

CENTER FOR WOMEN'S SEXUAL HEALTH

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Decreased Sexual Desire Screener

To be discussed with your health care provider.

Each question is answered Yes or No.

1. In the past, was your level of sexual desire or interest good and satisfying to you?

2. Has there been a decrease in your level of sexual desire or interest?

3. Are you bothered by your decreased level of sexual desire or interest?

4. Would you like your level of sexual desire or interest to increase?

5. Please circle all the factors that you feel may be contributing to your current decrease in sexual desire or interest:

- a. An operation, depression, injuries, or other medical condition
 - b. Medications, drugs, or alcohol you are currently taking
 - c. Pregnancy, recent childbirth, or menopausal symptoms
 - d. Other sexual issues you may be having (pain, decreased arousal, or orgasm)
 - e. Your partner's sexual problems
 - f. Dissatisfaction with your relationship or partner
 - g. Stress or fatigue
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