

ARTICLE

Construction and Initial Structure of Sexual Dysfunctions Tendencies Measure

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Abstract: Disclosure of sexual dysfunctions is difficult due to shame and social stigma. The instruments to measure sexual dysfunctions so far were quite backdated and lengthy. Moreover, there was no specific instrument available that could evaluate all the sexual dysfunctions on the Diagnostic and Statistical Manual of Mental Disorders' criteria in a single scale; separate for men and women. The objective to develop the scale was to provide the non-clinical population with a short and straight-forward measure in English which could help them in deciding about seeking professional help. The constructed scale comprised of 7 items for males and 7 for females and employed 6-points Likert scale for responses. The study involved 79 men and 105 women (N=184; Kaiser-Meyer-Olkin Measure of Sample Adequacy=0.682 for males and 0.618 for females). The inclusion criteria were the practical involvement of the participants in sexual practices and ability to respond to a questionnaire in English. Exploratory Factor Analysis was conducted to measure the reliability and validity of the scale. While employing Principal Component Analysis for extraction and Oblimin with Kaiser Normalization as Rotation, Exploratory Factor Analysis was conducted on 7 items for males and 7 items for females separately. Sampling adequacy was found good and the adequacy of correlations between items and was found highly significant. The Cronbach's Alpha reliability was satisfactory. 4 factors were extracted for males with 78.65% variance explained. 3 factors were extracted for females with 66.57% variance explained. The communalities for all the 14 items ranged between 0.554 to 0.937. The study established that Sexual Dysfunctions Tendencies Measure is a valid and reliable tool to measure sexual dysfunctions with the criteria of the Diagnostic and Statistical Manual of Mental Disorders.

Keywords: Sexual dysfunctions; Sexuality; Scale

1. Introduction

Sexual Dysfunctions, as described by the Diagnostic and Statistical Manual of Mental Disorders^[1] are any disruptions or difficulties in the sexual response cycle which relate to alterations in the psychophysiological

functioning and sexual desires of men and women. Erectile Disorder, Male Hypoactive Sexual Desire Disorder, Premature Ejaculation, and Delayed Ejaculation are the sexual dysfunctions of men included in the DSM-V. The sexual dysfunctions of women in the DSM-V include Female Orgasmic Disorder, Female Sexual Interest/Arousal

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Disorder, and Genito-Pelvic Pain/Penetration Disorder.

According to DSM-V^[1] Erectile disorder is a difficulty in maintaining and obtaining erection and decrease in rigidity of penis. Male Hypoactive Sexual Desire Disorder is reduced or absent sexual/erotic thoughts or fantasies and less sexual appetite. Premature Ejaculation is a consistent or repeated ejaculatory pattern in which the person ejaculates within one minute after penetration and that is against his wish. Delayed Ejaculation is a significant delay or absence in ejaculation that must be experienced on all or nearly all incidents of sexual activity and is against the individual's wish. Female Orgasmic Disorder is a significant delay or absence in ejaculation that must be experienced on all or nearly all incidents of sexual activity. Female Sexual Interest/Arousal Disorder is a decreased or absent interest or arousal in sexual activity. Genito-Pelvic Pain/Penetration Disorder is a continuous or recurring difficulty in vaginal penetration or significant vulvo-vaginal/pelvic pain during intercourse. The DSM-V also mentions that these symptoms should persist for at least 6 months' period causing a noticeable distress in the individual and should not be due to another mental disorder that is not sexual in nature. It must also be assessed that the disorder is not a result of relationship discord or due to drug abuse. Furthermore, the symptoms could be life-long, i.e. present since the person became sexually active or acquired which means that the problem rose after normal sexual functioning. Similarly, DSM-V also states generalized and situational specifiers that assess if the disorder is confined or not confined to specific situations, stimulations, or partner. It also requires specifying the current severity of the disorder. Additionally, it argues that the assessment by the clinician must consider factors such as age and socio-cultural environment of the individual before making a diagnosis.

