

### Sexual Distress Scale

*Please fill in the following biographical information:*

Name \_\_\_\_\_ Type of Treatment received \_\_\_\_\_

Date treatment was given (M/D/Y): \_\_\_/\_\_\_/\_\_\_/

Below is a list of feelings and problems that women sometimes have concerning their sexuality. Please read each item carefully, and check the box that best describes how often that problem has bothered you or caused distress both before and after treatment. Please check only one box for each item, and take care not to skip ANY items. If you change your mind, erase your markings carefully. Read the example before beginning, and if you have any questions, please ask about them.

Example:

How often did you feel **personal responsibility for your sexual problems?**

	Pre-Treatment	Post-Treatment
NEVER	[ ]	[ ]
RARELY	[X]	[ ]
OCCASIONALLY	[ ]	[ ]
FREQUENTLY	[ ]	[ ]
ALWAYS	[ ]	[ ]

**Please check one box in each column**

1. How often did you feel **distressed about your sex life?**

	Pre-Treatment	Post-Treatment
NEVER	[ ]	[ ]
RARELY	[ ]	[ ]
OCCASIONALLY	[ ]	[ ]
FREQUENTLY	[ ]	[ ]
ALWAYS	[ ]	[ ]

2. How often did you feel **unhappy about your sexual relationship?**

	Pre-Treatment	Post-Treatment
NEVER	[ ]	[ ]
RARELY	[ ]	[ ]
OCCASIONALLY	[ ]	[ ]
FREQUENTLY	[ ]	[ ]
ALWAYS	[ ]	[ ]

3. How often did you feel **guilty about your sexual difficulties?**

	Pre-Treatment	Post-Treatment
NEVER	[ ]	[ ]
RARELY	[ ]	[ ]
OCCASIONALLY	[ ]	[ ]
FREQUENTLY	[ ]	[ ]
ALWAYS	[ ]	[ ]

4. How often did you feel **frustrated by your sexual problems?**

	Pre-Treatment	Post-Treatment
NEVER	[ ]	[ ]
RARELY	[ ]	[ ]
OCCASIONALLY	[ ]	[ ]
FREQUENTLY	[ ]	[ ]
ALWAYS	[ ]	[ ]

5. How often did you feel **stressed about sex?**

	Pre-Treatment	Post-Treatment
NEVER	[ ]	[ ]
RARELY	[ ]	[ ]
OCCASIONALLY	[ ]	[ ]
FREQUENTLY	[ ]	[ ]
ALWAYS	[ ]	[ ]

6. How often did you feel **inferior because of sexual problems?**

	Pre-Treatment	Post-Treatment
NEVER	[ ]	[ ]
RARELY	[ ]	[ ]
OCCASIONALLY	[ ]	[ ]
FREQUENTLY	[ ]	[ ]
ALWAYS	[ ]	[ ]

7. How often did you feel **worried about sex?**

	Pre-Treatment	Post-Treatment
NEVER	[ ]	[ ]
RARELY	[ ]	[ ]
OCCASIONALLY	[ ]	[ ]
FREQUENTLY	[ ]	[ ]
ALWAYS	[ ]	[ ]

8. How often did you feel **sexually inadequate?**

	Pre-Treatment	Post-Treatment
NEVER	[ ]	[ ]
RARELY	[ ]	[ ]
OCCASIONALLY	[ ]	[ ]
FREQUENTLY	[ ]	[ ]
ALWAYS	[ ]	[ ]

9. How often did you feel **regrets about your sexuality?**

	Pre-Treatment	Post-Treatment
NEVER	[ ]	[ ]
RARELY	[ ]	[ ]
OCCASIONALLY	[ ]	[ ]
FREQUENTLY	[ ]	[ ]
ALWAYS	[ ]	[ ]

10. How often did you feel **embarrassed about sexual problems?**

	Pre-Treatment	Post-Treatment
NEVER	[ ]	[ ]
RARELY	[ ]	[ ]
OCCASIONALLY	[ ]	[ ]
FREQUENTLY	[ ]	[ ]
ALWAYS	[ ]	[ ]

11. How often did you feel **dissatisfied with your sex life?**

	Pre-Treatment	Post-Treatment
NEVER	[ ]	[ ]
RARELY	[ ]	[ ]
OCCASIONALLY	[ ]	[ ]
FREQUENTLY	[ ]	[ ]
ALWAYS	[ ]	[ ]

12. How often did you feel **angry about your sex life?**

	Pre-Treatment	Post-Treatment
NEVER	[ ]	[ ]
RARELY	[ ]	[ ]
OCCASIONALLY	[ ]	[ ]
FREQUENTLY	[ ]	[ ]
ALWAYS	[ ]	[ ]