



**FEMALE SEXUAL DISTRESS SCALE - Revised**

Name \_\_\_\_\_ Date \_\_\_\_\_

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 **over the last 4 weeks including today**. 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.

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**Please Check One Box Per Question**

1. How often did you feel **distressed about your sex life**?
  - 0 Never
  - 1 Rarely
  - 2 Occasionally
  - 3 Frequently
  - 4 Always
  
2. How often did you feel **unhappy about your sexual relationship**?
  - 0 Never
  - 1 Rarely
  - 2 Occasionally
  - 3 Frequently
  - 4 Always
  
3. How often did you feel **guilty about your sexual difficulties**?
  - 0 Never
  - 1 Rarely
  - 2 Occasionally
  - 3 Frequently
  - 4 Always
  
4. How often did you feel **frustrated by your sexual problems**?
  - 0 Never
  - 1 Rarely
  - 2 Occasionally
  - 3 Frequently
  - 4 Always

5. How often did you feel **stressed about sex**?
- 0 Never
  - 1 Rarely
  - 2 Occasionally
  - 3 Frequently
  - 4 Always
6. How often did you feel **inferior because of sexual problems**?
- 0 Never
  - 1 Rarely
  - 2 Occasionally
  - 3 Frequently
  - 4 Always
7. How often did you feel **worried about sex**?
- 0 Never
  - 1 Rarely
  - 2 Occasionally
  - 3 Frequently
  - 4 Always
8. How often did you feel **sexually inadequate**?
- 0 Never
  - 1 Rarely
  - 2 Occasionally
  - 3 Frequently
  - 4 Always
9. How often did you feel **regrets about your sexuality**?
- 0 Never
  - 1 Rarely
  - 2 Occasionally
  - 3 Frequently
  - 4 Always
10. How often did you feel **embarrassed about sexual problems**?
- 0 Never
  - 1 Rarely
  - 2 Occasionally
  - 3 Frequently
  - 4 Always
11. How often did you feel **dissatisfied with your sex life**?
- 0 Never
  - 1 Rarely
  - 2 Occasionally
  - 3 Frequently
  - 4 Always

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

- 0 Never
- 1 Rarely
- 2 Occasionally
- 3 Frequently
- 4 Always

13. How often did you feel **bothered by low desire?**

- 0 Never
- 1 Rarely
- 2 Occasionally
- 3 Frequently
- 4 Always