Apart from the DSM-V as an instrument itself to diagnose sexual dysfunctions, there was no specific self-report instrument available that could evaluate all the sexual dysfunctions on the DSM-V criteria in a single scale; separate for men and women. The literature suggested some earlier scales which claim to measure specific sexual dysfunctions individually. These scales included The Sexual Satisfaction Questionnaire^[2], International Index of Erectile Function^[3], Quality of Erection Questionnaire^[4], Derogatis Sexual Function Inventory^[5], Female Sexual Function Questionnaire^[6], Female Sexual Function Index^[7], and The Golombok-Rust Inventory of Sexual Satisfaction^[8]. In many cultures, people do not have adequate knowledge on mental health related problems^[9] and hesitate to discuss their sexual problems with others,

including medical doctors, psychiatrists, and Clinical Psychologists^[10]. Frequent consumption of porn, on the other hand, plays a vital role in developing sexual concerns^[11]. There was a need to develop a latest and user friendly self-report scale which could guide the respondent for any possible tendencies to have sexual dysfunctions so that the respondent could further decide about seeking professional advice. The authors, therefore, developed and initially validated Sexual Dysfunctions Tendencies Measure (SDTM).

2. Method

2.1 The Instrument

Sexual Dysfunctions Tendencies Measure (SDTM), a newly developed scale to measure the possibilities of having any sexual dysfunctions, is the main instrument of the study. It was developed on the bases of DSM-V's criteria to diagnose sexual dysfunctions in men and women. The shortness of the instrument was the main feature so that the respondents could do it easily. The objective to develop such an instrument was to provide the non-clinical population with a short and straight-forward measure which could help them in deciding on seeking professional consultancy. 7 items for males and 7 items for females (Table 3) were constructed in English. These items covered all the sexual dysfunctions in DSM-V, both for men and women i.e. Erectile Disorder, Male Hypoactive Sexual Desire Disorder, Premature Ejaculation, Delayed Ejaculation, Female Orgasmic Disorder, Female Sexual Interest/Arousal Disorder, and Genito-Pelvic Pain/Penetration Disorder. The response format was 6-points Likert scale including Never, Rarely, Not Sure, Sometimes, Most of the times, and Always. The scale for men was labeled as Sexual Dysfunctions Tendencies Measure (SDTM-M) and the scale for women was named as Sexual Dysfunctions Tendencies Measure (SDTM-F). The instructions of the scale required the respondents to keep the last 6 months in mind while giving their responses. The items were shown to a panel of 5 Clinical Psychologists who positively correlated the items with the symptoms of sexual dysfunctions mentioned in the DSM-V. The scale was then administered on 5 men and 5 women to see any linguistic ambiguities. These 10 respondents found the language very easy to understand. The mean scores obtained through the scale and/or its sub-scales could interpret sexual dysfunctions as 1.0 – 1.9 = Not at all present; 2.0 – 2.9 = Rarely Present; 3.0 – 3.9 = Doubtable to be Present; 4.0 – 4.9 = Somewhat Present; 5.0 – 5.9 = Moderately Present; 6.0 = Severely Present.

2.2 Participants

The study involved 210 purposively selected adult participants i.e. 105 men and 105 women. The inclusion criterion was the practical involvement in sexual activities regardless of their marital status. People who did not have any sexual encounters were excluded from the study. Literacy i.e. to understand and respond to items in English, was the second criterion for inclusion. The responses of 26 male participants were discarded later while cleansing the data. The study thus involved 79 men and 105 women (N=184).

2.3 Procedure

The researchers approached the participants of the study individually while visiting different educational institutions and public offices. The participants were informed about the purpose of the study and their consent to participate in the study was appropriately taken. They were involved in a brief discussion to inquire about their sexual life and linguistic abilities, so that the validity of their selection in the study could be established. They were assured for the confidentiality of the data and were thanked for their participation.

2.4 Analysis

The data gathered was recorded in the Statistical Package for Social Sciences. It was cleaned by analyzing missing values, unengaged responses, outliers, linearity, homoscedasticity, multicollinearity, skewness, and kurtosis. 26 participants, whose data was not appropriate on the aforesaid grounds, were discarded. Exploratory Factor Analysis was conducted to measure the reliability and validity of the scale.

