

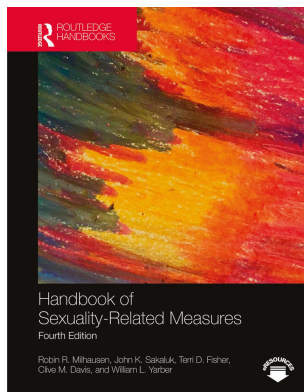
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## **Handbook of Sexuality-Related Measures**

Robin R. Milhausen, John K. Sakaluk, Terri D. Fisher, Clive M. Davis,  
William L. Yarber

### **Attitudes, Beliefs, and Cognitions**

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Robin R. Milhausen, John K. Sakaluk, Terri D. Fisher, Clive M. Davis,  
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## 5 Attitudes, Beliefs, and Cognitions

### Dyadic Sexual Regulation Scale

JOSEPH A. CATANIA,<sup>1</sup> *Oregon State University*

The Dyadic Sexual Regulation Scale (DSR) measures the extent to which an individual perceives sexual activity to be regulated from an internal versus an external locus of control. In developing a locus of control scale specific to the dyadic sexual situation, we sought to develop a scale that assesses perceptions of the ability to emit behaviors that (a) influence the acquisition and termination of sexual rewards, (b) effect events between these latter two points, and (c) prevent or avoid aversive sexual encounters. Moreover, the scale would reflect control flexibility, which is generally defined as an individual's ability either to relinquish or to accept control, dependent on the variant nature of social/sexual interactions. A shortened five-item interviewer-administered form of the DSR is also available.

#### Development

The scale items were derived from open-ended interviews about sexual attitudes with heterosexual and homosexual couples.

#### Response Mode and Timing

The DSR is an 11-item, subject- or interviewer-administered, Likert-type scale with seven points (1 = *strongly disagree*, 7 = *strongly agree*). All forms of the scale are available in English and Spanish. The expanded form is self-administered; the briefer revised form is interviewer administered. Both forms take 1–2 minutes to complete.

#### Scoring

Five items are reversed (Items 2, 5, 6, 8, 10) for counterbalancing purposes. After reverse-scoring selected items, total scores are computed by summing across items; higher scores indicate a greater degree of internal control (scores range from 11 [external] to 77 [internal]).

<sup>1</sup> Address correspondence to: catania1951@comcast.net

#### Reliability

The DSR has been administered to college students, national urban probability samples constructed to adequately represent White, Black, and Hispanic ethnic groups, and HIV-risk groups (Catania, Coates, Kegeles et al., 1992; Catania, Coates, Stall et al., 1992). The DSR scale has also been administered to respondents from introductory psychology classes at a university recruited to participate in a sexual survey study that assessed locus of control in sexual contexts (Catania, McDermott, & Wood, 1984). The college-age analyses (Catania et al., 1984) examined only heterosexuals who had a current, regular sexual partner. Sample 1 consisted of 151 White students (59 males and 92 females) with a mean age of 27. Sample 2 consisted of 27 males and 43 females with similar demographic features as Sample 1. Reliability was good (Cronbach's alpha = .74 in Sample 1, and .83 in Sample 2). A principal component analysis with varimax rotation was conducted on the DSR items for Sample 1. There were no item loadings greater than .30 beyond the first factor, and the first factor accounted for 95 percent of the variance. Test–retest reliability was .77, with a 2-week interval.

The five-item shortened version of the DSR was administered to respondents recruited to participate in the 1990–1991 National AIDS Behavior Survey (NABS) longitudinal cohort study, which was composed of three interlaced samples designed to oversample African Americans and Hispanics for adequate representation (Catania, Coates, Kegeles et al., 1992; Catania, Coates, Stall et al., 1992). The interlaced samples included a national sample, an urban sample of 23 cities with high prevalence of AIDS cases, and a special Hispanic urban sample. The revised version of the DSR was administered to 4,620 respondents between the ages of 18–49. The reliability was good (Cronbach's alpha = .62 total sample). Means, standard deviations, range, median, and reliabilities are given for White, Black, and Hispanic groups, males and females, and levels of education for both national and urban-high risk city samples (Table 1). The shortened five-item version was also administered

**TABLE 1**  
**Normative Data for Dyadic Sexual Regulation Scale (NABS<sup>a</sup>**  
**Study Wave 2)**

	<i>N</i>	<i>M</i>	<i>SD</i>	<i>Range</i>	<i>Mdn</i>	<i>Alpha</i>
National sample	1,022	15.62	2.83	15.0	16.0	.59
High-risk cities	3,598	15.37	2.86	15.0	15.0	.57
Ethnicity						
White						
National sample	747	15.75	2.75	15.0	16.0	.61
High-risk cities	1,565	15.62	2.68	15.0	16.0	.61
Black						
National sample	162	15.23	2.99	14.0	15.0	.47
High-risk cities	1,181	15.18	3.06	15.0	15.0	.52
Hispanic						
National sample	90	15.45	3.03	14.0	15.6	.61
High-risk cities	764	14.98	3.20	15.0	15.0	.60
Gender						
Male						
National sample	410	15.37	2.65	14.0	15.0	.86
High-risk cities	1,553	15.24	2.77	15.0	15.0	.56
Female						
National sample	612	15.85	2.98	15.0	16.0	.61
High risk cities	2,043	15.53	2.94	15.0	16.0	.58
Education						
< 12 years						
National sample	82	14.74	2.89	12.0	15.0	.38
High-risk cities	483	14.76	3.12	15.0	15.0	.53
= 12 years						
National sample	273	15.75	2.93	13.0	16.0	.59
High-risk cities	807	15.41	2.96	15.0	16.0	.54
> 12 years						
National sample	668	15.71	2.76	15.0	16.0	.59
High-risk cities	2,308	15.54	2.72	15.0	16.0	.58
AMEN <sup>b</sup> Study						
Total	954	15.08	3.01	15.0	15.0	.58
Ethnicity						
White						
	418	15.14	2.88	13.0	15.0	.63
Black						
	238	15.00	3.24	15.0	15.0	.53
Hispanic						
	229	14.98	3.08	15.0	15.0	.55
Gender						
Male						
	410	15.22	2.74	15.0	15.0	.52
Female						
	544	14.98	3.20	15.0	15.0	.61
Education						
< 12 years						
	109	15.44	3.30	13.0	16.0	.57
= 12 years						
	213	14.64	3.21	15.0	15.0	.54
> 12 years						
	626	15.26	2.86	14.0	15.0	.59

*Note.* Because weights for probability of selection are used, all frequencies may not sum to equal total frequencies.

<sup>a</sup>National AIDS Behavior Study.

<sup>b</sup>AIDS in Multi-Ethnic Neighborhoods.

to 954 respondents who participated in the third wave of the AIDS in Multi-ethnic Neighborhoods (AMEN) study (Catania, Coates, Stall et al., 1992). The AMEN study is a longitudinal study (three waves) in which the distribution of HIV, sexually transmitted diseases, related risk behaviors, and their correlates across social strata were examined (see Catania, Coates, Stall et al., 1992). Respondents ranged from 20–44 years of age and included White ( $N = 418$ ) African-American ( $N = 124$ ) and Hispanic ( $N = 229$ ) ethnic groups. Reliability was moderate (Cronbach's alpha = .59). The mean, standard deviation, median, range, and reliabilities of ethnic groups, gender, and levels of education are provided in Table 1.

### Validity

The DSR revealed convergent validity with the Nowicki-Strickland Adult Internal-External Control Scale (NSLC; Nowicki & Duke, 1974),  $r = .19, p < .05, df = 149$  (Catania et al., 1984). The DSR was found to be related with each dyadic measure of sexual activity. The scale was not found to be related to monadic activities (i.e., masturbation), further supporting the concurrent validity of the DSR with locus of control. Internality with regard to sexual activity is associated with higher frequencies of intercourse, oral sex from partner, orgasms with partner, sexual relations, affectionate behaviors, and sexual satisfaction, and with lesser anxiety in sexual situations. DSR was not found to be related to gender. In contrast, the NSLC was more weakly associated with each criterion.

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## Exhibit

### *Dyadic Sexual Regulation Scale*

*Instructions:* The following statements describe different things people do and feel about sex. Please tell me how much you agree or disagree with these statements.

	1	2	3	4	5	6	7
	Strongly agree						Strongly disagree
1. I often take the initiative in beginning sexual activity.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. If my sexual relations are not satisfying there is little I can do to improve the situation.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. I have sexual relations with my partner as often as I would like.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. My planning for sexual encounters leads to good sexual experiences with my partner.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. I feel that it is difficult to get my partner to do what makes me feel good during sex.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. I feel that my sexual encounters with my partner usually end before I want them to.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7. When I am not interested in sexual activity I feel free to reject sexual advances by my partner.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8. I want my partner to be responsible for directing our sexual encounters.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9. I find it pleasurable at times to be the active member during sexual relations while my partner takes a passive role.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10. I would feel uncomfortable bringing myself to orgasm if the stimulation my partner was providing was inadequate.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
11. During some sexual encounters I find it pleasurable to be passive while my partner is the active person.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

## The Sexual Importance Scale

JOHN M. DOSSETT,<sup>2</sup> *Tennessee State University*

The Sexual Importance Scale (SIS) was developed to assess the importance individuals assign to sexual expression (Dossett, 2014). It is clear that people differ in beliefs about the importance of sexuality. But utility of the construct of sexual importance to facilitate our understanding of topics such as sexual decision making and relationship satisfaction has been limited by inadequate recognition of how sexual importance may differ from related constructs such as desire, erotophilia, and motivation. In addition, researchers who have included the construct in their research have generally been limited to the use of one-item assessments (e.g., Haavio-Mannila & Kontula, 1997;

Herold & Milhausen, 1999; Laumann et al., 2006; Thomas, Chang, Dillon, & Hess, 2014). The SIS is a 17-item scale measuring beliefs about sexual importance utilizing items representing the kinds of real-world dilemmas that people face in sexual decision making.

### Development

A focus group consisting of faculty and graduate students studying close relationships developed an initial set of 38 items. Items were designed to present participants with situations in which sexual expression is at

<sup>2</sup> Address correspondence to: [jdossett@tnstate.edu](mailto:jdossett@tnstate.edu)

odds with or made more difficult by common demands and obligations like those encountered in everyday life. The original items were administered to a sample of 239 students (150 female, 89 male) ranging in age from 18 to 49. Items that were consistent across multiple factor analysis extraction methods were retained in the final version of the instrument. Items with communalities below .35 with any extraction method were eliminated from the final scale. The final scale consisted of 17 items with a Cronbach's alpha of .85.

### Response Mode and Timing

The SIS takes 2 to 4 minutes to complete and can be administered using paper-and-pencil or a computer. Participants respond by indicating their degree of support for each item on a 7-point Likert-type scale ranging from 1 (*disagree strongly*) to 7 (*agree strongly*).

### Scoring

Two items (15 and 17) require reverse scoring. The total SIS score is computed by summing all individual item scores. Total scores range from 17 to 119. Higher scores indicate greater importance placed on sexual expression.

### Reliability

The SIS demonstrates high internal consistency. Cronbach's alpha values ranged from .81 to .88 over four different samples during the instrument's development. The ability of the instrument to indicate the relative stability of sexual importance over time was assessed using a modified split-half procedure and calculating the corrected correlation (Nunnally, 1978). The correlation between scores collected 2 weeks apart was .72.

### Validity

Evidence for construct validity of the SIS is provided by a predictable pattern of relationships with scores on established sexuality instruments, but coefficients are not high enough to suggest duplication of an existing measure (Kerlinger, 1986). Sexual importance is strongly positively correlated with sexual motivation,  $r(284) = .52, p < .001$ ; sexual preoccupation,  $r(284) = .44, p < .001$ ; erotophilia,  $r(284) = .39, p < .001$ ; and sexual desire,  $r(284) = .38, p < .001$ . Sexual importance is negatively correlated with

constructs such as sex guilt,  $r(284) = -.30, p < .001$  and fear of sexual relationships,  $r(284) = -.19, p = .002$ .

The SIS has also demonstrated discriminant validity. Data was collected from participants who completed both the SIS and the Human Sexuality Questionnaire (Zuckerman, 2011). Scores on the SIS were unrelated to permissiveness as assessed by both the Social Relationship and the Emotional Relationship subscales of the Attitudes Toward Heterosexual Activities Scale (Zuckerman, 2011). Sexual importance is also unrelated to attitudes toward homosexuality in general.

Evidence indicates that the SIS has criterion validity. SIS scores are predictive of heterosexual experience in general,  $r(127) = .20, p = .023$ . And, sexual importance is predictive of several specific sexual behaviors such as masturbation experience,  $r(127) = .28, p = .001$ ; number of heterosexual partners,  $r(127) = .34, p < .001$ ; anal sex with someone of the opposite gender,  $r(127) = .24, p = .007$ ; engaging in group sex,  $r(127) = .25, p = .006$ ; use of erotic materials,  $r(127) = .23, p = .01$ ; and practicing partner exchange,  $r(127) = .19, p = .036$ . The more important sex is to someone, the more likely they are to have engaged in a wider range of sexual activities.

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## Exhibit

### *The Sexual Importance Scale*

Please indicate whether you agree or disagree with each of the following statements. There are no wrong or right answers.

