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

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Nowinski and LoPiccolo's Sexual History Form (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 nine options; Item 18 has six 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). This entry presents a scoring system for 12 items from the SHF which can represent Global Sexual Functioning (one score for males and one for females). Norms have yet to be established for these Global Sexual Functioning scores.

Development

Although the questionnaire items of the SHF are very informative individually when used in a clinical setting, the 46 individual items were not an efficient way of quantifying sexual functioning for research purposes. Therefore, the summary scores became essential as these allowed investigators the possibility of classifying respondents in terms of level of global sexual functioning.

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

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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.

*Responses equaling 6 are considered missing.

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, Fichten, Libman, Amsel, & Brender, 1988; $N = 27$) to .98 (Libman et al., 1989; $N = 45$). 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 sexually well-functioning from poorly functioning men, and it is responsive to changes with therapy (Creti, Fichten, Libman, Kalogeropoulos,

& Brender, 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, Balousek, Mundt, & Fleming, 2005; Creti et al., 1987; Creti & Libman, 1989; Libman et al., 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, Khalifé, Cohen, and Amsel (2003) found worse global sexual functioning scores in women with vaginismus ($M = 52.57$) and women with vulvar vestibulitis syndrome ($M = 56.72$) than in women with no pain ($M = 38.00$). Leclerc, Bergeron, Binik, and Khalifé (2010) found that women with a history of sexual abuse involving penetration had worse GSF scores than women who had not suffered sexual abuse.

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 Functioning 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 (Avila Escribano, Perez Madruga, Olazabal Ulacia, & Lopez Fidalgo, 2004).

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Exhibit

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

Please circle the most appropriate response to each question.

1. How frequently do you and your mate have sexual intercourse or activity?

1) more than once a day	6) once every two weeks
2) once a day	7) once a month
3) three or four times a week	8) less than once a month
4) twice a week	9) not at all
5) once a week	

2. How frequently would you like to have sexual intercourse or activity?

1) more than once a day	6) once every two weeks
2) once a day	7) once a month
3) three or four 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?
- 1) I always do
 - 2) I usually do
 - 3) my mate and I initiate about equally often
 - 4) my mate usually does
 - 5) my mate always does
4. Who would you ideally like to initiate sexual intercourse or activity?
- 1) myself, always
 - 2) myself, usually
 - 3) my mate and I equally often
 - 4) my mate, usually
 - 5) my mate, always
5. When your mate makes sexual advances, how do you usually respond?
- 1) I usually accept with pleasure
 - 2) accept reluctantly
 - 3) often refuse
 - 4) usually refuse
6. How often do you experience sexual *desire* (this may include wanting to have sex, planning to have sex, feeling frustrated due to lack of sex, etc.)?
- 1) more than once a day
 - 2) once a day
 - 3) three or four 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
7. How often do you masturbate (bring yourself to orgasm in private)?
- 1) more than once a day
 - 2) once a day
 - 3) three or four 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
8. For how long do you and your mate usually engage in sexual foreplay (kissing, petting, etc.) before having intercourse?
- 1) less than 1 minute
 - 2) 1 to 3 minutes
 - 3) 4 to 6 minutes
 - 4) 7 to 10 minutes
 - 5) 11 to 15 minutes
 - 6) 16 to 30 minutes
 - 7) 30 minutes to one hour
9. How long does intercourse usually last, from entry of the penis to the male's orgasm/climax?
- 1) less than 1 minute
 - 2) 1 to 2 minutes
 - 3) 2 to 4 minutes
 - 4) 4 to 7 minutes
 - 5) 7 to 10 minutes
 - 6) 11 to 15 minutes
 - 7) 15 to 20 minutes
 - 8) 20 to 30 minutes
 - 9) more than 30 minutes
10. Does the male ever reach orgasm while he is trying to enter the vagina with his penis?
- 1) never
 - 2) rarely (less than 10% of the time)
 - 3) seldom (less than 25% of the time)
 - 4) sometimes (50% of the time)
 - 5) usually (75% of the time)
 - 6) nearly always (over 90% of the time)
11. Do you feel that premature ejaculation (rapid climax) is a problem in your sexual relationship?
- 1) yes
 - 2) no
12. How satisfied are you with the *variety of sexual activities* in your current sex life? (This includes the different types of kissing and caressing with a partner, different positions for intercourse, etc.)?
- 1) extremely satisfied
 - 2) moderately satisfied
 - 3) slightly satisfied
 - 4) slightly *unsatisfied*
 - 5) moderately *unsatisfied*
 - 6) extremely *unsatisfied*