3. Findings

Exploratory Factor Analysis was conducted on 7 items for males and 7 items for females separately. Principal Component Analysis was employed for extraction. The Rotation Method was Oblimin with Kaiser Normalization. Sampling adequacy, by using Kaiser-Meyer-Olkin's

values ^[12] was found good for both SDTM-M (Table 1; KMO=0.682) and SDTM-F (Table 1; KMO=0.618). Bartlett's test of sphericity ^[13] was used to analyze the adequacy of correlations between items and was found highly significant for both SDTM-M (Table 1; BTS=89.05; p=0.000) and SDTM-F (Table 1; BTS=115.47; p=0.000). The Cronbach's Alpha reliability for both SDTM-M (Table 1; α =0.66) and SDTM-F (Table 1; α =0.64) was satisfactory. 4 factors were extracted for SDTM-M with 78.65% variance explained (Table 1). 3 factors were extracted for SDTM-F with 66.57% variance explained (Table 1). The communalities for all the 14 items ranged between 0.554 to 0.937 (Table 3), thus acceptable as all were above 0.4 ^[14]. The Factor Structure for SDTM-M (Table 2) revealed 4 factors based on which the original item numbers were re-numbered to give a better sequence to the scale. According to the adjusted numbering sequence, M1 was loaded for Delayed Ejaculation; items M2, M3 and M4 were loaded for Erectile Disorder; items M5 and M6 were loaded for Male Hypoactive Sexual Desire Disorder; and item M7 was loaded for Premature Ejaculation. The Factor Structure for SDTM-F (Table 2) revealed 3 factors based on which the original item numbers were re-numbered to give a better sequence to the scale. According to the adjusted numbering sequence, items F1, F2 and F3 were loaded for Female Orgasmic Disorder; items F4 and F5 were loaded for Female Sexual Interest/Arousal Disorder; and items F6 and F7 were loaded for Genito-Pelvic Pain/Penetration Disorder. Item-Total and Item-Scale correlations for all the 14 items were found highly significant (Table 3) at the 0.01 level. Items for SDTM-M and SDTM-F are reported in Table 3.

The additional findings of the study reported (Table 4) a significant difference ($p=.010$) between sexual dysfunction in men ($M=2.36$; $SD=0.82$) and women ($M=2.69$; $SD=0.81$) whereas women had significantly higher scores on sexual dysfunctions than men. These scores, while interpreted through means (Table 5) revealed that the understudied men and women did not have any serious signs for having sexual dysfunctions except the possibility of pre-mature ejaculation in men.

Table 1. Reliability and Data Accuracy of Sexual Dysfunctions Tendencies Measure (SDTM)

Scale	N	α	KMO	BTS	Components Extracted	Variance Explained (%)
SDTM-M	7	0.66	0.682	89.05*	4	78.65
SDTM-F	7	0.64	0.618	115.47*	3	66.57

N=Number of items; α = Cronbach's Alpha; KMO=Kaiser-Meyer-Olkin Measure of Sample Adequacy;

BTS= Bartlett's Test of Sphericity; *P=.000

SDTM-M= Sexual Dysfunctions Tendencies Measure for Males; SDTM-F= Sexual Dysfunctions Tendencies Measure for Females

Table 2. Factor Structure of Sexual Dysfunctions Tendencies Measure (SDTM)

Item	SDTM-M Components				SDTM-F Components			
	DE	ED	MHSDD	PE	Item	FOD	FSI/AD	GPPPD
M1	0.967				F1	0.736		
M2		0.725			F2	0.808		
M3		0.363			F3	0.589		
M4		0.739			F4		0.837	
M5			0.925		F5		0.588	
M6			0.342		F6			0.819
M7				0.890	F7			0.852

Extraction Method: Principal Component Analysis; Rotation Method: Oblimin with Kaiser Normalization.

SDTM-M= Sexual Dysfunctions Tendencies Measure for Males; SDTM-F= Sexual Dysfunctions Tendencies Measure for Females; DE=Delayed Ejaculation; ED=Erectile Disorder; MHSDD=Male Hypoactive Sexual Desire Disorder; PE=Premature Ejaculation FOD=Female Orgasmic Disorder; FSI/AD=Female Sexual Interest/ Arousal Disorder; GPPPD=Genito-Pelvic Pain/ Penetration Disorder.

