



Decreased Sexual Desire Screener (DSDS)¹

Results are to be discussed with your health care provider.

Each question is answered Yes or No.



Are you the 1 in 3 with distressing low sexual desire?²

- | | | | |
|-----------|--|------------------------------|-----------------------------|
| 1 | In the past, was your level of sexual desire or interest good and satisfying to you? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 2 | Has there been a decrease in your level of sexual desire or interest? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 3 | Are you bothered by your decreased level of sexual desire or interest? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 4 | Would you like your level of sexual desire or interest to increase? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 5 | Please mark 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 | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| b. | Medications, drugs, or alcohol you are currently taking | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| c. | Pregnancy, recent childbirth, or menopausal symptoms | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| d. | Other sexual issues you may be having (pain, decreased arousal, or orgasm) | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| e. | Your partner's sexual problems | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| f. | Dissatisfaction with your relationship or partner | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| g. | Stress or fatigue | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

All medical interventions or treatments carry risks and benefits. Your doctor will discuss with you the possible actions that are appropriate for you. Always follow the directions for any treatment as detailed by your doctor. Some treatments may incur a cost along with normal doctor and any prescription fees.

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Reference: 1. Clayton A, Goldfischer E, Goldstein I, et al. Validity of the decreased sexual desire screener for diagnosing hypoactive sexual desire disorder. J Sex & Marital Ther. 2009;39:132-143.PR-1006.00.

2. Worsley R. J Sex 10-5260_diAselaS_1FA_hclA Med 14:675-686.

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Patient Process of Care Checklist for Hypoactive Sexual Desire Dysfunction (HSDD)

Working Together With Your Doctor

1
Discuss
Sexual Health

2
Screening
of HSDD

3
Baseline Laboratory
Evaluation

4
HSDD
Treatment

5
Aim of
Treatment

6
Monitoring

1 Discuss Sexual Health

- Inform that mid-life sexual health concerns, including HSDD, are common ☐
- Provide a Sexual Health Brochure - How Satisfied are you with your Sex Life? ☐

2 Screening of HSDD

- Complete DSDS Screening Questionnaire ☐
- Review & manage any modifiable factors & overall health ☐

3 Baseline Laboratory Evaluation

- Measure Serum Total Testosterone and SHBG levels ☐
- Request results report from lab for premenopausal range or LCMS technology ☐

4 HSDD Treatment

- Start HSDD treatment with a 0.5mL cream, applied to the upper outer thigh or buttocks ☐
- Provide HSDD Treatment Brochure ☐

5 Aim of Treatment

- Primary aim is to improve symptoms by optimising dose. Serum T monitoring is an aid to treatment ☐
- Note that improvement can take 4-8 weeks, peaking at 12 weeks ☐

6 Monitoring

- Prioritise safety: Report any side effects or concerns ☐
- Are your symptoms improving? ☐
- Adjust the dose if necessary. Use the same laboratory for follow-up testing: ☐
- Serum Testing: 3-6 weeks (possible dose modification) ☐
- Serum Testing: 12 weeks (possible dose modification, max 1mL) ☐
- Serum Testing: 6 months (no efficacy; stop therapy) ☐