	1 Disagree strongly	2 Mostly disagree	3 Disagree a little	4 Neither agree nor disagree	5 Agree a little	6 Mostly agree	7 Agree strongly
1. Having a regular sex partner is one of the most important benefits of marriage or other long-term relationship.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. I expect my partner to make being a good lover a high priority in our relationship.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. Paying attention to each other sexually is one of the most important things couples should do to be happy together.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. Couples would be happier if they spent more time making love.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. When I am choosing a partner, average looks are okay as long as they are a good lover.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. If I knew that I would not get caught, I can see myself doing something illegal to obtain sex.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7. When I am choosing a partner, it is okay if they are not that smart as long as they are a good lover.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8. If my partner wanted me to work less and spend more time making love, I would try and do as they wished.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9. I would feel justified in getting a divorce if I were not sexually satisfied.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10. If my partner refused to have sex with me after a reasonable amount of time in a dating relationship, I would feel justified in dumping them.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
11. I would dump someone that I liked if I thought they were not good in bed.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
12. When I am choosing a partner, it is okay if they don't have much money as long as they are a good lover.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
13. I would do almost anything to obtain a peak sexual experience.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
14. Paying attention to each other sexually is the most important thing couples should do to be happy.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
15. I would not endanger my health for sex.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
16. There is nothing more important in a long-term relationship than a good sex life.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
17. Sex is just not that big of a deal to me.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

# Virginity Beliefs Scale

JONAS ERIKSSON, *Trent University*

TERRY HUMPHREYS,<sup>3</sup> *Trent University*

The Virginity Beliefs Scale (VBS) assesses beliefs and motivations for engaging in sexual intercourse for the first time.

## Development

The statements contained in the Virginity Beliefs Scale were developed using Carpenter's (2002) qualitative study of virginity loss. Carpenter (2002) found that individuals generally perceived of their virginity loss in three different ways: as a *gift*, a *stigma* or a *process*. Gift individuals were proud of their virginity and considered it to be a valuable gift to their first partner. Those identified as perceiving of their virginity as a stigma were anxious to lose their virginity as they perceived it as something to be embarrassed about. Process individuals saw their virginity loss as a step in their natural development toward becoming an adult. Carpenter (2002) suggested that these three frameworks influence first intercourse experiences. For example, those identifying virginity as a stigma were more likely to choose their first sexual partner based on opportunity, while those identifying their virginity as a gift chose their partner based on love and commitment. Carpenter (2002) presented support for the notion that how individuals perceive of their virginity loss may shape their sexual development and behaviour in the years following their first sexual intercourse experience. For instance, individuals identifying their virginity as a gift take a risk when deciding to lose their virginity. If their partner does not reciprocate, it is likely that these individuals feel that their experience was a mistake.

## Response Mode and Timing

Participants indicate their agreement with each statement on a Likert-type scale from 1 (*strongly disagree*) to 7 (*strongly agree*). The VBS can be completed in approximately 5–8 minutes.

## Scoring

The three frames contained in the VBS are scored separately. Mean *Gift* scores are calculated by summing Items 2, 3, 5, 7, 10, 12, 14, 16, 18, 20 and dividing by 10. Mean *Stigma* scores are calculated by summing Items 1, 6, 8, 11, 15, 17, 19, 21 and dividing by 8. *Process* mean scores are calculated by summing Items 4, 9, 13, 22 and dividing

by 4. Mean scores on all three sub-scales can thus range between 1 and 7.

## Reliability

In a sample of 223 undergraduates (Mean age = 19.9,  $SD = 2.4$ ) from a small university in Ontario, Canada, Cronbach's alphas for the scales were .85 for *Gift*, .93 for *Stigma*, and .81 for *Process* (Eriksson & Humphreys, 2014, Study 1). An additional sample of 359 undergraduates at the same university provided reliabilities as follows: .90 for *Gift*, .86 for *Stigma* and .80 for *Process* (Eriksson & Humphreys, 2014, Study 2).

Confirmatory factor analysis ( $N = 359$ ) demonstrated a good fit of the model ( $\chi^2_{diff}(10) = 670.91, p < .001$ ), and a good fit to the data,  $\chi^2(196, N = 359) = 489.47, p < .001$  ( $\chi^2 / df = 2.50$ ), CFI = .93, RMSEA = .065 (.058 to .072), TLI = -.92 (Eriksson & Humphreys, 2014, Study 2).

## Validity

Gift individuals tend to engage in intercourse for the first time for reasons related to improving their relationship with their partner and therefore choose their first partner with care (Carpenter, 2002). The concept of virginity as a gift is compatible with mainstream religious conceptions of virginity. As such, we expected that individuals scoring high on the *Gift* subscale would generally hold less permissive attitudes toward sexuality and be more religious. As expected, gift individuals reported having had fewer lifetime sexual partners,  $r(217) = -.27, p < .001$ . Gift individuals also reported less sexual permissiveness as measured by the permissiveness subscale of the Brief Sexual Attitudes Scale (Hendrick, Hendrick, & Reich, 2006),  $r(223) = -.464, p < .001$  (Eriksson & Humphreys, 2014), and greater involvement in religion (i.e., frequency of religious services/activities),  $r(242) = .14, p = .025$  (Eriksson & Humphreys, 2012).

Individuals perceiving their virginity as a stigma hold more traditional gender-role beliefs,  $r(223) = -.32, p < .001$ , as measured by the TESR scale (Larsen & Long, 1988), more hypergendered beliefs,  $r(223) = -.36, p < .001$ , as measured by the Hypergender Ideology Scale (HIS; Hamburger, Hogben, McGowan, & Dawson, 1996), more sexual permissiveness,  $r(223) = .42, p < .001$ , greater agreement with instrumental sexuality,  $r(223) = .31,$

<sup>3</sup> Address correspondence to: terryhumphreys@trentu.ca

$p < .001$ , both measured by subscales of the BSAS (Hendrick et al., 2006) and greater agreement with the sexual double standard,  $r(223) = .27, p < .001$ , as measured by the DSS (Caron, Davis, Halteman, & Stickle, 1993). The concept of virginity as a stigma is closely tied to traditional masculine beliefs having to do with greater sexual readiness and activity.

Individuals perceiving their virginity as a process typically fall in between gift and stigma individuals in terms of traditional gender roles. Process individuals hold more permissive beliefs than gift individuals, but less permissive beliefs than stigma individuals,  $r(223) = .25, p < .001$  (Eriksson & Humphreys, 2014).

In terms of affective reactions to first intercourse, as expected, *Gift* scores were correlated with overall positive emotions ( $r = .38, p < .001$ ), *Process* scores were correlated with overall positive emotions ( $r = .23, p < .001$ ), and *Stigma* scores were only correlated with feeling “relieved” ( $r = .50, p < .001$ ) (see Eriksson & Humphreys, 2014, for detailed breakdown of correlations with specific feelings).

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## Exhibit

### Virginity Beliefs Scale

Please think back to the first time you engaged in sexual intercourse. Indicate on the following scale how much you agree with each statement in regards to your first sexual intercourse experience.

	1	2	3	4	5	6	7
	Strongly Disagree	Disagree	Somewhat Disagree	Neutral	Somewhat Agree	Agree	Strongly Agree
1. I actively tried to hide my status as a virgin.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. I chose the person I lost my virginity to with care.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. I planned my first time carefully.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. I saw my virginity loss as a natural step in my development.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. It was important to me that the circumstances under which I lost my virginity were perfect.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. I felt my virginity was a burden that I needed to get rid of as soon as possible.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7. It was important to me that my first time was romantic.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8. I felt embarrassed over being a virgin.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9. I considered virginity loss to be an inevitable part of growing up.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10. I dated the person I lost my virginity to for a long time before we engaged in intercourse.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
11. I was worried about what others might think if they found out I was a virgin.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
12. The reason I did not lose my virginity earlier was because I had not found the right partner.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
13. I felt that losing my virginity was an important step towards becoming a man/woman.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



14. I believed I would stay in a relationship with the person I lost my virginity to for a long time.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
15. I lost my virginity later than I would have wanted.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
16. I felt in love with the person I lost my virginity to.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
17. I regarded my virginity as something negative.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
18. My virginity was a gift to my first partner.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
19. I was afraid my partner would find out I was a virgin.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
20. I planned my virginity loss with my partner.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
21. I was afraid to tell my partner that I was a virgin.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
22. I felt losing my virginity was a step in the transition between adolescence and becoming an adult.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

## Attitudes Toward Sexuality Scale

TERRI D. FISHER,<sup>4</sup> *The Ohio State University at Mansfield/The University of the South*

The Attitudes Toward Sexuality Scale (ATSS) was developed to allow the comparison of the sexual attitudes of adolescents between the ages of 12 and 20 and their parents. An instrument was needed that was brief, simplistic, and non-offensive in order to facilitate its use with younger adolescents and yet still be valid for adults. The ATSS consists of 13 statements related to topics such as nudity, abortion, contraception, premarital sex, pornography, sex work, sexual orientation, and sexually transmitted diseases.

### Development

Items from Calderwood's Checklist of Attitudes Toward Human Sexuality (Calderwood, 1971) were modified and an objective scoring system was added. The result was a brief, general sexual attitudes measure that is equally appropriate for adolescents and adults (Fisher & Hall, 1988).

The original scale contained 14 items, but one of the items contributed so little to the total score variance that it was dropped from the scale. Several of the terms used in the scale have dropped out of usage since its development. The exhibit indicates the newer terminology that researchers would likely wish to use.

### Response Mode and Timing

Respondents indicate the degree of their agreement/disagreement with the statement by selecting the response that most closely reflects their reaction. The 5-point

Likert response format ranges from *strongly disagree* to *strongly agree*. The ATSS requires no more than 5 minutes to complete.

### Scoring

Items 1, 4, 5, 7, 8, 11, and 13 are reverse scored by assigning a score of 1 if 5 was marked, a score of 2 if 4 was marked, etc. Then the number of points is totaled. Scores can range from 13 to 65, with lower scores indicating greater conservatism about sexual matters and higher scores indicating greater permissiveness about sexual matters.

### Reliability

For a sample of 35 early adolescents (ages 12–14), the Cronbach's alpha coefficient was .76. Among 47 middle adolescents (ages 15–17), the alpha was .65, and for a group of 59 late adolescents (18–20 years old), the alpha was .80. The alpha for the total group of adolescents was .75. Among 141 parents (ages 31–66), the alpha was .84. The test–retest reliability coefficient, using an independent sample of 22 college students between the ages of 18 and 28 over a 1-month time period, was .90.

In subsequent samples of a different nature, the reliability was comparable. Landry and Bergeron (2011) obtained a Cronbach's alpha of .79 in their sample of female French Canadian high school students. In a small study ( $N = 17$ ) of Muslim women and men between the

<sup>4</sup> Address correspondence to: fisher.16@osu.edu

ages of 18 and 27 (Ali-Faisal, 2014), the Cronbach's alpha was found to be .73, although in a prior study of Muslim women with a larger sample size (Abu-Ali, 2003), the alpha value was .79.

### Validity

In a sample of college students between the ages of 18 and 28 (Fisher & Hall, 1988), the ATSS correlated highly with the Heterosexual Relations (Liberalism) scale of the Sexual Knowledge and Attitudes Test (SKAT; Lief & Reed, 1972),  $r(42) = .83$ . The ATSS was also correlated with the Abortion scale,  $r(42) = .70$ , the Autoeroticism scale  $r(42) = .54$ , and the Sexual Myths scale,  $r(42) = .59$ .

In studies of adolescents and their parents (Fisher, 1986; Fisher & Hall, 1988), age was negatively correlated with the ATSS score,  $r(280) = -.18$ , although for the young and middle adolescents combined, age was positively related to the ATSS score,  $r(82) = .37$ . Amount of education was found to be significantly correlated with the total scale score for the adult participants,  $r(139) = .20$ . Religiosity, as measured by church attendance, was significantly correlated to ATSS scores for the middle adolescents,  $r(45) = -.32$ ; the older adolescents,  $r(57) = -.44$ ; and the adults,  $r(139) = -.41$ , such that people who regularly attended church tended to be more conservative in their sexual attitudes. Chia (2006) reported that adolescents with more permissive scores on a slightly modified version of the ATSS were significantly more likely to report having experienced sexual intercourse, having experienced it at an earlier age, and having experienced it in more casual situations.

As has been found on other measures of sexual attitudes, male participants generally indicate more permissive sexual attitudes on the ATSS than female participants. In more recent research with this measure, sex difference findings have been mixed, with Fisher (2007) reporting a significant sex difference, but no sex differences found in

other studies with similar samples (Alexander & Fisher, 2003; Fisher, 2009).

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## Exhibit

### Attitudes Toward Sexuality Scale

For each of the following statements, please mark the response which best reflects your reaction to that statement.

	1	2	3	4	5
	Strongly Disagree	Somewhat Disagree	Neutral	Somewhat Agree	Strongly Agree
1. Nudist camps should be made completely illegal.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. Abortion should be made available whenever a woman feels it would be the best decision.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. Information and advice about contraception (birth control) should be given to any individual who intends to have intercourse.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

4. Parents should be informed if their children under the age of eighteen have visited a clinic to obtain a contraceptive device.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. Our government should try harder to prevent the distribution of pornography.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. Prostitution should be legalized.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7. Petting (a stimulating caress of any or all parts of the body) is immoral behavior unless the couple is married.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8. Premarital sexual intercourse for young people is unacceptable to me.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9. Sexual intercourse for unmarried young people is acceptable without affection existing if both partners agree.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10. Homosexual behavior is an acceptable variation in sexual orientation.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
11. A person who catches a sexually transmitted disease is probably getting exactly what he/she deserves.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
12. A person's sexual behavior is his/her own business, and nobody should make value judgments about it.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
13. Sexual intercourse should only occur between two people who are married to each other.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

## Sexual Daydreaming Scale of the Imaginal Processes Inventory

LEONARD M. GIAMBRA,<sup>5</sup> *National Institute on Aging*  
 JEROME L. SINGER, *Yale University*

The Imaginal Processes Inventory (IPI) was developed to measure the various aspects of daydreaming and related mental processes, such as attention, distractibility, and curiosity. The IPI is intended to be taken by normally functioning persons and is meant to measure the range of normal functioning. The Sexual Daydreaming Scale (SDS) was constructed to reveal the extent to which a person has daydreams of a sexual or erotic nature.