Table 3. Communalities, Total Item and Item Scale correlations for Sexual Dysfunctions Tendencies Measure (SDTM)

Item No.	Item	Extraction	Total Item and Item Scale correlations			
SDTM-M			SDTM-M	DE	ED	MHSDD PE
M1	I experience a prominent delay or absence in ejaculation during sexual activity.	0.937	0.484**	1.000**		
M2	I have difficulty in having erection for sexual activity.	0.653	0.642**		0.712**	
M3	I have trouble in maintaining erection during sexual activity.	0.759	0.703**		0.771**	
M4	I feel distressed due to my sexual performance.	0.769	0.512**		0.746**	
M5	I don't feel sexual desires.	0.876	0.448**			0.798**
M6	I experience a decrease or absence in my sexual/erotic thoughts or fantasies.	0.711	0.647**			0.781**
M7	After penetrating penis into my partner's vagina, I usually ejaculate within the first minute against my wish.	0.801	0.632**			1.000**
SDTM-F			SDTM-F	FOD	FSI/AD	GPPPD
F1	I have difficulty in having orgasm during sexual activity.	0.554	0.521**	0.739**		
F2	I usually remain uninterested to welcome my partner's sexual advances.	0.706	0.677**	0.802**		
F3	I feel distressed due to my sexual performance.	0.584	0.450**	0.644**		
F4	I don't feel sexual desires.	0.703	0.397**		0.805**	
F5	I experience a decrease or absence in my sexual/erotic thoughts or fantasies.	0.651	0.681**		0.804**	
F6	I experience pain during vaginal penetration.	0.692	0.630**			0.828**
F7	I am afraid of vaginal penetration.	0.770	0.584**			0.870**

SDTM-M= Sexual Dysfunctions Tendencies Measure for Males; SDTM-F= Sexual Dysfunctions Tendencies Measure for Females; DE=Delayed Ejaculation; ED=Erectile Disorder; MHSDD=Male Hypoactive Sexual Desire Disorder; PE=Premature Ejaculation FOD=Female Orgasmic Disorder; FSI/AD=Female Sexual Interest/ Arousal Disorder; GPPPD=Genito-Pelvic Pain/ Penetration Disorder.

** . Correlation is significant at the 0.01 level (2-tailed);

Table 4. Difference of Sexual Dysfunctions in males and females

	Males		Females		<i>t</i>	<i>p</i>	95% CI	
	<i>M</i>	<i>SD</i>	<i>M</i>	<i>SD</i>			<i>LL</i>	<i>UL</i>
Sexual Dysfunctions	2.36	0.82	2.69	0.81	2.63	0.010	0.57	0.07

CI= Confidence Interval, LL= Lower Limit, UL= Upper Limit

Table 5. Means and Standard Deviations of Sexual Dysfunctions in males and females

Dysfunctions	M	SD
Overall Sexual Dysfunctions in Males	2.36	0.82
Delayed Ejaculation	2.24	1.37
Erectile Disorder	2.06	0.94
Male Hypoactive Sexual Desire Disorder	2.55	1.22
Premature Ejaculation	3.03	1.65
Overall Sexual Dysfunctions in Females	2.74	0.83
Female Orgasmic Disorder	2.49	0.99
Female Sexual Interest/ Arousal Disorder	2.93	1.19
Genito-Pelvic Pain/ Penetration Disorder	2.94	1.41

4. Discussion

The current study was aimed at developing a scale to measure sexual dysfunctions based on the criteria set by the Diagnostic and Statistical Manual of Mental Disorders (version 5). A new scale comprising 7 items for men and 7 items for women was constructed and validated during the study. The findings revealed that women had significantly higher levels of sexual dysfunctions as compared to men. Sexual dysfunctions have been considered among the prominent mental health problems (Spector and Carey, 1990). The DSM-V [1] describes symptoms for prominent sexual dysfunctions in men and women. Sexual Dysfunctions Tendencies Measure (SDTM) has incorporated all the sexual dysfunctions mentioned in the DSM-V except Substance / Medication-Induced sexual dysfunctions, and Other Specified/Unspecified sexual dysfunctions. The SDTM, in the current study, was found valid and reliable to use. The DSM-V considers Delayed Ejaculation is a significant delay or absence in ejaculation that must be experienced on all or nearly all incidents of sexual activity and is against the individual's wish. The SDTM's item M1 i.e. "I experience a prominent delay or absence in ejaculation during sexual activity", if gets responses from "most of the times" or "always", clearly reflects Delayed Ejaculation from its face validity and is found valid & reliable in SDTM (Table 3; communality=0.937; item-total & item-scale correlation is significant at the 0.01 level). Erectile Disorder, according to the DSM-V, is a difficulty in maintaining and obtaining erection and decrease in rigidity of penis. The SDTM's items M2 i.e.

