**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  
   1) Once a month  
   2) Once every two weeks  
   3) Once a week  
   4) Twice a week  
   5) 3 to 4 times a week  
   6) Once a day  
   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  
   1) Once or twice a month  
   2) Once a week  
   3) Twice a week  
   4) 3 to 4 times a week  
   5) Once a day  
   6) A couple of times a day  
   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      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?  
   0 1 2 3 4 5 6 7 8  
   Much Less       Much More Desire  
   Desire

14. **How long could** you go comfortably without having sexual activity of some kind?  
   0) Forever  5) A week  
   1) A year or two  6) A few days  
   2) Several months  7) One day  
   3) A month  8) Less than one day  
   4) A few weeks
**Scoring the SDI:**
Items 1-8 are summed to obtain a *dyadic sexual desire* score.
Items 9-11 are summed to obtain a *solitary sexual desire* score.
Sum all items for *total sexual desire*.

**Citation:**