### Development

The SDS consists of 12 items selected initially by requesting a large sample of "normal" adults to record their recurrent fantasies. An additional sample of respondents reviewed these fantasies and checked off those they had experienced by indicating the degree of frequency on a

Likert-type scale. Those items bearing specifically on sexuality and showing reasonable intercorrelations as well as relatively normal distributions on the 5-point scale were employed for further refinement in the procedure used for generating the 12-item scales of the IPI (Singer & Antrobus, 1963, 1972). In general, this scale has not been used to any degree independently of the other 27 scales that make up the IPI because it loads on at least two of the three second-order factors that consistently emerge from the larger questionnaire.

### Response Mode

Each of the 12 items has the same five optional responses: *Definitely Not True for Me*, *Usually Not True for Me*, *Usually True for Me*, *True for Me*, and *Very True for*

<sup>5</sup> Address correspondence to: M.Giambra@uscg.mil

*Me.* These options, in the order given, are assigned increasing larger integer values, either 0 to 4 or 1 to 5, depending upon the study cited.

### Scoring

All items are scored directly, and a scale score consists of the sum of the values of the responses to the 12 items. Using this scoring method, the SDS can range from a minimum of zero to a maximum of 48 (or from 12 to 60). Higher scale scores indicate a greater likelihood of sexual daydreaming. An alternate method of scoring based upon a factor analysis of the IPI items is available in Giambra (1980a).

### Reliability

The internal consistency of the SDS as measured by Cronbach's alpha has been reported to be quite high: .87 (Singer & Antrobus, 1972), .93 (Giambra, 1978), .93 (Giambra, 1980a). Test-retest reliability over a 1- to 3-year period based upon 45 men was .58, and no significant difference was observed between the first and second testing,  $t < 1$ .

### Validity

In a sample of 565 men and 745 women from 17 to 92 years of age, it was found that the SDS correlated  $-.56$  for men and  $-.52$  for women with age; the partial correlation holding daydreaming frequency constant was  $-.41$  for men and  $-.40$  for women (Giambra, 1980b). For a life-span sample of men, Giambra and Martin (1977) determined that men who reported having a greater number of coital partners, who had a greater frequency of coitus during the first year or two of marriage, or who had a higher number of sexual events per week between ages 20 and 40 had significantly higher SDS values. For a sample of 477 women aged 40 to 60 years, the SDS was found to be significantly related to menopausal state, a menopausal symptom index, frequency of masturbation, interest in sexual relations relative to partner, and level of moodiness prior to menstrual period (Giambra, 1983a, 1983b); however, age did interact with these variables.

An extensive study of masturbatory fantasy in college students conducted by Campagna (1975) included a factor analysis of self-reports of sexual behavior as well as the scales of two factors of the IPI. One factor, reflecting a generally positive and constructive acceptance and use of daydreaming, included positive loadings for the SDS. Higher frequency and variability of sexual behavior of a relatively conventional heterosexual type was associated with higher scale scores for sexual fantasy. Those subjects who reported more elaborate "story-like" masturbation fantasies were also more likely to report more general fantasies and more sexual daydreams on the IPI.

### Other Information

A revised, re-standardized short form of the Imaginal Processes Inventory (SIPI) has been developed by Huba, Aneshensel, and Singer (1981). This 45-item inventory taps the three second-order factors emerging from the longer IPI. The three scales are: Poor Attentional Control (mind-wandering and distractibility), Positive-Constructive Daydreaming, and Guilty-Dysphoric Daydreaming. In a study conducted by Rosenberg (1983) examining sexual fantasy and overt behavior in young male adults, there were indications that the Poor Attentional Control pattern characterized men who had more homosexual and less heterosexual fantasies or less masturbatory fantasies involving past sexual experiences. The Guilty Daydreaming Scale was more associated with masturbatory fantasies of beating or domination in masturbatory imagination ( $r = .34$ ). The data suggested positive general daydreaming is associated with a more accepting attitude toward sexual behavior and sexual fantasies.

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## Exhibit

### *Sexual Daydreaming Scale of the Imaginal Processes Inventory*

Please indicate how true each of the following statements are for you.

	0 Definitely Not True For Me	1 Usually Not True For Me	2 Usually True For Me	3 True For Me	4 Very True For Me
1. My daydreams about love are so vivid, I actually feel they are occurring.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. I imagine myself to be physically attractive to people of the opposite sex.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. While working intently at a job, my mind will wander to thoughts about sex.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. Sometimes on my way to work, I imagine myself making love to an attractive person of the opposite sex.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. My sexual daydreams are very vivid and clear in my mind.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. While reading, I often slip into daydreams about sex or making love to someone.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7. While traveling on a train or bus or airplane, my idle thoughts turn to love.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8. Whenever I am bored, I daydream about the opposite sex.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9. Sometimes in the middle of the day, I will daydream of having sexual relations with someone I am fond of.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10. In my fantasies, I arouse great desire in someone I admire.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
11. Before going to sleep, my idle thoughts turn to love-making.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
12. My daydreams tend to arouse me physically.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

## Sexual Idealization Scale

KAITLYN M. GOLDSMITH,<sup>6</sup> *University of New Brunswick*  
E. SANDRA BYERS, *University of New Brunswick*

The 9-item Sexual Idealization Scale (Goldsmith & Byers, 2018) assesses the extent to which individuals hold unrealistically positive beliefs about their sexual relationship with their partner.

### Development

The items in this scale were based on items from the *Idealistic Distortion Scale* (Olson, 1999; Olson, Fournier, & Druckman, 1987). Five items were adapted from the

<sup>6</sup> Address correspondence to: kaitlyn.goldsmith@unb.ca

shortened version of the *Idealistic Distortion Scale* (Olson, 1999); four items were adapted from the long (125 item) version of the *Idealistic Distortion Scale* (Olson, Fournier, & Druckman, 1987). These items were adapted to reflect idealization in terms of the sexual relationship rather than the romantic relationship in general. We administered this scale as part of a larger study to an online, predominantly North American, sample of men ( $n = 206$ ) and women ( $n = 289$ ) between the ages of 18 and 30 ( $M = 26.22$ ,  $SD = 2.32$ ) who were in romantic relationships of at least 6 months. Participants were recruited from Amazon's Mechanical Turk.

To determine the factor structure of the Sexual Idealization Scale, an exploratory factor analysis using principal axis factoring was conducted ( $N = 495$ ). The KMO index for sampling adequacy indicated suitability for factoring (KMO = .811, Bartlett's test of sphericity  $p < .001$ ). This analysis suggested two factors with eigenvalues greater than 1 (Kaiser, 1960). However, an examination of the scree plot indicated only 1 factor above the point of inflection (Cattell, 1978). In conjunction with the a priori one-factor structure, a one-factor solution was adopted. Subsequently, this factor structure was tested with the same sample ( $N = 495$ ) using principal axis factoring and promax rotation (an oblique rotation), confirming the single factor structure (Westen & Rosenthal, 2003). The full model accounted for 48.11 percent of variance, and factor loadings for all 9 items ranged between .63 and .76, exceeding the recommended critical value of .326 (Westen & Rosenthal, 2003). None of the items fell below .30 for communality.

### Response Mode and Timing

The measure can be completed in 2-3 minutes using paper-and-pencil or computer. Participants rate the extent to which they agree with each item on a 5-point Likert scale ranging from 1 (*strongly disagree*) to 5 (*strongly agree*).

### Scoring

Items 4, 6, 8, and 9 are reverse-coded. The 9 items are then summed to create a total score. Possible scores range from 9 to 45. Higher scores indicate greater sexual idealization of the partner. Men ( $n = 206$ ) and women ( $n = 289$ ) scored similarly on this measure ( $M = 18.77$ ,  $SD = 3.96$  and  $M = 18.48$ ,  $SD = 3.42$ , respectively). No significant gender difference was found.

### Reliability

Internal consistency, evaluated using Cronbach's alpha based on all nine items, was high ( $\alpha = .86$ ,  $N = 495$ ).

### Validity

To establish the content validity of the scale, a group of sexuality researchers examined the items; they were judged to have good face and content validity. Scores on the scale

were positively correlated with scores on the Idealistic Distortion Scale (Olson, 1999), providing evidence for its convergent validity,  $r = .61$ ,  $p < .001$  (Westen & Rosenthal, 2003). The scale was significantly positively correlated with the sexual frequency subscale of the Brief Index of Sexual Functioning for Women (Mazer, Leiblum, & Rosen, 2000), Routine and Strategic Relational Maintenance Scale (Stafford, Dainton, & Haas, 2000), Global Measure of Relationship Satisfaction (GMREL; Lawrance, Byers, & Cohen, 2011), and, Global Measure of Sexual Satisfaction (GMSEX; Lawrance et al., 2011) ( $r_s = .17-.56$ ,  $N = 495$ ), providing evidence for its construct validity.

To determine discriminant validity, the average variance extracted (AVE; .42) was compared with the squared correlations between this measure and several other measures: the sexual frequency subscale of the Brief Index of Sexual Functioning for Women, the Online Sexual Experience Questionnaire (Shaughnessy & Byers, 2014), the Routine and Strategic Relational Maintenance Scale, the Global Measure of Relationship Satisfaction, and the Global Measure of Sexual Satisfaction. The squared correlations fell below the AVE value (.03-.31), indicating satisfactory discriminant validity (Tabachnick & Fidell, 2013).

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## Exhibit

### *Sexual Idealization Scale*

Please indicate the extent to which you agree with each of the following statements (1 = Strongly Disagree; 5 = Strongly Agree).

	1	2	3	4	5
	Strongly disagree				Strongly agree
1. My partner and I understand each other's sexual likes and dislikes completely.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. My partner completely understands my every sexual desire.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. Every new thing I have learned about my partner sexually has pleased me.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. There are times when my partner does things sexually that I do not like.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. My partner has all of the sexual qualities I've always wanted in a mate.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. My partner and I are not sexually compatible.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7. I can't imagine a more fulfilling sex life than the one I have with my partner.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8. I do not feel fulfilled by my sex life with my partner at times.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9. My partner does not meet all of my sexual needs.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

## The Brief Sexual Attitudes Scale

SUSAN S. HENDRICK,<sup>7</sup> *Texas Tech University*

CLYDE HENDRICK, *Texas Tech University*

The Sexual Attitudes Scale (SAS; Hendrick & Hendrick, 1987) was developed to broaden the assessment of sexual attitudes from a heavy reliance on sexual permissiveness to a more comprehensive and multidimensional approach that would continue to include permissiveness. The SAS was also designed to assess attitudes generically, including marital, partnered, and non-committed persons. Finally, the scale was intended to be psychometrically sound and to complement rather than duplicate existing measures. The Brief Sexual Attitudes Scale (BSAS; Hendrick, Hendrick, & Reich, 2006) was developed because our continuing research and that of others (e.g., Le Gall, Mullet, & Shafiqhi, 2002) indicated that the factor structure developed for the SAS had shifted slightly. In addition, all indices being equal, the briefer the measure, the greater its practicality for both research and clinical use.

Indeed, over the past couple of years, requests to use the SAS have been minimal ( $N = 2$ ), whereas over 50 requests to use the BSAS have come from across the United States, Asia and Southeast Asia (e.g., Malaysia, Indonesia,

Philippines), New Zealand, India and Pakistan, Iran, Russia, Brazil, Eastern Europe (e.g., Lithuania, Hungary, Poland) and Western Europe (e.g., England, Portugal). Therefore, we present the BSAS in this entry.

### Development

Initial work on the SAS (Hendrick, Hendrick, Slapion-Foote, & Foote, 1985) involved item generation and reduction via principal components analysis (PCA) to a five-factor, 58-item scale. After additional sampling of nearly 1,400 university students from both Florida and Texas and extensive analyses employing PCA with Varimax rotation, 43 items across four factors were retained in a final scale (Hendrick & Hendrick, 1987). Given the nature of PCA, the factors were orthogonal, and the subscales were related modestly. The subscales and number of items follow. Permissiveness (21 items) measures a casual, open attitude toward sex. Sexual Practices (seven items) measures responsible (e.g., birth control) and

<sup>7</sup> Address correspondence to: s.hendrick@ttu.edu

tolerant (e.g., masturbation) sexual attitudes. Communion (nine items) presents sex as an ideal or “peak experience.” Sexual Instrumentality (six items) reflects sex as a natural, biological, and self-oriented aspect of life. As noted, the scale is appropriate for partnered couples of all types whose relationships have a sexual component.

As noted above, research findings over the past several decades suggested that the factor structure as developed for the SAS might not be the best fitting one in current practice. Based on data from three studies (two existing data sets and one prospective study), and analyses that included principal components analyses, confirmatory factor analyses (CFA), alphas, subscale inter-correlations, test–retest correlations, correlations with relevant measures, and assessment of gender differences, the 43-item SAS was refined into the 23-item BSAS. The final four scales include *Permissiveness* (10 items), *Birth Control* (three items), *Communion* (five items), and *Instrumentality* (five items).

### Response Mode and Timing

The SAS can be completed via computer or paper and pencil in 10–15 minutes; the BSAS can be completed in 5–10 minutes. Items are all written as statements, in a Likert format with which a respondent rates degree of agreement. The items are rated on a 5-point basis in a Likert format, with 1 (*strongly agree*), 2 (*moderately agree*), 3 (*neither agree nor disagree*), 4 (*moderately disagree*), and 5 (*strongly disagree*).