"I have difficulty in having erection for sexual activity", M3 i.e. "I have trouble in maintaining erection during sexual activity", and M4 i.e. "I feel distressed due to my sexual performance" if get responses from "most of the times" or "always", clearly reflect Erectile Disorder from their face validity and are found valid & reliable in SDTM (Table 3; communalities=0.653, 0.759, & 0.769 respectively; item-total & item-scale correlation is significant at the 0.01 level). Male Hypoactive Sexual Desire Disorder in DSM-V is reduced or absent sexual/erotic thoughts or fantasies and less sexual appetite. The SDTM's items M5 i.e. "I don't feel sexual desires", and M6 i.e. "I experience a decrease or absence in my sexual/erotic thoughts or fantasies", if get responses from "most of the times" or "always", clearly reflect Male Hypoactive Sexual Desire Disorder from their face validity and are found valid & reliable in SDTM (Table 3; communalities=0.876 & 0.711 respectively; item-total & item-scale correlation is significant at the 0.01 level). Premature Ejaculation in DSM-V is a consistent or repeated ejaculatory pattern in which the person ejaculates within one minute after penetration and that is against his wish. The SDTM's item M7 i.e. "After penetrating penis into my partner's vagina, I usually ejaculate within the first minute against my wish", if gets responses from "most of the times" or "always", clearly reflects Premature Ejaculation from its face validity and is found valid & reliable in SDTM (Table 3; communality=0.801; item-total & item-scale correlation is significant at the 0.01 level). According to the DSM-V, Female Orgasmic Disorder is a significant delay or absence in ejaculation that must be experienced on all or nearly all incidents of sexual activity. The SDTM's items F1 i.e. "I have difficulty in having orgasm during sexual activity", F2 i.e. "I usually remain uninterested to welcome my partner's sexual advances", and F3 i.e. "I feel distressed due to my sexual performance", if get responses from "most of the times" or "always", clearly reflect Female Orgasmic Disorder from their face validity and are found valid & reliable in SDTM (Table 3; communalities=0.554, 0.706, & 0.584 respectively; item-total & item-scale correlation is significant at the 0.01 level). Female Sexual Interest/Arousal Disorder in DSM-V is a decreased or absent interest or arousal in sexual activity. The SDTM's items F4 i.e. "I don't feel sexual desires", and F5 i.e. "I

experience a decrease or absence in my sexual/erotic thoughts or fantasies”, if get responses from “most of the times” or “always”, clearly reflect Female Sexual Interest/Arousal Disorder from their face validity and are found valid & reliable in SDTM (Table 3; communalities=0.703 & 0.651 respectively; item-total & item-scale correlation is significant at the 0.01 level). Genito-Pelvic Pain/Penetration Disorder in DSM-V is a continuous or recurring difficulty in vaginal penetration or significant vulvo-vaginal/pelvic pain during intercourse. The SDTM’s items F6 i.e. “I experience pain during vaginal penetration”, and F7 i.e. “I am afraid of vaginal penetration”, if get responses from “most of the times” or “always”, clearly reflect Genito-Pelvic Pain/Penetration Disorder from their face validity and are found valid & reliable in SDTM (Table 3; communalities=0.692 & 0.770 respectively; item-total & item-scale correlation is significant at the 0.01 level). Thus, all the items of SDTM reflect the symptoms for sexual dysfunctions mentioned in the DSM-V.

5. Limitations

The current paper reflected the development and validation of Sexual Dysfunctions Tendencies Measure. An exploratory factor analysis was carried out to achieve this objective. A confirmatory factor analysis could also have been done along with the discriminant and convergent validity of the scale. The authors intended to do these procedures in future studies.

