Functioning 309

Jewish General Hospital Sexual Self-Monitoring Form: Diary Evaluation of Sexual Behavior and Satisfaction

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Sexual diaries have been shown to have excellent temporal stability (e.g., White, Case, McWhirter, & Mattison, 1990), but there are few widely accepted structured forms to systematically self-monitor frequency, variability, or satisfaction with sexual activity. The Jewish General Hospital (JGH) Sexual Self-Monitoring Form provides information about the frequency and quality of a range of individual and couple sexual behaviors on a daily basis. Initially a clinical instrument, the JGH Sexual Self-Monitoring Form was modified to evaluate outcome in sex therapy research. The measure can also be used in process studies of sex therapy to assess the impact of various therapeutic interventions and to monitor compliance with the treatment program. It is ideally suited to assess the sexual dysfunctions consequent to antidepressant use (Serretti & Chiesa, 2009) and equally can be used to obtain descriptive and normative information in populations of single individuals or couples.

Description

This measure consists of eight questions asking respondents to indicate, on a daily basis, whether they engaged in each of 18 individual or interpersonal sexual activities, whether they experienced orgasm (and during which activities), how they felt about their partner and their sexual experience, and how satisfied they were with the amount of affection received.

Response Mode and Timing

The form takes less than 5 minutes to complete. Partners are told to complete the forms individually.

Scoring

Daily responses should each be examined and scored individually. For clinical purposes, scoring is optional; a qual-

itative evaluation of responses may be more appropriate for monitoring therapeutic progress and tailoring therapy to specific clients. For research purposes, the JGH Sexual Self-Monitoring Form can be scored as follows: For Question 1, item scores can be summed for 7-day periods to provide weekly measures of frequency for each sexual activity; other sexual activities may be added to this list. Enjoyment ratings (Question 2) can also be summed for each sexual activity and divided by the number of times that the activity occurred during the week. This yields a mean enjoyment score for each sexual activity. Responses to Ouestions 3, 6, and 7 are also summed and divided by 7 to provide a weekly estimate of feelings about one's sexual experience, satisfaction with affection received, and feelings towards one's partner.

Questions 4 and 5 examine the experience of orgasm. The weekly frequency of orgasms during each sexual activity can be counted to determine the percentage of times that the sexual activity in question resulted in orgasm (success/experience ratio: cf. Auerbach & Kilmann, 1977). If the focus of interest is not orgasmic experience but erection quality, speed of ejaculation, and so forth, Questions 4 and 5 may be replaced as needed.

To simplify scoring, activities may be clustered. Our method involves the following groupings: Individual Sexual Activities (dreams, fantasies, masturbation, and reading and viewing erotica), Affectional Display (hugging, kissing, and receiving and giving nongenital manual or oral caresses), Couple Sexual Noncoital Activities (receiving and giving genital manual or oral stimulation, and anal activities), and Intercourse. Using these clusters, we calculate frequency of type of activity cluster per week, orgasm ratio (%), and enjoyment ratings (cf. Fichten, Libman, & Brender, 1983). Averaging these data over a month is recommended to eliminate the effects of weekly variability in sexual encounters.

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Reliability and Validity

Because this measure was originally developed as a clinical instrument (Burstein et al., 1985) rather than as a research tool, reliability and validity information has not been systematically obtained. However, the JGH Sexual Self-Monitoring Form has been used in several studies that address the following questions: (a) whether sexual self-monitoring adds useful information to traditional retrospective methods of measurement (Fichten, Libman, & Brender, 1986), which concluded that self-monitoring is not redundant with questionnaire methods; (b) whether completing self-monitoring forms is reactive (Fichten, Libman, Takefman, & Brender, 1988; Takefman & Brender, 1984). These findings provide preliminary evidence for the nonreactivity of sexual self-monitoring with this instrument. Findings using other sexual self-monitoring measures, however, do suggest the existence of reactivity (Ochs, Meana, Mah, & Binik, 1993). Therefore, the possible reactivity of sexual self-monitoring should be assessed in future studies; (c) whether the JGH Sexual Self-Monitoring Form can be used in treatment-outcome studies to verify compliance and to examine changes in sexual behavior frequency and satisfaction (Fichten et al., 1983, 1986; Libman, Fichten, & Brender, 1984; Takefman & Brender, 1984). Findings indicating high degrees of concordance between partners on behavioral frequency ratings provide preliminary evidence for interrater reliability. Results also show that (a) the JGH Sexual Self-Monitoring Form is effective in determining differences in treatment compliance that predict successful therapy outcome, (b) pretreatment scores on several self-monitoring variables predict posttreatment findings, and (c) the Sexual Self-Monitoring Form can highlight differences between treatments and show pre- to posttherapy changes.

Other Information

The JGH Sexual Self-Monitoring Form has been included in a recent review of questionnaires evaluating sexual quality of life (Arrington, Cofrancesco, & Wu, 2004). It is also available in French (Hôpital Général Juif [HGJ] Formulaire d'Enregistrement Quotidien des Activités Sexuelles).

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Exhibit

Jewish General Hospital Sexual Self-Monitoring Form

other issues you'd like to bring up in your session with your therapist.

(please fill out alone)														
NAME:	DATE:													
(1) Sexual Activities (pleas	e che	eck in	colun	n I if	the	activity	occui	red)						
· ·	I				2								· I	2
	Check if Activity Occurred			1	Rate According to Scale A (1–10)								Check if Activity Occurred	Rate According to Scale A (1–10)
Individual activities														
a) fantasies (daydreams)							j)	breas	t ca	ress	ing	***************************************		
b) dreams							k) genital touching (giving)					iying)		
c) masturbation							1) :	I) genital touching (receiving)						
d) reading erotica							m)	m) oral stimulation (giving)						
e) seeing erotica							n)	n) oral stimulation (receiving)						
f) other (specify below)						0)	o) anal stimulation (giving)					****		
Interpersonal activities	rpersonal activities						(p)	anal	stin	nulat	ion (r	ecelving)		-
g) kissing								q) mutual masturbation						
h) caressing—nongenital (giving)						***************************************	r)	r) intercourse						
i) caressing—nongenital (receiving)								s) other (specify below)						·
(2) Please look at Scale A Very Unenjoyable	belo	w and	d the		each Scale 5		y chec	ked a		ve. \ 9	Write	the rating in Very Enjoyable	column 2 above.	
(3) How did you feel abo	ut yo	ur se	xual e	exper	ence	today?	(Put	X in l	box)				
Very Negative	2		3	4	5	Ver Positi								
(4) Did you experience a (5) If yes, during which ac (6) How satisfied are you	tivity	?							tod	ay?		- Andrews - Andr		
Very I Dissatisfied	2		3	4	5	Ver Satisf	-]						
(7) In general, how did yo	ou fee	el abo	ut yo	ur pa	rtner	today?	,							
Very I Negative	2		3	4	5	Ver Positi	-							
(8) Please add, in your ov	vn w	ords,	any i	mpor	tant	informa	ation o	- or fee	eling	s co	ncern	ing yourself,	your marriage,	your sex life, or a