### Scoring

The lower the score, the greater the endorsement of a subscale. Three items on the *Permissiveness* subscale on the SAS are reverse-scored, to reduce response bias. Scores for a given subscale are represented by subscale mean scores (i.e., total the item scores and divide by the number of items). It is not useful to obtain a total score on the SAS, given that the subscales are relatively independent, representing different orientations toward sex.

The response format for the BSAS is similar to that for the SAS. Scoring is handled similarly to the SAS, using mean scores for the subscales and no overall scale score. No items on the BSAS are reverse scored. The *Permissiveness* subscale comprises Items 1 to 10; the *Birth Control* subscale comprises Items 11 to 13; the *Communion* subscale comprises Items 14 to 18, and the *Instrumentality* subscale comprises Items 19 to 23.

### Reliability

Reliability indices for the SAS are taken from Hendrick and Hendrick (1987) and included two studies. Reliability herein refers to internal consistency (Cronbach’s alpha), test–retest reliability, and inter-subscale (i.e., intra SAS)

correlations. Values were quite similar across two studies, with standardized alphas ranging from .71 for Sexual Practices to .94 for Permissiveness (Study 1). Test–retest correlations (Study I only) ranged from .66 for Instrumentality to .88 for Permissiveness. Finally, intra-scale correlations ranged from  $r = .00$  between Permissiveness and Sexual Practices to  $r = .44$  between Permissiveness and Instrumentality (Study 2).

In Study 3 using the BSAS from Hendrick et al. (2006), the alphas were .95 for Permissiveness, .88 for Birth Control, .73 for Communion, and .77 for Instrumentality. Inter-subscale correlations were .20 or less except for one that was .40 (Permissiveness with Instrumentality). Test–retest correlations were .92 for Permissiveness, .57 for Birth Control, .86 for Communion, and .75 for Instrumentality.

### Validity

Initial criterion validity was demonstrated (Hendrick & Hendrick, 1987) by appropriate correlations between the SAS and measures such as the Reiss Male and Female Sexual Permissiveness Scales (Reiss, 1967) and the Revised Mosher Guilt Inventory (Green & Mosher, 1985). In other research, men reported themselves to be more permissive and instrumental than women reported themselves to be.

The SAS has been used in a variety of studies: exploring relationship infidelity and distress (Cann, Mangum, & Wells, 2001) and comparing men who commit different types of sexual assault (Abbey, Parkhill, Clinton-Sherrod, & Zawacki, 2007). The SAS was also used in a study of French adults (Le Gall et al., 2002), wherein the scale performed well but was found to have a scale structure differing slightly from the original four-factor structure. The Le Gall et al. (2002) findings and changes in language use and cohort influences over two decades prompted us to conduct a series of studies that resulted in the revision of the Sexual Attitudes Scale to the Brief Sexual Attitudes Scale, described below; however, it remains important to understand the research history of the SAS because it illustrates the strong historical base for the BSAS.

In Studies 1 and 2, using existing data sets (Hendrick et al., 2006), the BSAS and SAS performed similarly, though CFA fit indices were significantly better for the BSAS. Gender differences and correlations with other measures (e.g., love attitudes, relationship satisfaction) were very similar. In Study 3, the prospective study (Hendrick et al., 2006), the analytic strategy was similar to that for the previous two studies. CFA indices for the BSAS showed a Goodness of Fit Index (GFI) of .98, AGFI of .95, RMSEA of .05, CFI of .99, and  $\chi^2(21, 518) = 52.3$ .

The BSAS has been used in a number of settings. For example, Katz and Schneider (2013) found that Permissiveness and Instrumentality were positively related to positive attitudes and occurrence of college students’ hook-up sex. As well, two subscales of the BSAS (Permissiveness and Birth Control) were used



in a large, nationwide survey of United States social work students' attitudes toward abortion and reproductive rights (Begun, Kattari, McKay, Winter, & O'Neill, 2017). They found that these two subscales were significantly negatively related to anti-choice attitudes toward abortion.

### Other Information

Both the Sexual Attitudes Scale and the Brief Sexual Attitudes Scale are in the public domain and free for research and clinical use. Only the BSAS is reprinted here.

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## Exhibit

### Brief Sexual Attitudes Scale

Listed below are several statements that reflect different attitudes about sex. For each statement fill in the response on the answer sheet that indicates how much you agree or disagree with that statement. Some of the items refer to a specific sexual relationship, while others refer to general attitudes and beliefs about sex. Whenever possible, answer the questions with your current partner in mind. If you are not currently dating anyone, answer the questions with your most recent partner in mind. If you have never had a sexual relationship, answer in terms of what you think your responses would most likely be.

	Strongly Agree with the Statement	Moderately Agree with the Statement	Neutral— Neither Agree nor Disagree	Moderately Disagree with the Statement	Strongly Disagree with the Statement
1. I do not need to be committed to a person to have sex with him/her.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. Casual sex is acceptable.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. I would like to have sex with many partners.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. One-night stands are sometimes very enjoyable.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. It is okay to have ongoing sexual relationships with more than one person at a time.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. Sex as a simple exchange of favors is okay if both people agree to it.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7. The best sex is with no strings attached.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8. Life would have fewer problems if people could have sex more freely.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9. It is possible to enjoy sex with a person and not like that person very much.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

10. It is okay for sex to be just good physical release.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
11. Birth control is part of responsible sexuality.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
12. A woman should share responsibility for birth control.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
13. A man should share responsibility for birth control.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
14. Sex is the closest form of communication between two people.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
15. A sexual encounter between two people deeply in love is the ultimate human interaction.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
16. At its best, sex seems to be the merging of two souls.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
17. Sex is a very important part of life.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
18. Sex is usually an intensive, almost overwhelming experience.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
19. Sex is best when you let yourself go and focus on your own pleasure.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
20. Sex is primarily the taking of pleasure from another person.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
21. The main purpose of sex is to enjoy oneself.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
22. Sex is primarily physical.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
23. Sex is primarily a bodily function, like eating.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

## Implicit Theories of Sexuality Scale

JESSICA A. MAXWELL,<sup>8</sup> *University of Toronto*

AMY MUISE, *York University*

GEOFF MACDONALD, *University of Toronto*

EMILY A. IMPETT, *University of Toronto Mississauga*

The 24-item Implicit Theories of Sexuality scale (Maxwell et al., 2017) measures individual differences in people's beliefs about how best to maintain sexual satisfaction in long-term relationships. The scale measures two specific beliefs including the belief that sexual satisfaction is attained from hard work and effort (Sexual Growth) and the belief that sexual satisfaction is attained through finding a compatible sexual partner (Sexual Destiny).

### Development

We created an initial set of items by directly adapting 14 general Growth and Destiny items from the Implicit Theories of Relationships Scale (Knee, Patrick, & Lonsbary, 2003) to reflect specifically the domain of sexuality. We also created 21 face valid items, some of which were inspired by the Relationship Theories Questionnaire (Franiuk, Cohen, & Pomerantz, 2002). We administered

<sup>8</sup> Address correspondence to: jessica.maxwell@mail.utoronto.ca

these initial 35 items to an online Mechanical Turk sample ( $N = 264$ ) of individuals in relationships 6 months or longer. Using an exploratory factor analysis, we determined that, as anticipated, the scale had a two-factor solution: Sexual Destiny and Sexual Growth beliefs. We then pruned our scale to 24 items that had strong ( $> .5$ ) factor loadings and low cross-loadings ( $< .3$ ).

We subsequently recruited a new sample of cohabiting/married individuals from Mechanical Turk ( $N=456$ ) to conduct a confirmatory factor analysis on our final 13 *Sexual Growth* items and 11 *Sexual Destiny* items. Our scale had adequate fit ( $CFI = .90$ ,  $BIC = 26350.004$ ,  $RMSEA = .059$ ,  $SRMR = .059$ ), and a two-factor solution was more appropriate than an ill-fitting one factor solution ( $CFI = .71$ ,  $BIC = 27266.199$ ,  $RMSEA = .098$ ,  $SRMR = .13$ .) We further confirmed our scale's measurement structure in a pre-registered study ( $N = 364$ ; <https://osf.io/afk6j/>).

In Study 5 of Maxwell and colleagues (2017), we administered the 5 most face valid or highest loading items from each subscale to create a shortened 10-item version of the scale. Although we did not conduct traditional scale validation procedures for this shortened version, it produced reliability levels, mean scores, and results consistent with the full scale (see Table 1).

### Response Mode and Timing

The measure can be completed on a computer or using paper-and-pencil in approximately 2–4 minutes. Participants

indicate their agreement with the items on a 7-point scale ranging from *strongly disagree* to *strongly agree*, with no scale anchors labeled in between these endpoints. We worded items to reflect the individual's outlook on sexual relationships in general, and not necessarily one's current relationship specifically.

### Scoring

No items are reverse scored. The 13 items on the *Sexual Growth* subscale (Items: 2, 3, 5, 7, 8, 9, 10, 12, 16, 17, 19, 23, 24) are averaged to create a total *Sexual Growth* score, and the 11 items on the *Sexual Destiny* subscale (Items: 1, 4, 6, 11, 13, 14, 15, 18, 20, 21, 22) are averaged to create a total *Sexual Destiny* score. For the shortened version of the scale, administer Items 5, 7, 16, 19 and 23 to measure *Sexual Growth* and Items 1, 6, 13, 14 and 20 to measure *Sexual Destiny*. Higher scores indicate greater endorsement of the respective belief. Sample means for *Sexual Growth* range from 5.13 to 5.83, and from 2.97 to 3.91 for *Sexual Destiny* (see Table 1). *Sexual Growth* and *Sexual Destiny* are typically moderately negatively correlated (see Table 1). We tend to find higher *Sexual Destiny* beliefs among men (e.g.,  $d = .32$ ), those in shorter relationships (e.g.,  $r = -.17$ ), and those having more sex (e.g.,  $r = .12$ ); whereas we find higher *Sexual Growth* among women (e.g.,  $d = .30$ ) and those in longer relationships (e.g.,  $r = .17$ ; sample values reported for Maxwell et al., 2017, Study 1).

**TABLE 1**  
Summary of Existing Samples Using the Implicit Theories of Sexuality Scale

Sample		<i>M</i>	<i>SD</i>	Reliability ( $\alpha$ )	Correlation ( $r$ ) between Sexual Growth and Sexual Destiny
Study 1 (Maxwell et al., 2017; $N = 264$ ) Mechanical Turk: Individuals in relationships longer than 6 months	Sexual Growth	5.74	.80	.91	-.28
	Sexual Destiny	2.97	1.11	.93	
Study 2 (Maxwell et al., 2017; $N = 456$ ) Mechanical Turk: Cohabiting or married individuals	Sexual Growth	5.83	.75	.88	-.36
	Sexual Destiny	3.01	1.19	.91	
Study 3 (Maxwell et al., 2017; $N = 56$ ) Craigslist: Cohabiting or married individuals	Sexual Growth	5.13	.10	.90	.09
	Sexual Destiny	3.91	1.21	.90	
Study 4 (Maxwell et al., 2017; $N = 198$ ) In-Lab: Undergraduate couples	Sexual Growth	5.68	.64	.83	-.16
	Sexual Destiny	3.19	.98	.88	
Study 5 (Maxwell et al., 2017; $N = 548$ ) Online: Couples who were first-time parents	Sexual Growth (short version)	5.52	1.17	.87	-.40
	Sexual Destiny (short version)	3.58	1.34	.85	
Study 6 (Maxwell et al., 2017; $N = 373$ ) Online: Undergraduate students in relationships > 6 months	Sexual Growth	5.56	.71	.83	.00
	Sexual Destiny	3.29	1.02	.86	
Study 7 (Maxwell & MacDonald, 2015; $N = 302$ ) Mechanical Turk: Individuals in relationships > 2 years	Sexual Growth	5.79	.74	.89	-.43
	Sexual Destiny	3.27	1.31	.93	
Study 8 (Maxwell, Vandenbosch, Muijs & Impett, 2014; $N = 82$ ) Online: Belgian undergraduate students (scale translated to Dutch)	Sexual Growth	5.28	.56	.83	-.04
	Sexual Destiny	3.07	.79	.86	

Note. Unless otherwise specified, sample was American/Canadian.

## Reliability

Across diverse samples, including undergraduate students, married individuals, and new parent couples, our measure shows consistent reliability, with Cronbach's alpha values ranging from .83 to .93. Test-retest reliability examined after a period of 4 months ( $N = 156$ ) indicated that *Sexual Destiny* ( $r = .66$ ) and *Sexual Growth* ( $r = .54$ ) are somewhat stable. Nevertheless, in a daily experience study, these beliefs did show meaningful variations from day to day (Maxwell et al., 2017; Study 3), with *Sexual Destiny* fluctuating more than *Sexual Growth*.

## Validity

Although *Sexual Destiny* and *Sexual Growth* beliefs strongly correlate with general relationship Destiny and Growth beliefs respectively ( $r_s \sim .5-.7$ ; Maxwell et al., 2017; Studies 1, 2, and 4), our measure uniquely predicts relational outcomes above and beyond general relationship beliefs (see Maxwell et al., 2017). To establish discriminant validity, we differentiated our scale from other personality variables and other sexual beliefs (see Maxwell et al., 2017 for greater discussion). For example, neither of the beliefs significantly correlate with sociosexual orientation ( $r_s < .09$ ;  $N = 306$ ). Providing convergent validity, we see small positive associations between *Sexual Growth* and sexual agency ( $r = .26$ ; Table 1, Study 8) and sexual self-esteem ( $r = .21$ ; Table 1, Study 8). Conversely, *Sexual Destiny* predicts stronger views that dating is a game ( $r = .29$ ; Table 1, Study 8) and that sex is a barometer of relationship quality ( $r = .34$ ,  $N = 306$ ). Our scale has predominantly been completed

by individuals in relationships; however, we have included single individuals in one sample (Table 1, Study 8).