6. Conclusions

Sexual Dysfunctions Tendencies Measure; containing 14 items, 7 for men and 7 for women; was developed to provide the general public with a short measure to depict possibilities for having sexual dysfunctions and to decide for a professional consultancy in this regard. The newly developed measure was badly needed as the earlier measures were too old and long. Furthermore, there was no measure available on the criteria of DSM-V. The findings revealed that the scale and its subscales were valid and reliable. The scale is provided herewith as an annexure.

Ethical Statement

All the procedures performed in this study were in accordance with the 1964 Helsinki declaration and its later amendments or comparable ethical standards.

Conflict of Interest

The authors declare no conflict of interest.

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Appendix

SEXUAL DYSFUNCTIONS TENDENCIES MEASURE (SDTM)

Instructions:

The following scale is aimed at identifying any possible sexual dysfunctions. It has two versions i.e. separate versions for males and females. You are requested to please respond to the following statements truly by keeping the **LAST SIX MONTHS** in mind. You are supposed to tick ✓ only one box for each statement. Please do not leave any statement without a response. Thanks.

SDTM-Males

1. I experience a prominent delay or absence in ejaculation during sexual activity.
Never Rarely Not Sure Sometimes Most of the times Always
2. I have difficulty in having erection for sexual activity.
Never Rarely Not Sure Sometimes Most of the times Always
3. I have trouble in maintaining erection during sexual activity.
Never Rarely Not Sure Sometimes Most of the times Always
4. I feel distressed due to my sexual performance.
Never Rarely Not Sure Sometimes Most of the times Always
5. I don't feel sexual desires.
Never Rarely Not Sure Sometimes Most of the times Always
6. I experience a decrease or absence in my sexual/erotic thoughts or fantasies.
Never Rarely Not Sure Sometimes Most of the times Always
7. After penetrating penis into my partner's vagina, I usually ejaculate within the first minute against my wish.
Never Rarely Not Sure Sometimes Most of the times Always

SDTM -Females

1. I have difficulty in having orgasm during sexual activity.
Never Rarely Not Sure Sometimes Most of the times Always
2. I usually remain uninterested to welcome my partner's sexual advances.
Never Rarely Not Sure Sometimes Most of the times Always
3. I feel distressed due to my sexual performance.
Never Rarely Not Sure Sometimes Most of the times Always
4. I don't feel sexual desires.
Never Rarely Not Sure Sometimes Most of the times Always
5. I experience a decrease or absence in my sexual/erotic thoughts or fantasies.
Never Rarely Not Sure Sometimes Most of the times Always
6. I experience pain during vaginal penetration.
Never Rarely Not Sure Sometimes Most of the times Always
7. I am afraid of vaginal penetration.
Never Rarely Not Sure Sometimes Most of the times Always

Response Values:

Never = 1; Rarely = 2; Not Sure = 3; Sometimes = 4;

Most of the times = 5; Always = 6

Scoring:

The scoring for this scale is done by calculating mean for the scale and its subscales. To obtain mean values, use the following method:

Sexual Dysfunctions Tendencies Measure for Males

Overall Sexual Dysfunctions = Sum (items 1 to 7) / 7

Delayed Ejaculation = Sum (item 1)

Erectile Disorder = Sum (items 2, 3, 4) / 3

Male Hypoactive Sexual Desire Disorder = Sum (items 5, 6) / 2

Premature Ejaculation = Sum (item 7)

Sexual Dysfunctions Tendencies Measure for Females

Overall Sexual Dysfunctions = Sum (items 1 to 7) / 7

Female Orgasmic Disorder = Sum (items 1, 2, 3) / 3

Female Sexual Interest/ Arousal Disorder = Sum (items 4, 5) / 2

Genito-Pelvic Pain/ Penetration Disorder = Sum (items 6, 7) / 2

Interpretation:

1.0 – 1.9 = Not at all present; 2.0 – 2.9 = Rarely Present; 3.0 – 3.9 = Doubtable to be Present;

4.0 – 4.9 = Somewhat Present; 5.0 -5.9 = Moderately Present; 6.0 = Severely Present