual relationship with	your mate?		
	I) extremely unsatisfactory	4) slightly satisfactory		
	2) moderately unsatisfactory	5) moderately satisfactory		
	3) slightly unsatisfactory	6) extremely satisfactory		

34.	Overall, how satisfactory do you think your sexual relationship is to your mate?				
	1) extremely unsatisfactory	4) slightly satisfactory			
	2) moderately unsatisfactory	5) moderately satisfactory			
	3) slightly unsatisfactory	6) extremely satisfactory			
35.	Do you feel that your partner plays a part in causing a pro	oblem in your sex life?			
· ·	I) yes	2) no			
	1, , 63	2) 110			
36.	If your lovemaking does not go well, how does your partner usually react?				
	I) accepting and understanding	3) anxious and blaming self			
	2) frustrated or annoyed	4) neutral or uncaring			
37.	(Women only, men go on to Question 38) When you have sex with your mate (including foreplay and intercourse) do you notice				
	some of these things happening: your breathing and pulse speed up, wetness in your vagina, pleasurable sensations in your breasts				
	and genitals?	, , , , , , , , , , , , , , , , , , , ,			
	l) nearly always (over 90% of the time)	4) seldom (about 25% of the time)			
	2) usually (about 75% of the time)	5) never			
	3) sometimes (about 50% of the time)	6) have never tried to			
	5) sometimes (about 50% of the time)	of nate notes a red to			
38.	(Men only) How often do you wake from sleep with a firm erection (including times when you wake up needing to urinate)?				
	I) daily	5) once a month			
	2) 3-4 times a week	6) less than once a month			
	3) I-2 times a week	7) never			
	4) once every 2 weeks				
39.	(Men only) How often do you wake from sleep with a par				
	I) daily	5) once a month			
	2) 3–4 times a week	6) less than once a month			
	3) 1–2 times a week	7) never			
	4) once every 2 weeks				
40.	(Men aniv) How often are you able to get and keep a firm	erection in your own masturbation (self-touch in private)?			
٦٠.	I) nearly always, over 90% of the time	5) rarely, less than 10% of the time			
		•			
	2) usually, 75% of the time	6) never			
	3) sometimes, 50% of the time	7) have not tried masturbation in the past 6 months			
	4) seldom, less than 25% of the time				
41.	(Men only) What is your typical degree of erection during masturbation (self-touch in private?				
•••	1) 0% to 20% of a full erection	4) 60% to 80% of a full erection			
	2) 20% to 40% of a full erection	5) 80% to 100% of a full erection			
	3) 40% to 60% of a full erection	3) 60% to 100% of a full election			
	5) 10% to 00% of a fall of eccion				
42.	(Men only) Do you feel your erect penis has an abnormal	curve to it, or have you noticed a lump or "knot" on your penis?			
	l) yes	2) no			
43.	(Men only) Do you believe your penis is abnormally small	?			
	I) yes	2) no			
44.	(Men only) How does the amount of elaculate (liquid or s	emen) now compare to the amount you ejaculated in the past?			
77.	much greater than in the past	4) somewhat less than in the past			
	•	5) much less than in the past			
	2) somewhat greater than in the past				
	3) about the same as in the past	6) I do not know			
45.	(Men only) Do you ever have the sensation of orgasm (climax) without any ejaculation of fluid?				
	I) never	4) sometimes, about 50% of the time			
	2) rarely, less than 10% of the time	5) usually, about 75% of the time			
	3) seldom, less than 25% of the time	6) nearly always, over 90% of the time			
	wy www.miss swow orsers and/or for other others	by manify armayor or or a few arms			

- 46. (Men only) Do you ever have pain and/or burning during or after ejaculation?
  - I) never
  - 2) rarely, less than 10% of the time
  - 3) seldom, less than 25% of the time
  - 4) sometimes, about 50% of the time

- 5) usually, about 75% of the time
- 6) nearly always, over 90% of the time
- 7) I do not ejaculate

Note, Items 1, 2, 6, 7, 10, 16, 18, 19, 22, 23, 24, 25, 26, 27, 29, and 37 are used to compute the global sexual functioning score.

# **Derogatis Interview for Sexual Functioning**

LEONARD R. DEROGATIS, Clinical Psychometric Research, Inc.

The Derogatis Interview for Sexual Functioning (DISF) is a brief semistructured interview designed to provide an estimate of the quality of an individual's current sexual functioning in quantitative terms. The DISF represents quality of current sexual functioning in a multidomain format, which to some degree parallels the phases of the sexual response cycle (Masters & Johnson, 1966). The 26 interview items of the DISF are arranged into five domains of sexual functioning: I. Sexual Cognition/Fantasy, II. Sexual Arousal, III. Sexual Behavior/Experience, IV. Orgasm, and V. Sexual Drive/Relationship. In addition, the DISF total score is computed, summarizing quality of sexual functioning across the five primary DISF domains. There are distinct gender-keyed versions for men and women.

In addition to the DISF interview, there is a distinct self-report version of the test known as the DISF-SR. The DISF-SR is also composed of 26 items and was designed to be as comparable to the DISF interview as possible. With slight modifications in format, the DISF-SR may also be utilized to gain evaluations of the patient's sexual performance by the patient's spouse.

The DISF and DISF-SR were developed to address the unmet need for a set of brief, gender-keyed, multi-dimensional outcome measures that would represent the status of an individual's current sexual functioning, and do so at multiple levels of interpretation. The DISF/DISF-SR are designed to be interpreted at three distinct levels: the discrete item level (e.g., "A full erection upon awakening," "Your ability to have an orgasm,") the functional domain level (e.g., sexual arousal score), and the global summary level (e.g., DISF/DISF-SR total score). Because the DISF interview and the DISF-SR self-report inventory are matched on an almost item-for-item basis, clinician and patient assessments of the patient's quality of sexual functioning may be obtained in both raw

and standardized score formats. Both instruments may be used repeatedly throughout efficacy or effectiveness trials, or may be implemented solely at pre- and postintervention without significant "practice" effects or loss of validity.

Norms have been developed for both the DISF and the DISF/SR, based in each case on several hundred nonpatient community respondents. The norms are gender-keyed (i.e., separate norms for men and women) and are represented as standardized scores in terms of area t-scores. The area standardized score possesses distinct advantages over the simple linear transformation in that the former provides accurate percentile equivalents (i.e., t-score of 30 = 2nd centile; t-score of 40 = 16th centile; t-score of 50 = 50th centile; t-score of 60 = 84th centile; t-score of 70 = 98th centile, etc.). This important characteristic is not true of linear t-scores except when the underlying raw score distribution is perfectly normal. In addition to enabling accurate comparisons across respondents, area t-scores also facilitate meaningful comparisons of strengths and weaknesses within a respondent's profile of sexual functioning. A patient may reveal a relatively unremarkable profile with the exception of a profound decrement in a single functional domain, or may show a low-grade degradation of performance across multiple areas of functioning. Because DISF/DISF-SR domain scores are available in an equivalent standardized metric, such evaluations can help pinpoint the nature and extent of sexual dysfunctions.

## **Response Mode and Timing**

The DISF and the DISF-SR are each comprised of 26 items. In the case of the former, items are cast in the format of a semistructured interview, structured via 4-point Likert-type

<sup>&</sup>lt;sup>1</sup>Address correspondence to Leonard R. Derogatis, Johns Hopkins Department of Psychiatry and Behavioral Sciences—Center for Sexual Medicine at Sheppard Pratt, Baltimore, MD 21285; e-mail: LDerogatis@sheppardpratt.org