## Summary

Our measure has been used in diverse samples (Canada, U.S., Belgium) both in-lab and online. We consistently find that *Sexual Growth* is positively associated with sexual satisfaction and relationship quality measures. Conversely, we find the relationship quality of those high in *Sexual Destiny* is contingent on the level of sexual compatibility they feel with their partner. Examining cultural differences in these beliefs, and whether they shift across one's relationships remain interesting directions for future work.

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## Exhibit

### *Implicit Theories of Sexuality Scale*

Please indicate your agreement/disagreement to the following items:

	1	2	3	4	5	6	7
	Strongly disagree						Strongly agree
1. Experiencing sexual problems is a sure sign that a couple is not sexually compatible.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. Sexual satisfaction often fluctuates over the course of a relationship.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. A satisfying sexual relationship evolves through hard work and resolution of incompatibilities.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. Couples who experience sexual incompatibilities in their relationship will inevitably break up.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. In order to maintain a good sexual relationship, a couple needs to exert time and energy.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. An unsatisfying sex life suggests that the relationship was never meant to be.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7. Successful sexual relationships require regular maintenance.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8. Without acknowledging romantic partners' different sexual interests, a sexual relationship cannot improve.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

9. A satisfying sexual relationship is partly a matter of learning to resolve sexual differences with a partner.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10. Making compromises for a partner is part of a good sexual relationship.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
11. If a couple is truly in love, partners will naturally have high sexual chemistry.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
12. Working through sexual problems is a sign that a couple has a strong bond.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
13. Struggles in a sexual relationship are a sure sign that the relationship will fail.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
14. A couple is either destined to have a satisfying sex life or they are not.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
15. It is clear right from the start how satisfying a couple's sex life will be over the course of their relationship.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
16. In a relationship, maintaining a satisfying sex life requires effort.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
17. Sexual desire is likely to ebb and flow (i.e., change) over the course of a relationship.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
18. A passionate sex life is a sign that two partners are meant to be.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
19. Communicating about sexual issues can bring partners closer together.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
20. Troubles in a sexual relationship signify a poor match between partners.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
21. If sexual satisfaction declines over the course of a relationship, it suggests that a couple is not a good match.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
22. If sexual partners are meant to be together, sex will be easy and wonderful.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
23. Acknowledging each other's differing sexual interests is important for a couple to enhance their sex life.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
24. Even satisfied couples will experience sexual challenges at times.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

## Worry About Sexual Outcomes Scale

JESSICA McDERMOTT SALES,<sup>9</sup> *Emory University*

ROBIN R. MILHAUSEN, *University of Guelph*

JOSH SPITALNICK, *Spitalnick & Associates*

RALPH J. DICLEMENTE, *Global School of Public Health at New York University*

The Worry About Sexual Outcomes (WASO) Scale was developed to assess adolescents' worry regarding outcomes of risky sexual behavior (i.e., STIs/HIV infection and unintended pregnancy; Sales et al., 2008).

### Development

The WASO was developed as part of a NIMH-funded intervention grant (Sales et al., 2008). Domains pertinent

to worry about the outcomes of risky sexual behavior were selected based on a review of the empirical literature. Three topics were frequently noted in the literature with regard to worry pertaining to the sexual outcomes of risky sexual behavior: (a) pregnancy, (b) STI, and (c) HIV. Focus groups of African American adolescent females were conducted to verify that these topics were relevant in their sexual relationships. Eighteen items were created to assess worry in these domains. Health educators assessed

<sup>9</sup> Address correspondence to: [jmcderm@emory.edu](mailto:jmcderm@emory.edu)

face validity of the items. The measure was pilot-tested on 15 African American adolescent females 14 to 18 years of age. Based on their suggestions, items were revised to enhance reading comprehension. Items that were highly correlated and thought to assess the same construct, as well as items that decreased the Cronbach's alpha below .90, were deleted, leaving a 10-item scale consisting of two subscales: *STI/HIV Worry* (eight items) and *Pregnancy Worry* (two items). Data from a longitudinal evaluation study were used to validate the measure (Sales et al., 2008).

Though the WASO was designed for adolescent females and validated with an African American female sample, the items are more broadly applicable to individuals of other racial or ethnic backgrounds and other age groups, and to males. Since its original publication in 2008, the WASO has been successfully used in research with various groups of adolescents, young adults (i.e., college students) and adult women in the U.S. (e.g., Burnett, Sabato, Wagner, & Smith, 2014; Hirschler, Hope, & Myers, 2015; Painter et al., 2013), as well as with males (e.g., Haley, Puskar, Terhorst, Terry, & Charron-Prochownik, 2013). Further, the WASO has been administered around the globe, including in Nigeria (Oguamanam, 2012), the Netherlands (Wolfers, de Zwart, & Kok, 2011), Spain (Bermúdez, Castro, & Buéla-Casal, 2011; de Araújo, Teva, & Bermúdez 2014), South Africa (Mmasetjana, 2014), Slovenia (Mmasetjana, 2014), and Iran (Nararkolaei et al., 2014).

### Response Mode and Timing

A single stem is used for all items: "In the past six months, how often did you worry that . . ." Each item requires a response based on a 4-point Likert-type scale: 1 (*never*), 2 (*sometimes*), 3 (*often*), and 4 (*always*). The scale typically takes less than 5 minutes to complete.

### Scoring

All items are coded so that higher values indicate more frequent worrying about these health outcomes. Scores can be calculated in two ways: (a) items are summed to create a total scale score for the full 10 items, or (b) items are summed to create two subscale scores: *STI/HIV Worry* (Items 1 to 8) and *Pregnancy Worry* (Items 9 and 10). Scores on the total scale range from 10 to 40. Scores on the *STI/HIV Worry* subscale range from 8 to 32. Scores on the *Pregnancy Worry* subscale range from 2 to 8.

The mean score for participants in our validation sample for the total scale was 16.81 ( $SD = 6.43$ ). Participants in the validation sample had a mean score of 15.52 ( $SD = 5.96$ ) for the *STI/HIV Worry* subscale and a mean score of 4.43 ( $SD = 2.03$ ) for the *Pregnancy Worry* subscale (Sales et al., 2008).

### Reliability

Stability of the measure was assessed by Pearson correlation. Because it has been suggested that the length of

time between reliability assessments mirrors the length of time in intervention studies (Gliner, Morgan, & Harmon, 2001), measurement stability was assessed with six months between administrations. Sample sizes for each administration were: baseline ( $N = 518$ ), 6-month follow-up ( $N = 468$ ), and 12-month follow-up ( $N = 458$ ). Baseline scores on the full WASO (all 10 items) were significantly correlated with scores at 6-month follow-up ( $r = .38, p < .01$ ) and with scores at 12-month follow-up ( $r = .27, p < .01$ ). Further, scores at 6-month follow-up were significantly correlated with scores at 12-month follow-up ( $r = .44, p < .01$ ; Sales et al., 2008).

### Validity

The WASO was correlated with other related constructs in the predicted directions (Sales et al., 2008). Specifically, frequency of worry about sexual outcomes was negatively associated with sexual communication self-efficacy (with new partner and steady partner), frequency of sexual communication with partner (Milhausen et al., 2007), attitudes about condom use (St. Lawrence et al., 1994), and social support (Zimet, Dahlem, Zimet, & Farley, 1988). Additionally, it was positively associated with barriers to condom use (St. Lawrence et al., 1999), condom negotiation, external locus of control, and depression (Melchior, Huba, Brown, & Reback, 1993). The *STI/HIV Worry* subscale correlations mirror the findings for the overall scale score. The *Pregnancy Worry* subscale was negatively associated with frequency of sexual communication with partner (Milhausen et al., 2007) and positively associated with barriers to condom use (St. Lawrence et al., 1999), external locus of control, and depression (Melchior et al., 1993).

The WASO was negatively correlated with condom use at last vaginal sex with steady partners, condom use during the previous 30 days with steady partners, and condom use with steady partner over the previous 6 months. Again, the *STI/HIV Worry* subscale mirrored the findings for the overall scale score. The *Pregnancy Worry* subscale was also negatively correlated with aforementioned condom use variables. Additionally, *Pregnancy Worry* scores were positively correlated with frequency of vaginal intercourse with steady and non-steady partners in the previous 30 days. The correlations were all significant and effect sizes were small to moderate (Cohen, 1988).

### Other Information

The WASO is a brief, self-administered behavioral scale measuring adolescents' worry regarding outcomes of risky sexual behavior (i.e., STIs/HIV infection and unintended pregnancy), suitable for low-literate samples (requiring a fourth-grade reading level). Researchers may find the WASO particularly useful in sexual health education interventions for assessing worry of STI/HIV and pregnancy pre- and postintervention to evaluate intervention efficacy.

The authors would appreciate receiving information about the results obtained with this measure.

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## Exhibit

### Worry About Sexual Outcomes Scale

In the past 6 months, how often did you worry that ...

	Never	Sometimes	Often	Always
1. ...you might get the HIV virus.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. ...you might already have the HIV virus.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. ...your sex partner may be infected with the HIV virus.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. ...your partner may become infected with the HIV virus.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. ...you might get an STI.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. ...you might already have an STI.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7. ...your partner may be infected with an STI.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8. ...your partner may become infected with an STI.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9. ...you might get pregnant.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10. ...you might already be pregnant.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

# Sexual Beliefs Scale

CHARLENE L. MUEHLENHARD,<sup>10</sup> *University of Kansas*

ALBERT S. FELTS, *Education Service Center Region 13, San Marcos, Texas*

We developed the Sexual Beliefs Scale (SBS) to measure five beliefs—four negative and one positive—related to rape: the beliefs that (a) women often indicate unwillingness to engage in sex when they are actually willing (*Token Refusal, TR*); (b) if women “lead men on,” behaving as if they are willing to have sex when in fact they do not, men are justified in forcing them (*Leading on Justifies Force, LJF*); (c) women enjoy force in sexual situations (*Women Like Force, WLF*); (d) men should dominate women in sexual situations (*Men Should Dominate, MSD*); and (e) women have a right to refuse sex at any point, at which time men should stop their advances (*No Means Stop, NMS*). Authors have used this scale as a measure of rape myths, acceptance of rape culture, and heteronormative beliefs.

Scale items reflect these themes. The short form has 20 items (four items per subscale); the long form has 40 items (8 items per subscale). Many respondents found the long form repetitious, and correlations between the forms were high (from .96 to .98); thus, we recommend the short form for most purposes.

Some authors have modified this scale to meet their needs. Some have used a 5-point response scale; some used items from only one or two of the subscales (e.g., Eaton & Matamala, 2014). Some replaced an item on the short form with an item on the long form (van Oosten, Peter, & Valkenburg, 2015).

## Development

We created an item pool by identifying positive and negative themes related to rape and generating items reflecting these themes. We created subscales using a series of principle-components analyses.

## Response Mode and Timing

Respondents rate items using a 4-point scale from *disagree strongly (0)* to *agree strongly (3)*. The SBS can be administered on paper or online. The short form requires less than 5 minutes; the long form, less than 10 minutes.

## Scoring

Subscale scores are derived by calculating the mean for each subscale. Higher scores reflect greater agreement with the subscale theme.

These are the items included on each subscale. For the 20-item short form, include the first four items listed for each subscale. For the 40-item long form, also include the items in parentheses.

- *Token Refusal*: 13, 20, 28, 36 (7, 17, 24, 39)
- *Leading on Justifies Force*: 11, 23, 29, 33 (3, 8, 19, 31)
- *Women Like Force*: 4, 14, 27, 40 (5, 9, 18, 37)
- *Men Should Dominate*: 1, 10, 26, 30 (12, 16, 22, 35)
- *No Means Stop*: 15, 21, 25, 32 (2, 6, 34, 38)

Some authors calculated a composite score (e.g., Armstrong & Mahone, 2017; Dill, Brown, & Collins, 2008). Because the *NMS* emphasizes respect for women’s refusals—whereas the other subscales reflect rape-conducive beliefs—*NMS* items must be reverse scored before combining subscales.

## Reliability

For a sample of 337 male and female undergraduates, Cronbach’s alphas for the short and long forms, respectively, were as follows: *TR*, .71/.84; *LJF*, .90/.92; *WLF*, .92/.95; *MSD*, .85/.93; *NMS*, .94/.96. In other samples, Milhausen, McBride, and Jun (2006) found subscale alphas from .62 to .86 (median = .80). Dill et al. (2008) found alphas from .71 (*TR*) to .94 (*NMS*); alpha for the 20-item composite was .83.

## Validity

Muehlenhard and Hollabaugh (1988) found that women who had engaged in token refusal of sexual intercourse—indicating no but meaning yes—had higher *TR* scores than other women, indicating that they regarded token refusal as a widespread behavior.

Muehlenhard and MacNaughton (1988) compared women with *LJF* scores in the lowest, middle, and highest 15 percent of the distribution. Compared with low-*LJF* women, high-*LJF* women rated a hypothetical rape victim as more responsible for the rape, rated it as more justified, etc. Medium- and high-*LJF* women were more likely than low-*LJF* women to report having engaged in unwanted intercourse because a man had become so aroused that they felt it was useless to stop him.

Muehlenhard, Andrews, and Beal (1996) compared men with high *LJF* scores (*LJF* men), men with low *LJF*

<sup>10</sup> Address correspondence to: charlene@ku.edu



but high *TR* scores (*TR* men), and men with low *LJF* and *TR* scores (low-myth men). For self-rated likelihood of attempting intercourse with a woman who had refused, *LJF* men scored higher than *TR* men; both scored higher than low-myth men. When asked to assume that she *really had* meant no, *TR* men no longer differed significantly from low-myth men, suggesting that *TR* men had not believed her refusal, but *LJF* men still scored significantly higher than low-myth men. The distinct pattern for each group illustrates the value of measuring these beliefs separately.

