

Appendix 2

Applicant's Instruments to Assess Sexual Desire and Personal Distress

PROFILE OF FEMALE SEXUAL FUNCTION (With Scoring Algorithm)

INSTRUCTIONS FOR COMPLETING THE QUESTIONNAIRE

This questionnaire asks you about your sexual feelings and sexual activity *during the past 30 days*.

In this questionnaire, sexual activity could include any or all of the following: Sexual thoughts and fantasies, romantic kissing, masturbation, sexual foreplay and touching, giving or receiving oral sex, and sexual intercourse. This information will be used to study treatments for women who have lost some sexual function. By completing the questionnaire, you will help with that work.

Please take the time to read and answer each question carefully. Pay close attention to the rating scale. Some of the questions may look like others, but each one is different.

Please complete this questionnaire in a place that is comfortable, quiet, and private for you. You should fill out the entire questionnaire in one sitting.

Here's an EXAMPLE of how most of the questions in the questionnaire will look:

(Please circle one number)

	Always	Very Often	Often	Some-times	Seldom	Never
I feel good about my sex life	1	2	3	4	5	6

Thank you very much for your time and effort in completing this questionnaire!

PFSF reduced, VERSION 01/04/01

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SEXUAL DESIRE: This set of questions deals with feelings of sexual desire and interest in having sexual activity. This feeling can be either mental or physical and can occur in the absence of sexual activity. Read each statement carefully and circle the number that best corresponds to how you felt over the past 30 days.

Please keep in mind that sex refers to all sexual activity, not just sexual intercourse.

How often in the past 30 days did the following statements apply to you:

(Please circle one number on each line)

	Always	Very Often	Often	Some-times	Seldom	Never
1. I felt like having sex (R)	1	2	3	4	5	6
2. My sexual desire was high (R)	1	2	3	4	5	6
3. I really wanted sex (R)	1	2	3	4	5	6
4. I felt sexual desire (R)	1	2	3	4	5	6
5. I lacked sexual desire	1	2	3	4	5	6
6. I had strong sexual feelings (R)	1	2	3	4	5	6
7. I was uninterested in sex	1	2	3	4	5	6
8. I got warm all over just thinking about sex (R)	1	2	3	4	5	6
9. I felt really sexually excited (R)	1	2	3	4	5	6

PERSONAL DISTRESS SCALE (With Scoring Algorithm)

INSTRUCTIONS FOR COMPLETING THE QUESTIONNAIRE

This questionnaire asks you how you felt about your level of interest in sex *during the past 30 days*.

Please take the time to read and answer each question carefully. Pay close attention to the rating scale. Some of the questions may look like others, but each one is different.

Please complete this questionnaire in a place that is comfortable, quiet, and private for you. You should fill out the entire questionnaire in one sitting.

Here's an EXAMPLE of how most of the questions in the questionnaire will look:

(Please circle one number)

	Always	Very Often	Often	Some-times	Seldom	Never
I did not feel good about my level of interest in sex	1	2	3	4	5	6

Thank you very much for your time and effort in completing this questionnaire!

PDC reduced, VERSION 10/04/00

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YOUR FEELINGS ABOUT SEX: This set of questions deals with how you felt about your interest in sex. Read each statement carefully and circle the number that best corresponds to how you felt over the past 30 days.

Please keep in mind that sex refers to all sexual activity, not just sexual intercourse.

How often in the past 30 days did the following statements apply to you:

(Please circle one number on each line)

	Always	Very Often	Often	Some-times	Seldom	Never
1. I was concerned about my lack of interest in sex (R)	1	2	3	4	5	6
2. I was unhappy about my lack of interest in sex (R)	1	2	3	4	5	6
3. I felt disappointed by my lack of interest in sex (R)	1	2	3	4	5	6
4. I was upset about my lack of interest in sex (R)	1	2	3	4	5	6
5. I felt frustrated by my lack of interest in sex (R)	1	2	3	4	5	6
6. I felt sad about my lack of interest in sex (R)	1	2	3	4	5	6
7. I was troubled by my lack of interest in sex (R)	1	2	3	4	5	6

7.4 Appendix 4: Personal Distress Scale (With Scoring Algorithm)

Scoring key for the PDS:

For items which are followed by an "R", the scoring is reversed.

For items which are not followed by an "R", the actual score is equal to the patient response.

patient response	=	actual score
1	=	6
2	=	5
3	=	4
4	=	3
5	=	2
6	=	1