

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

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Self-monitoring represents a systematic, low-cost method of assessing a target behavior from the client's own perspective across a wide range of situations in the client's natural environment. These features are helpful in the assessment of sexual behavior when it is not appropriate for the therapist to observe directly and when it is important to measure the nature and frequency of sexual interactions.

When evaluating the frequency and the range of sexual behaviors, researchers and clinicians are often obliged to use retrospective questionnaires, which are subject to memory distortions and estimation errors. Researchers have shown that both retrospective and prospective measurement of sexual behaviors are useful because they do not always yield the same results (Binik, Meana, & Sand, 1994; McLaws, Oldenburg, Ross, & Cooper, 1990; Reading, 1983). Sexual diaries have been used in a number of studies. Even though some have been shown to have excellent temporal stability (e.g., White, Case, McWhirter, & Mattison, 1990), no widely accepted structured forms exist 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 designed to assess sexual and affectional activities on an ongoing basis in a population presenting with inhibited female orgasm, the JGH Sexual Self-Monitoring Form was modified so that it can 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 can be completed by nonproblematic populations of single individuals or couples to obtain descriptive and normative information.

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

Respondents complete the form on a daily basis, regardless of whether any sexual activity has taken place. Partners are told not to discuss their answers and to complete the forms individually. The measure takes less than 5 minutes to complete. Self-Monitoring Forms should be collected at least once per week (at the time of therapy session, by mail, or by telephone contact).

Scoring

Daily responses should each be examined and scored individually. For clinical purposes, scoring is optional; a qualitative 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 Questions 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 toward 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 (suc-

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cess/experience ratio: cf. Auerbach & Kilmann, 1977). For example, if a woman engaged in masturbation three times during the week and experienced orgasm with masturbation once, her percentage orgasm score would be $1/3 = 33\%$. 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, 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.

Reliability and Validity

Because this measure was originally developed as a clinical instrument (Burstein et al., 1985) rather than a research tool, reliability and validity information have not been systematically obtained. However, the JGH Sexual Self-Monitoring Form has been used in several studies.

An empirical question about sexual self-monitoring concerns whether it adds useful information to traditional retrospective methods of measurement. To explore this issue, Fichten, Libman, and Brender (1986) examined 23 married couples presenting for treatment of female orgasmic disorder. Respondents completed traditional, retrospective questionnaires and the JGH Sexual Self-Monitoring Forms. Results indicated that on cognitive/affective ratings (e.g., enjoyment of specific sexual activities; satisfaction with affection), there were no differences between the two types of measurement. On behavioral variables, such as frequency of specific sexual activities and percentage of orgasmic success, however, the two types of measurement diverged. Retrospective methods yielded more frequent (and therefore more positive) behavioral and orgasmic counts than did self-monitoring, indicating that self-monitoring is not redundant with questionnaire methods.

Another question concerns the possibility that completing self-monitoring forms is reactive. Findings of an investigation of 16 couples with male erectile disorder who, using a modified version of the JGH Sexual Self-Monitoring Form, self-monitored during a baseline period as well as during and after treatment, showed no significant differences on any of the behavioral or cognitive ratings from pre- to postbaseline self-monitoring, although there was significant improvement pre- to posttreatment (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 pos-

sible reactivity of sexual self-monitoring should be assessed in future studies.

The JGH Sexual Self-Monitoring Form has also been 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 is also available in French (*Hôpital Général Juif [HGJ] Formulaire d'Enregistrement Quotidien des Activités Sexuelles*). This measure was developed with research funding from the Conseil Québécois de la Recherche Sociale.

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Exhibit

Jewish General Hospital (JGH) Sexual Self-Monitoring Form

(please fill out alone)

Name: _____ Date: _____

(1) Sexual activities (please check (✓) in column 1 if the activity occurred)

	1 ✓ Check if activity occurred	2 Rate according to Scale A (1-10)		1 ✓ Check if activity occurred	2 Rate according to Scale A (1-10)
Individual activities					
a) fantasies (daydreams)	_____	_____	j) breast caressing	_____	_____
b) dreams	_____	_____	k) genital touching (giving)	_____	_____
c) masturbation	_____	_____	l) genital touching (receiving)	_____	_____
d) reading erotica	_____	_____	m) oral stimulation (giving)	_____	_____
e) seeing erotica	_____	_____	n) oral stimulation (receiving)	_____	_____
f) other (specify below)	_____	_____	o) anal stimulation (giving)	_____	_____
Interpersonal activities			p) anal stimulation (receiving)	_____	_____
g) kissing	_____	_____	q) mutual masturbation	_____	_____
h) caressing—non genital (giving)	_____	_____	r) intercourse	_____	_____
i) caressing—non genital (receiving)	_____	_____	s) other (specify below)	_____	_____

(2) Please look at Scale A below and then rate each activity checked (✓) above. Write the rating in column 2 above.

Scale A

Very unenjoyable											Very enjoyable
1	2	3	4	5	6	7	8	9	10		

(3) How did you feel about your sexual experience today? (Put X in box)

Very negative	Very positive
<div style="display: flex; justify-content: space-around;"> 12345 </div>	

(4) Did you experience any orgasms? _____

(5) If yes, during which activity? _____

(6) How satisfied are you with the amount of affection you received today?

Very dissatisfied	Very satisfied
<div style="display: flex; justify-content: space-around;"> 12345 </div>	

(7) In general, how did you feel about your partner today?

Very negative	Very positive
<div style="display: flex; justify-content: space-around;"> 12345 </div>	

(8) Please add, in your own words, any important information or feelings concerning yourself, your marriage, your sex life, or any other issues you'd like to bring up in your session with your therapist.



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