Jones and Muehlenhard (1990) investigated the effects of a classroom lecture aimed at decreasing rape-conducive beliefs. Four weeks later, students in classes receiving the lecture scored significantly lower than students in control classes on the *TR*, *LJF*, *WLF*, and *MSD* subscales (and on Burt's, 1980, Rape Myth Acceptance, Adversarial Sexual Beliefs, and Acceptance of Interpersonal Violence scales). They did not differ significantly on the *NMS* subscale; even control classes had high *NMS* scores.

Assessing another sexual assault prevention program, Milhausen et al. (2006) found significant pre-to-posttest decreases on *WLF* and *TR* scores. Unexpectedly, *NMS* scores also decreased slightly but significantly.

Dill et al. (2008) found that *SBS* composite scores correlated significantly with exposure to violent video games ( $r = .24$ ), especially first-person shooter games ( $r = .26$ ).

Consistent with numerous studies showing that men endorse rape-conducive beliefs more strongly than women do, Milhausen et al. (2006) found that men scored higher than women on all the *SBS* subscales except *NMS*. Similarly, Dill et al. (2008) found that men scored higher than women on the 20-item composite.

### Other Information

In summary, numerous studies support the validity of the *SBS*. The *No Means Stop* subscale, however, seems less useful than the others. Some respondents endorsed *NMS* items, agreeing that men should stop when women say No, but also endorsed items saying that "no often means yes" and that women who "lead men on" deserve to be forced.

Similar patterns have been found in other studies (e.g., Goodchilds & Zellman, 1984); some respondents stated that forced intercourse is *never* justified and that forced intercourse *is* justified in some circumstances.

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## Exhibit

### Sexual Beliefs Scale

Below is a list of statements regarding sexual attitudes. Using the scale below, indicate how much you agree or disagree with each statement. There are no right or wrong answers, only opinions.

	Disagree Strongly	Disagree Mildly	Agree Mildly	Agree Strongly
1. Guys should dominate girls in bed.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. Even if a man really wants sex, he shouldn't do it if the girl doesn't want to.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. Girls who are teased deserve what they get.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. By being dominated, girls get sexually aroused.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. A little force really turns a girl on.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. It's a girl's right to refuse sex at any time.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

7. Girls usually say No even when they mean Yes.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8. When a girl gets a guy obviously aroused and then says No, he has the right to force sex on her.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9. Girls really want to be manhandled.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10. Men should decide what should happen during sex.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
11. A man is justified in forcing a woman to have sex if she leads him on.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
12. A man's masculinity should be proven in sexual situations.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
13. Girls generally want to be talked into having sex.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
14. Girls think it is exciting when guys use a little force on them.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
15. A guy should respect a girl's wishes if she says No.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
16. The man should be the one who dictates what happens during sex.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
17. Girls say No so that guys don't lose respect for them.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
18. Feeling dominated gets girls excited.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
19. A girl who leads a guy to believe she wants sex when she really doesn't deserves whatever happens.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
20. Women often say No because they don't want men to think they're easy.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
21. When girls say No, guys should stop.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
22. During sex, guys should be in control.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
23. When a girl toys with a guy, she deserves whatever happens to her.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
24. Girls just say No so as not to look promiscuous.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
25. At any point, a woman always has the right to say No.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
26. Guys should have the power in sexual situations.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
27. Women really get turned on by men who let them know who's boss.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
28. Girls just say No to make it seem like they're nice girls.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
29. Girls who tease guys should be taught a lesson.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
30. The man should be in control of the sexual situation.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
31. Girls who act like they want sex deserve it when the guy follows through.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
32. Even if a man is aroused, he doesn't have the right to force himself on a woman.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
33. Girls who lead guys on deserve what they get.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
34. If a woman says No, a man has no right to continue.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
35. Men should exercise their authority over women in sexual situations.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
36. When girls say No, they often mean Yes.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
37. It really arouses girls when guys dominate them in bed.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
38. If a girl doesn't want sex, the guy has no right to do it.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
39. Girls who act seductively really want sex, even if they don't admit it.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
40. Girls like it when guys are a little rough with them.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

## Sexual Dysfunctional Beliefs Questionnaire

**PEDRO J. NOBRE**,<sup>11</sup> *Universidade do Porto*  
**INÊS M. TAVARES**, *Universidade do Porto*  
**JOSÉ PINTO-GOUVEIA**, *Universidade de Coimbra*

The Sexual Dysfunctional Beliefs Questionnaire (SDBQ; Nobre, Pinto-Gouveia, & Gomes, 2003) is a 40-item instrument designed to assess sexual dysfunctional beliefs

as an indicator of vulnerability factors to sexual disorders in both men and women. The SDBQ may be useful in both clinical practice and educational programs.

<sup>11</sup> Address correspondence to: pnobre5@gmail.com

## Development

The SDBQ was developed based on an assortment of specific stereotypes and beliefs presented in the clinical literature as predisposing factors to the development and maintenance of the different male and female sexual dysfunctions.

The validation study used a community sample of 360 people (154 females and 206 males) and a clinical sample of 96 people with sexual dysfunction (49 males and 47 females). Both male and female versions of the SDBQ were submitted to factor analysis (Nobre, Pinto-Gouveia, & Gomes, 2003). A principal components analysis with varimax rotation of the female version identified six factors accounting for 43 percent of the total variance: (a) Sexual Conservatism, (b) Sexual Desire and Pleasure as a Sin, (c) Age-Related Beliefs, (d) Body-Image Beliefs, (e) Denying Affection Primacy, (f) Motherhood Primacy (see Table 1).

The principal component analysis with varimax rotation of the SDBQ male version identified six factors that accounted for 49 percent of the total variance (Nobre, Pinto-Gouveia, & Gomes, 2003): (a) Sexual Conservatism, (b) Female Sexual Power, (c) "Macho" Belief, (d) Beliefs About Women's Sexual Satisfaction, (e) Restricted Attitude Toward Sexual Activity, (f) Sex as an Abuse of Men's Power (see Table 2).

## Response Mode and Timing

Participants may respond to the SDBQ using paper and pencil or computer. The response scales are Likert-type. Respondents are asked to identify the degree of concordance with 40 statements regarding diverse sexual issues, from 1 (*completely disagree*) to 5 (*completely agree*). Respondents take an average of 10 minutes to complete the SDBQ.

**TABLE 1**  
**Domain and Total Scores of the SDBQ (Female Version)**

	Domains	Item Numbers	Min	Max
F1	Sexual Conservatism	2, 4, 7, 13, 14, 17, 27, 28, 32	9	45
F2	Sexual Desire and Pleasure as a Sin	15, 34, 35, 36, 37, 39	6	30
F3	Age-Related Beliefs	5, 6, 8, 11, 20	5	25
F4	Body-Image Beliefs	10, 12, 38, 40	4	20
F5	Denying Affection Primacy	1, 3, 18, 22, 23, 24	6	30
F6	Motherhood Primacy	26, 30, 31, 33	4	20
Total			34	170

*Note.* Items 1, 3, 22, 23, and 24 are scored in reverse order. Items 9, 16, 19, 21, 25, and 29 are not computed in the subscales of the female SDBQ for scoring purposes (for a detailed description please see Nobre, Pinto-Gouveia, & Gomes, 2003). The scale can be used with or without these items depending on their relevance within its application context (e.g., clinical context).

## Scoring

Scoring information is presented in Tables 1 and 2. An index of dysfunctional sexual beliefs might be calculated by summing all SDBQ items (after reversing the scores of the inverted items).

## Reliability

Internal consistency of the instrument was assessed by calculating the Cronbach's alpha statistic for the total scale and also for each dimension of both male and female versions. Results for the total scale ( $\alpha = .93$  for the male and  $\alpha = .81$  for the female version) supported the high internal consistency of the SDBQ. The Cronbach's alpha for each dimension of the SDBQ ranged from .50 to .89 for the female version and from .54 to .89 for the male version (Nobre, Pinto-Gouveia, & Gomes, 2003).

Subsequent studies with the SDBQ have indicated high internal consistency of the measure. Specifically, for the female version, an  $\alpha$  of .97 for the total scale and  $\alpha$  values for the subscales ranging from .60 to .97 were generated (Abdolmanafi et al., 2016). Also with the female version, in a Canadian undergraduate sample, the  $\alpha$  for the total scale was .91 (Morton & Gorzalka, 2013). Among men, the SDBQ generated an  $\alpha$  of .93 for the total scale (Clarke, Marks, & Lykins, 2015); another study found  $\alpha$  values for the subscales ranging from .65 to .80 (Carvalho & Nobre, 2011). In a study comparing women with Persistent Genital Arousal Disorder with a control group, the  $\alpha$  was .73 for the total sample (Carvalho, Verissimo, & Nobre, 2013). Among a sample of asexual individuals and matching sexual controls, the female version of the SDBQ demonstrated  $\alpha$  values ranging from .87 to .89

**TABLE 2**  
**Domain and Total Scores of the SDBQ (Male Version)**

	Domains	Item Numbers	Min	Max
F1	Sexual Conservatism	2, 5, 9, 18, 21, 24, 25, 26, 32, 33	10	50
F2	Female Sexual Power	11, 15, 19, 27, 29, 38, 39, 40	8	40
F3	"Macho" Belief	1, 4, 6, 17, 28, 31, 37	7	35
F4	Beliefs About Women's Satisfaction	3, 7, 16, 35, 36	5	25
F5	Restrictive Attitude Toward Sex	8, 12, 13, 30	4	20
F6	Sex as an Abuse of Men's Power	10, 22, 34	3	15
Total			37	185

*Note.* Item 37 is scored in reverse order. Items 14, 20, and 23 are not computed in the subscales of the male SDBQ for scoring purposes (for a detailed description please see Nobre, Pinto-Gouveia, & Gomes, 2003). The scale can be used with or without these items depending on their relevance within its application context (e.g., clinical context).

for the asexual participants and from .69 to .77 for the controls. The male version of the SDBQ indicated values ranging from .76 to .82 for the asexual participants and values ranging from .69 to .79 for controls (Carvalho, Lemos, & Nobre, 2016). Additionally, in comparative studies between heterosexual individuals and gay men and lesbian women, the male SDBQ version generated an  $\alpha$  of .73 for the gay participants and an  $\alpha$  of .71 among heterosexual men. The female SDBQ version demonstrated alpha values ranging from .68 to .89 for the lesbian participants and alpha values ranging from .70 to .88 among heterosexual women (Peixoto & Nobre, 2014, 2017).

Test-retest reliability for both male and female versions was assessed by computing Pearson product-moment correlations between two consecutive administrations of the questionnaires with a four-week interval. Both male and female versions presented statistically significant results ( $p < .05$ ) for the total scale ( $r = .73$ ,  $n = 10$  and  $r = .80$ ,  $n = 26$  respectively), demonstrating that the instrument presented good stability over time (Nobre, Pinto-Gouveia, & Gomes, 2003).

### Validity

Our analysis of convergent validity indicated that the SDBQ is associated with validated measures of sexual and more general beliefs, as well as with measures of sexual functioning (Nobre, Pinto-Gouveia, & Gomes, 2003). Our findings showed statistically significant correlations between the SDBQ and the Sexual Beliefs and Information Questionnaire (SBIQ; Adams et al., 1996). The SDBQ also correlated significantly with the Female Sexual Function Index (FSFI; Rosen et al., 2000) and the International Index of Erectile Function (IIEF; Rosen et al., 1997).

### Other Information

Adapted and validated versions of the SDBQ for different countries and languages are available, and ongoing adaptation and validation studies are being conducted, including: Portuguese, Brazilian Portuguese, English, Spanish, Italian (Nimbi, Tripodi, Simonelli, & Nobre, 2018), Romanian (Pop, Iclozan, Costea-Bărluțiu, & Rusu, 2016), Turkish (Ejder Apay, Özorhan, Arslan, Özkan, Koc, & Özbey, 2015), Iranian (Abdolmanafi et al., 2015), Dutch, and German. For more information regarding the SDBQ and permission for its use, please contact Pedro J. Nobre (pnobre5@gmail.com).

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## Exhibit

### *Sexual Dysfunctional Beliefs Questionnaire*

Gender

- Male  
 Female

#### *Male Version*

The list presented below contains statements related to sexuality. Please read each statement carefully and select the number in the right-hand column which corresponds to the extent to which you agree or disagree with each statement (select only one option per statement), from 1 (completely disagree) to 5 (completely agree). There are no wrong or right answers, but it is very important that you be honest and that you answer all items.