13. Would you like your lovemaking to include *more*:

- | | | |
|---|--------|-------|
| Breast caressing | 1) yes | 2) no |
| Hand caressing of your genital area | 1) yes | 2) no |
| Oral caressing (kissing) of your genital area | 1) yes | 2) no |
| Different positions for intercourse | 1) yes | 2) no |

14. If you would like a certain kind of sexual caress or activity, which way do you *typically* let your partner know?

- 1) 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 and dislikes?

- 1) From my partner telling me exactly what they want
- 2) 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
- 4) From intuition

16. When you have sex with your mate do you feel sexually aroused (e.g., feeling "turned on," pleasure, excitement)?

- | | |
|---|-----------------------------------|
| 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) | |

17. When you have sex with your mate, do you have negative emotional reactions (e.g., fear, disgust, shame or guilt)?

- | | |
|---------------------------------------|---|
| 1) 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 intercourse begins?

- | | |
|---------------------------------------|---|
| 1) 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?

- | | |
|---------------------------------------|---|
| 1) 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. If the male loses an erection, when does that usually happen?

- 1) 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?

- | | |
|----------------------------------|-----------------------------------|
| 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 | |

22. Does the male ejaculate (climax) without having a full, hard erection?

- | | |
|---------------------------------------|---|
| 1) 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) |

44. (*Men only*) How does the amount of ejaculate (liquid or semen) now compare to the amount you ejaculated in the past?
- | | |
|--------------------------------------|-----------------------------------|
| 1) much greater than in the past | 4) somewhat less than in the past |
| 2) somewhat greater than in the past | 5) much less 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?
- | | |
|--------------------------------------|--|
| 1) 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 |
46. (*Men only*) Do you ever have pain and/or burning during or after ejaculation?
- | | |
|--------------------------------------|--|
| 1) never | 5) usually, about 75% of the time |
| 2) rarely, less than 10% of the time | 6) nearly always, over 90% of the time |
| 3) seldom, less than 25% of the time | 7) I do not ejaculate |
| 4) sometimes, about 50% of the time | |
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The Vulvar Pain Assessment Questionnaire Inventory

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The Vulvar Pain Assessment Questionnaire (VPAQ) Inventory is a disease-specific set of measurement scales designed to capture the biopsychosocial nature of chronic vulvar pain (CVP) (Bornstein et al., 2016; Dargie, Holden, & Pukall, 2016). These scales were designed to assess a broad range of symptoms, responses, and associated factors for use in clinical and research settings. Domains include pain quality, the temporal nature of the pain, associated symptoms, pain intensity, emotional/cognitive functioning, physical functioning, coping strategies, and interpersonal functioning.

Questions are divided into two categories: **core** questions central to the assessment and diagnosis of vulvar pain, and **supplemental** questions that provide additional information for diagnosis and treatment formulation (Figure 1).

Core Domains

The core domains of the VPAQ are available in two formats: a comprehensive (full) version (63 items), and an abbreviated screening version (38 items). We recommend administering the comprehensive version, though the

screening version captures similar information when time is limited or as a follow-up.

The *Full Version* (VPAQfull) consists of 8 questions assessing onset, location, temporal pattern, degree of burning pain, and associated symptoms (e.g., itching) of vulvar pain, along with six subscales. These subscales consist of 55 items rated on 5-point scales with anchors tailored to the questions being asked.

The *Screening Version* (VPAQscreen) begins with the same 8 questions as the VPAQfull and assesses the same information as the VPAQfull with five subscales (30 items rated on 5-point scales as described above); the cognitive and emotional subscales are combined. Only the VPAQfull is presented in this publication, and Table 1 can be used to extract the VPAQscreen questions.

Supplemental Domains

The following scales can be administered in addition to the core domains, as needed.

The *Pain Descriptors Scale* (VPAQdesc) consists of three subscales and contains the most common words used

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