

## Sexual Desire Inventory-2 (SDI-2)

This questionnaire asks about your level of sexual desire. By desire, we mean INTEREST IN or WISH FOR SEXUAL ACTIVITY. For each item, please circle the number that best shows your thoughts and feelings. Your answers will be private and anonymous.

1. During the last month, how often would you have liked to engage in sexual activity with a partner (for example, touching each other's genitals, giving or receiving oral stimulation, intercourse, etc.)?

- |                         |                         |
|-------------------------|-------------------------|
| 0) Not at all           | 4) Twice a week         |
| 1) Once a month         | 5) 3 to 4 times a week  |
| 2) Once every two weeks | 6) Once a day           |
| 3) Once a week          | 7) More than once a day |

2. During the last month, how often have you had sexual thoughts involving a partner?

- |                          |                            |
|--------------------------|----------------------------|
| 0) Not at all            | 4) 3 to 4 times a week     |
| 1) Once or twice a month | 5) Once a day              |
| 2) Once a week           | 6) A couple of times a day |
| 3) Twice a week          | 7) Many times a day        |

3. When you have sexual thoughts, how strong is your desire to engage in sexual behavior with a partner?

0 1 2 3 4 5 6 7 8  
No Desire Strong Desire

4. When you first see an attractive person, how strong is your sexual desire?

0 1 2 3 4 5 6 7 8  
No Desire Strong Desire

5. When you spend time with an attractive person (for example, at work or school), how strong is your sexual desire?

0 1 2 3 4 5 6 7 8  
No Desire Strong Desire

6. When you are in romantic situations (such as a candle lit dinner, a walk on the beach, etc.), how strong is your sexual desire?

0 1 2 3 4 5 6 7 8  
No Desire Strong Desire

7. How strong is your desire to engage in sexual activity with a partner?

0 1 2 3 4 5 6 7 8  
No Desire Strong Desire

8. How important is it for you to fulfill your sexual desire through activity with a partner?

0 1 2 3 4 5 6 7 8  
Not At All Extremely  
Important Important

9. Compared to other people of your age and sex, how would you rate your desire to behave sexually with a partner?

0 1 2 3 4 5 6 7 8  
Much Less Much More  
Desire Desire

10. During the last month, how often would you have liked to behave sexually by yourself (for example, masturbating, touching your genitals etc.)?

- |                         |                         |
|-------------------------|-------------------------|
| 0) Not at all           | 4) Twice a week         |
| 1) Once a month         | 5) 3 to 4 times a week  |
| 2) Once every two weeks | 6) Once a day           |
| 3) Once a week          | 7) More than once a day |

11. How strong is your desire to engage in sexual behavior by yourself?

0 1 2 3 4 5 6 7 8  
No Desire Strong Desire

12. How important is it for you to fulfill your desires to behave sexually by yourself?

0 1 2 3 4 5 6 7 8  
Not At All Extremely  
Important Important

13. Compared to other people of your age and sex, how would you rate your desire to behave sexually by yourself?