	1 Completely Disagree	2 Disagree	3 Don't Disagree or Agree	4 Agree	5 Completely Agree
1. A real man has sexual intercourse very often.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. Orgasm is possible only by vaginal intercourse.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. Penile erection is essential for a woman's sexual satisfaction.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. Homosexuality is a sickness.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. A woman has no other choice but to be sexually subjugated by a man's power.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. A real man must wait the necessary amount of time to sexually satisfy a woman during intercourse.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7. A woman may have doubts about a man's virility when he fails to get an erection during sexual activity.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8. Repeated engagement in oral or anal sex can cause serious health problems.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9. A shorter duration of intercourse is a sign of a man's power.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10. Sex is an abuse of a male's power.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
11. The consequences of a sexual failure are catastrophic.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
12. Women only pay attention to attractive younger men.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
13. It is not appropriate to have sexual fantasies during sexual intercourse.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
14. There are certain universal rules about what is normal during sexual activity.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
15. In bed the woman is the boss.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
16. Men who are not capable of penetrating women can't satisfy them sexually.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
17. In sex, getting to the climax is most important.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
18. In sex, anything but vaginal intercourse is unacceptable.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
19. A woman's body is her best weapon.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
20. A woman may stop loving a man if he is not capable of satisfying her sexually.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
21. Vaginal intercourse is the only legitimate type of sex.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
22. The quality of the erection is what most satisfies women.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
23. A successful career implies the control of sexual urges.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
24. Foreplay is a waste of time.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
25. Sex is meant only for procreation.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
26. In sex, the quicker/faster the better.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
27. People who don't control their sexual urges are more easily controlled by others.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

28. A real man is always ready for sex and must be capable of satisfying any woman.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
29. If a man lets himself go sexually he is under a woman's control.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
30. Anal sex is a perverted activity.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
31. A man must be capable of maintaining an erection until the end of any sexual activity.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
32. There is only one acceptable way of having sex (missionary position).	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
33. Sexual intercourse before marriage is a sin.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
34. Sex is a violation of a woman's body.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
35. A man who doesn't sexually satisfy a woman is a failure.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
36. Whenever the situation arises, a real man must be capable of penetration.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
37. Sex can be good even without orgasm.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
38. A real man doesn't need much stimulation to reach orgasm.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
39. A woman at her sexual peak can get whatever she wants from a man.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
40. The greater the sexual intimacy, the greater the potential for getting hurt.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

### Female Version

The list presented below contains statements related to sexuality. Please read each statement carefully and select the number in the right-hand column which corresponds to the extent to which you agree or disagree with each statement (select only one option per statement), from 1 (completely disagree) to 5 (completely agree). There are no wrong or right answers, but it is very important that you be honest and that you answer all items

	1 Completely Disagree	2 Disagree	3 Don't Disagree or Agree	4 Agree	5 Completely Agree
1. Love and affection from a partner are necessary for good sex.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. Masturbation is wrong and sinful.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. The most important component of sex is mutual affection.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. The best gift a woman could bring to marriage is her virginity.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. After menopause women lose their sexual desire.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. Women who have sexual fantasies are perverted.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7. Masturbation is not a proper activity for respectable women.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8. After menopause women can't reach orgasm.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9. There are a variety of ways of getting pleasure and reaching orgasm.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10. Women who are not physically attractive can't be sexually satisfied.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
11. In the bedroom the man is the boss.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
12. A good mother can't be sexually active.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
13. Reaching climax/orgasm is acceptable for men but not for women.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
14. Sexual activity must be initiated by the man.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
15. Sex is dirty and sinful.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
16. Simultaneous orgasm for two partners is essential for a satisfying sexual encounter.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
17. Orgasm is possible only by vaginal intercourse.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
18. The goal of sex is for men to be satisfied.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

19. A successful professional career implies control of sexual behavior.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
20. As women age the pleasure they get from sex decreases.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
21. Men only pay attention to young, attractive women.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
22. Sex is a beautiful and pure activity.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
23. Sex without love is like food without flavor.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
24. As long as both partners consent, anything goes.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
25. Any woman who initiates sexual activity is immoral.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
26. Sex is meant only for procreation.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
27. Sexual intercourse during menstruation can cause health problems.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
28. Oral sex is one of the biggest perversions.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
29. If women let themselves go sexually they are totally under men's control.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
30. Being nice and smiling at men can be dangerous.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
31. The most wonderful emotions that a woman can experience are maternal feelings.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
32. Anal sex is a perverted activity.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
33. In the bedroom the woman is the boss.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
34. Sex should happen only if a man initiates.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
35. There is just one acceptable way of having sex (missionary position).	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
36. Experiencing pleasure during sexual intercourse is not acceptable in a virtuous woman.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
37. A good mother must control her sexual urges.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
38. An ugly woman is not capable of sexually satisfying her partner.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
39. A woman who only derives sexual pleasure through clitoral stimulation is sick or perverted.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
40. Pure girls don't engage in sexual activity.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

## Sexual Modes Questionnaire

**PEDRO J. NOBRE**,<sup>12</sup> *Universidade do Porto*

**INÊS M. TAVARES**, *Universidade do Porto*

**JOSÉ PINTO-GOUVEIA**, *Universidade de Coimbra*

The Sexual Modes Questionnaire (SMQ; Nobre & Pinto-Gouveia, 2003) assesses the interaction among cognitions, emotions, and sexual responses.

The SMQ is a self-report measure, with a male and a female version that can be used in clinical and nonclinical samples. It is composed of three interdependent subscales: the *Automatic Thought (AT)* subscale, the *Emotional Response (ER)* subscale, and the *Sexual Response (SR)*

subscale. The *AT* subscale is composed of 30 items (male) or 33 items (female) assessing automatic thoughts and images experienced by the participants during sexual activity. The *ER* subscale is composed of 30 items (male) or 33 items (female) evaluating emotions that the respondents experience during sexual activity. Respondents are given a list of 10 emotions to select from in evaluating their responses to the *AT* items. The *SR* subscale is

<sup>12</sup> Address correspondence to: pnobre5@gmail.com

composed of 30 items (male) or 33 items (female) measuring subjective sexual responses pertaining to the items of the *AT* subscale.

### Development

A total of 456 subjects (201 females, 255 males) participated in the validation study. We used a community sample of 360 people (154 females, 206 males) and a clinical sample of 96 people with sexual dysfunction (47 females and 49 males).

Thoughts included in the *AT* scale were selected based on their theoretical and clinical relevance. For the male version we generated items pertaining to sexual performance thoughts (especially the erectile response), thoughts of potential failure, sexually negative or conservative thoughts toward sexuality, and thoughts about the negative impact of age on sexual functioning. We generated items for the female version to assess failure and disengagement thoughts, low body-image thoughts, sexual abuse thoughts, thoughts about a partner's lack of affection, and sexual passivity and control thoughts.

Both versions (male and female) of the *AT* subscale were submitted to factor analysis. We conducted a principal components analysis with varimax rotation of the female version, identifying six factors accounting for 53.1 percent of the total variance: (a) Sexual Abuse Thoughts, (b) Failure and Disengagement Thoughts, (c) Partner's Lack of Affection, (d) Sexual Passivity and Control, (e) Lack of Erotic Thoughts, and (f) Low Self Body-Image Thoughts (see Table 1).

In the male version, we conducted a principal components analysis that identified five factors accounting for 54.7 percent of the total variance: (a) Failure Anticipation Thoughts, (b) Erection Concern Thoughts, (c) Age and Body Function-Related Thoughts, (d) Negative Thoughts Toward Sex, and (e) Lack of Erotic Thoughts (see Table 2).

The items included in the *ER* and *SR* scales were directly connected to the items of the *AT* scale. For each automatic thought, subjects indicate their emotional response in a list of 10 emotions (worry, sadness, disillusion, fear, guilt, shame, anger, hurt, pleasure, satisfaction) and the intensity of their subjective sexual arousal.

### Response Mode and Timing

Using Likert-type scales, the participants may respond to the SMQ using paper and pencil or computer. Respondents begin with the *AT* subscale by rating how frequently they experience each of the automatic thoughts during sexual activity, from 1 (*never*) to 5 (*always*). Respondents then check from the list of 10 emotions those that they usually experience whenever they engage in each automatic thought. Finally, respondents rate the intensity of their subjective sexual arousal, from 1 (*very low*) to 5 (*very high*), when related to their previous thoughts and emotions.

### Scoring

Scoring for the male and female *AT* subscales is presented in Tables 1 and 2. An index of negative automatic thoughts may be calculated by summing all automatic thought items (thoughts related to erotic cues are scored in reverse order; see Table 1).

An index for each emotional response may be calculated using the following formula: total number of each emotion endorsed / total number of emotions endorsed. The emotional response index ranges from 0.0 to 1.0.

An index of sexual response may be calculated using the following formula: sum of the sexual response for each item / total number of sexual response items endorsed. The sexual response index ranges from 1 to 5.

**TABLE 1**  
Items, Minimums, and Maximums of Female *AT* Factors and Totals

Factors	Item number	Minimum	Maximum
F1 Sexual Abuse Thoughts	1, 2, 3, 4, 6, 15, 32, 33	8	40
F2 Failure/Disengagement Thoughts	19, 22, 26, 30	4	20
F3 Partner's Lack of Affection	7, 12, 24, 27, 28	5	25
F4 Sexual Passivity and Control	10, 14, 17, 21, 23, 29	6	30
F5 Lack of Erotic Thoughts	5, 8, 11, 25, 31	5	25
F6 Low Self Body-Image Thoughts	9, 16, 20	3	15
Total		31	155

*Note.* Items 5, 8, 11, 25, and 31 are scored in reverse order. Items 13 and 18 are not computed in the subscales of the female SMQ for scoring purposes (for a detailed description please see Nobre & Pinto-Gouveia, 2003). The scale can be used with or without these items depending on their relevance within its application context (e.g., clinical context).

**TABLE 2**  
Items, Minimums, and Maximums of the Male *AT* Factors and Totals

Factors	Item Numbers	Minimum	Maximum
F1 Failure Anticipation Thoughts	1, 2, 3, 4, 6, 7, 16	7	35
F2 Erection Concern Thoughts	5, 8, 9, 10, 11, 12, 29	7	35
F3 Age and Body- Related Thoughts	19, 21, 22, 28	4	20
F4 Negative Thoughts Toward Sex	20, 23, 24, 25, 30	5	25
F5 Lack of Erotic Thoughts	14, 17, 18, 26	4	20
Total		27	135

*Note.* Items 14, 17, 18, and 26 are scored in reverse order. Items 13, 15, and 27 are not computed in the subscales of the male SMQ for scoring purposes (for a detailed description please see Nobre & Pinto-Gouveia, 2003). The scale can be used with or without these items depending on their relevance within its application context (e.g., clinical context).



## Reliability

Internal consistency of both male and female *AT* subscales was assessed using Cronbach's alpha for the total scales and for each factor separately. Results were high for male and female total scales ( $\alpha = .88$  and  $\alpha = .87$ , respectively), showing the general consistency of the measures. For each factor, Cronbach's alpha statistics ranged from .71 to .80 for the female version and from .69 to .83 for the male version (Nobre & Pinto-Gouveia, 2003).

Test-retest reliability of the *AT* subscales was assessed by computing Pearson product-moment correlations between two consecutive administrations with a 4-week interval. Results from the female version show the stability of the measure across time, with a high correlation for the total scale ( $r = .95, n = 31, p < .01$ ) and correlations for the specific dimensions ranging from  $r = .52, p < .05$  to  $r = .90, p < .01$ . Results from the male version show a more moderate correlation between the two consecutive administrations ( $r = .65, n = 27, p = .08$ ), with correlations for the several specific dimensions ranging from  $r = .20, p < .05$  to  $r = .95, p < .01$  (Nobre & Pinto-Gouveia, 2003).

Subsequent studies using the scale have demonstrated its applicability to populations from different cultural backgrounds, as well as to both clinical and nonclinical samples and heterosexual and non-heterosexual samples, replicating their high internal consistency values (ranging from .63 to .97; Carvalho & Nobre, 2011; Carvalho, Verissimo, & Nobre, 2013; Cohen & Byers, 2014; Nobre, 2009, 2010; Nobre & Pinto-Gouveia, 2008a, 2008b; Peixoto & Nobre, 2016; Pereira, Oliveira, & Nobre, 2017; Tavares, Laan, & Nobre, 2017).

## Validity

Convergent validity of the SMQ was assessed through the relationship with validated measures of sexual functioning in men (International Index of Erectile Function [IIEF]; Rosen et al., 1997) and women (Female Sexual Function Index [FSFI]; Rosen et al., 2000). Several statistically significant correlations were found between both versions of the SMQ and the FSFI and IIEF. The FSFI presented high negative correlations with the *AT* subscale, particularly F1, F2, and F5. The IIEF showed significant negative correlations with the *AT* subscale, particularly F1, F2, and F5 (Nobre & Pinto-Gouveia, 2003).

Regarding the *ER* subscale, FSFI was strongly negatively correlated with the emotions of sadness, guilt, and anger, and positively correlated with pleasure. For males, there were higher correlations between the IIEF and sadness, disillusionment, pleasure, and satisfaction (Nobre & Pinto-Gouveia, 2003, 2006).

We conducted a discriminant validity analysis, using a clinical group (men and women with sexual dysfunction) and a control group (matched men and women without sexual dysfunction). Our results indicated significant differences in the automatic thoughts, emotions, and sexual responses of clinical and control group participants of both

sexes. The women in the clinical group presented significantly higher scores on F2, F5, and the total scale. The men in the clinical group presented significantly higher scores (compared to the control group) on F1, F2, and F5 (Nobre & Pinto-Gouveia, 2003, 2008b).

## Other Information

The SMQ has been translated to and adapted for different languages and countries, with some of these adaptations ongoing, including Portuguese, Brazilian Portuguese, English, Spanish, Italian (Nimbi, Tripodi, Simonelli, & Nobre, 2018), Iranian (Abdolmanafi et al., 2017), Dutch, and Turkish. For more information regarding the SMQ and permission for its use, please contact Pedro J. Nobre (pnobre5@gmail.com).

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## Exhibit

### Sexual Modes Questionnaire

#### Male Version

The items presented below are a list of thoughts one can have during sexual activity. In the first column, please indicate the frequency with which you experience these *thoughts* by circling a number (1—Never to 5—Always). Next, indicate the *types of emotions* you typically experience when having these thoughts by marking an X in the columns for the appropriate emotions. Finally, in the last column, for each thought experienced indicate the intensity of your typical *sexual response* (arousal) while you are having that thought by circling a number (1—Very Low to 5—Very High).

Note: For thoughts that you indicate as never experiencing, you do not need to fill out the emotion or sexual response column.

Example: Imagine that the thought “Making love is wonderful” comes to your mind very often whenever you are engaged in a sexual activity, that this idea is accompanied by pleasurable emotions, and that your sexual arousal becomes very high. In this case your answer should be:

Thoughts	Emotions														Sexual Response					
Type of Thoughts	Frequency					Types of Emotions										Intensity				
	Never	Seldom	Sometimes	Often	Always	Worry	Sadness	Disillusioned	Fear	Guilt	Shame	Anger	Hurt	Pleasure	Satisfaction	Low	Moderate	High	Very High	
Example: Making love is wonderful	1	2	3	4	5									X		1	2	3	4	5

Thoughts	Emotions														Sexual Response					
Type of Thoughts	Frequency					Types of Emotions										Intensity				
	Never	Seldom	Sometimes	Often	Always	Worry	Sadness	Disillusioned	Fear	Guilt	Shame	Anger	Hurt	Pleasure	Satisfaction	Very Low	Low	Moderate	High	Very High
1. These movements and positions are fabulous	1	2	3	4	5											1	2	3	4	5
2. This time I cannot disappoint my partner	1	2	3	4	5											1	2	3	4	5
3. She will replace me with another guy	1	2	3	4	5											1	2	3	4	5
4. I'm condemned to failure	1	2	3	4	5											1	2	3	4	5
5. I must be able to have intercourse	1	2	3	4	5											1	2	3	4	5
6. This is not going anywhere	1	2	3	4	5											1	2	3	4	5
7. I'm not satisfying her	1	2	3	4	5											1	2	3	4	5
8. I must achieve an erection	1	2	3	4	5											1	2	3	4	5
9. I'm not penetrating my partner	1	2	3	4	5											1	2	3	4	5
10. My penis is not responding	1	2	3	4	5											1	2	3	4	5
11. Why isn't this working?	1	2	3	4	5											1	2	3	4	5

12. I wish this could last longer	1	2	3	4	5											1	2	3	4	5
13. What is she thinking about me?	1	2	3	4	5											1	2	3	4	5
14. These movements and positions are fabulous	1	2	3	4	5											1	2	3	4	5
15. What if others knew I'm not capable ...?	1	2	3	4	5											1	2	3	4	5
16. If I fail again I am a lost cause	1	2	3	4	5											1	2	3	4	5
17. I'm the happiest man on earth	1	2	3	4	5											1	2	3	4	5
18. This is turning me on	1	2	3	4	5											1	2	3	4	5
19. If I don't climax now, I won't be able to later	1	2	3	4	5											1	2	3	4	5
20. She is not being as affectionate as she used to	1	2	3	4	5											1	2	3	4	5
21. She doesn't find my body attractive anymore	1	2	3	4	5											1	2	3	4	5
22. I'm getting old	1	2	3	4	5											1	2	3	4	5
23. This is disgusting	1	2	3	4	5											1	2	3	4	5
24. This way of having sex is immoral	1	2	3	4	5											1	2	3	4	5
25. Telling her what I want sexually would be unnatural	1	2	3	4	5											1	2	3	4	5
26. She is really turned on	1	2	3	4	5											1	2	3	4	5
27. I must show my virility	1	2	3	4	5											1	2	3	4	5
28. It will never be the same again	1	2	3	4	5											1	2	3	4	5
29. If I can't get an erection, I will be embarrassed	1	2	3	4	5											1	2	3	4	5
30. I have other more important matters to deal with	1	2	3	4	5											1	2	3	4	5

*Female Version*

The items presented below are a list of thoughts one can have during sexual activity. In the first column, please indicate the frequency with which you experience these *thoughts* by circling a number (1—Never to 5—Always). Next, indicate the *types of emotions* you typically experience when having these thoughts by marking an X in the columns for the appropriate emotions. Finally, in the last column, for each thought experienced indicate the intensity of your typical *sexual response* (arousal) while you are having that thought by circling a number (1—Very Low to 5—Very High).

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Thoughts	Emotions															Sexual Response						
Type of Thoughts	Frequency					Types of Emotions										Intensity						
	Never	Seldom	Sometimes	Often	Always	Worry	Sadness	Disillusioned	Fear	Guilt	Shame	Anger	Hurt	Pleasure	Satisfaction	Low	Very Low	Low	Moderate	High	High	Very High
Example: Making love is wonderful	1	2	3	4	5									X		1	2	3	4	5		

Thoughts	Emotions															Sexual Response					
Type of Thoughts	Frequency					Types of Emotions										Intensity					
	Never	Seldom	Sometimes	Often	Always	Worry	Sadness	Disillusioned	Fear	Guilt	Shame	Anger	Hurt	Pleasure	Satisfaction	Very Low	Low	Moderate	High	High	Very High
1. He is abusing me	1	2	3	4	5											1	2	3	4	5	
2. How can I get out of this situation?	1	2	3	4	5											1	2	3	4	5	

3. He only wants to satisfy himself		2	3	4	5														2	3	4	5
4. Sex is all he thinks about		2	3	4	5														2	3	4	5
5. The way he is talking turns me on		2	3	4	5														2	3	4	5
6. He is violating me		2	3	4	5														2	3	4	5
7. This way of having sex is immoral		2	3	4	5														2	3	4	5
8. These movements and positions are fabulous		2	3	4	5														2	3	4	5
9. I'm getting fat/ugly		2	3	4	5														2	3	4	5
10. If I let myself go he is going to think I'm promiscuous		2	3	4	5														2	3	4	5
11. Making love is wonderful		2	3	4	5														2	3	4	5
12. He is not being as affectionate as he used to be		2	3	4	5														2	3	4	5
13. I'm not satisfying my partner		2	3	4	5														2	3	4	5
14. I must not show that I'm interested		2	3	4	5														2	3	4	5
15. This is disgusting		2	3	4	5														2	3	4	5
16. I'm not as physically attractive as I used to be		2	3	4	5														2	3	4	5
17. I should not take the lead in sexual activity		2	3	4	5														2	3	4	5
18. He only cares about me when he wants sex		2	3	4	5														2	3	4	5
19. I'm not getting turned on		2	3	4	5														2	3	4	5
20. I'm not feeling physically attractive		2	3	4	5														2	3	4	5
21. These activities shouldn't be planned ahead of time		2	3	4	5														2	3	4	5
22. I can't feel anything		2	3	4	5														2	3	4	5
23. I don't want to get hurt emotionally		2	3	4	5														2	3	4	5
24. Why doesn't he kiss me?		2	3	4	5														2	3	4	5
25. My body turns him on		2	3	4	5														2	3	4	5
26. When will this be over?		2	3	4	5														2	3	4	5
27. If only he'd whisper something romantic in my ear		2	3	4	5														2	3	4	5
28. He only loves me if I'm good in bed		2	3	4	5														2	3	4	5
29. I should wait for him to make the first move		2	3	4	5														2	3	4	5
30. I am only doing this because he asked me to		2	3	4	5														2	3	4	5
31. I'm the happiest woman on earth		2	3	4	5														2	3	4	5
32. I have other more important matters to deal with		2	3	4	5														2	3	4	5
33. If I refuse to have sex, he will cheat on me		2	3	4	5														2	3	4	5

## Questionnaire of Cognitive Schema Activation in Sexual Context

**PEDRO J. NOBRE**,<sup>13</sup> *Universidade do Porto*  
**INÊS M. TAVARES**, *Universidade do Porto*  
**JOSÉ PINTO-GOUVEIA**, *Universidade de Coimbra*

The Questionnaire of Cognitive Schema Activation in Sexual Context (QCSASC; Nobre & Pinto-Gouveia, 2009a) assesses the activation of negative self-schemas to negative sexual events. The measure assesses the activation of these self-schemas (using a list proposed by Beck, 1995), following the presentation of four negative sexual

events associated with the most common sexual dysfunctions in men and women. The QCSASC is a measure that might be clinically useful in helping to assess the role of cognitive variables on sexual functioning, and eventually contributing to a better understanding of cognitive processes underlying sexual problems.

<sup>13</sup> Address correspondence to: pnobre5@gmail.com

The first part of the QCSASC consists of the presentation of four sexual situations related to the most common sexual dysfunctions: desire disorder, erectile disorder, premature ejaculation, and orgasmic difficulties in the male version and desire disorder, subjective arousal difficulties, orgasmic problems, and vaginismus in the female version. Then participants indicate which emotions are aroused by the situations (worry, sadness, disillusion, fear, guilt, shame, anger, hurt, pleasure, and satisfaction) in order to assess the emotional response to the negative sexual events. After being asked to concentrate on the identified situations and emotions, participants complete a list of 28 self-statements reproducing the core beliefs or self-schemas proposed by Beck (1995). In total, the questionnaire includes 33 questions; five questions (the situation ratings and one emotion rating) followed by the 28 self-statements. However, the first five are not included in the calculation of the schema scores. The situation and emotion ratings work as activation scenarios for the 28 self-schemas.

### Development

These four situations presented in the questionnaire in the form of vignettes were developed by a panel of sex therapists based on material from clinical cases.

The list of 28 self-schemas of the QCSASC was submitted to factor analysis (Nobre & Pinto-Gouveia, 2009a). A principal component analysis with varimax rotation identified five factors accounting for 62 percent of the total variance: (a) Undesirability/Rejection, (b) Incompetence, (c) Self-Deprecation, (d) Difference/Loneliness, and (e) Helpless (see Table 1).

### Response Mode and Timing

Participants may respond to the QCSASC using paper and pencil or computer. The response scales are Likert-type.

**TABLE 1**  
Items, Minimums, and Maximums of the QCSASC

Factors	Item Numbers	Minimum	Maximum
Undesirability/Rejection	20, 22, 24, 25, 29, 31, 32	7	35
Incompetence	7, 9, 13, 14, 15, 16, 18	7	35
Self-Deprecation	21, 26, 27	3	15
Difference/Loneliness	10, 28, 33	3	15
Helpless/Betrayed	6, 11	2	10
Total		22	110

*Note.* Items 8, 12, 17, 19, and 23 are not computed in the subscales of the QCSASC for scoring purposes (for a detailed description please see Nobre & Pinto-Gouveia, 2009a). The scale can be used with or without these items depending on their relevance within its application context (e.g., clinical context).

Respondents first indicate the negative event (if any) which is most similar to their sexual experience, and rate the frequency with which it usually happens, from 1 (*never happens*) to 5 (*happens often*). They are also asked to identify the emotions aroused by the situation (checking all that apply from a list of 10 emotions: worry, sadness, disillusion, fear, guilt, shame, anger, hurt, pleasure, and satisfaction). After being instructed to concentrate on the identified situation and emotions, they are asked to rate on a 5-point Likert-type scale the degree of concordance with 28 self-schemas. Respondents take an average of 10 minutes to complete the QCSASC.

### Scoring

Schema scores for the QCSASC are calculated by summing the schema items for the five domains and for the total scale. Higher scores reflect greater negative schema activation.

### Reliability

Internal consistency was assessed using Cronbach's alpha statistics for the full scale and the different domains of the questionnaire. High inter-item correlations were observed for the subscales and the total scale. Cronbach's alpha values ranged from .59 (Difference/Loneliness) to .91 (Undesirability/Rejection), with the full scale  $\alpha$  being .94. Except for the Difference/Loneliness and the Helpless domains, all other alpha results were higher than .71, supporting the homogeneity of the scale and the contribution from all the factors to the overall score ( $N = 26$ ; Nobre & Pinto-Gouveia, 2009a).

Subsequent studies have also showed good internal consistency values of the scale. In a female sample, the  $\alpha$  for the total scale was .96, and the  $\alpha$  values for the domains ranged from .49 to .93 (Oliveira & Nobre, 2013). In a non-forensic sample of male community sexual aggressors, the  $\alpha$  values of the QCSASC domains ranged from .53 to .93 (Carvalho, Quinta-Gomes, & Nobre, 2013). The measure has additionally been adapted for use with gay and lesbian samples. In these studies, the scale demonstrated  $\alpha$  values ranging from .85 to .94 for the heterosexual women sample, and from .86 to .94 for the lesbian women sample (Peixoto & Nobre, 2015, 2017a), whereas for men,  $\alpha$  values ranged from .92 to .96 for the heterosexual men sample and from .91 to .95 for the gay men sample (Peixoto & Nobre, 2015, 2017b).

Test-retest reliability was assessed by computing correlations for the total scale in two consecutive administrations of the questionnaire with a 4-week interval. The results ranged between  $r = .49$  and  $r = .74$  for the

specific domains, with the full scale presenting  $r = .66$ . Although some correlations were not so strong, all reliability coefficients were statistically significant ( $N = 26$ ,  $p < .01$ ). These results indicated a moderate stability of the scale over time (Nobre & Pinto-Gouveia, 2009a).

### Validity

Convergent validity was assessed by correlating the QCSASC with validated measures oriented to assess cognitive structures linked to psychopathology: the Schema Questionnaire (SQ; Young, 1990) and the Sexual Self-Schema (SSS; Andersen & Cyranowski, 1994; Andersen, Cyranowski, & Espindle, 1999). The QCSASC was significantly correlated with the SQ, indicating that the measure assesses concepts that are partially related to more general cognitive schemas. Results regarding the relationship between the QCSASC and the Sexual Self-Schema Questionnaire showed moderate to high correlations, supporting our prediction that negative views about oneself as a sexual individual (particularly conservative ideas) would be related to the activation of negative self-schemas when facing unsuccessful sexual situations (Nobre & Pinto-Gouveia, 2009a).

Findings from the incremental validity analysis indicate that the QCSASC presents with higher clinical utility compared to already existing related measures (e.g., SQ, SSS). Partial correlations with measures of sexual functioning in men (IIEF) and women (FSFI) were higher for the QCSASC compared to the SQ and SSS, suggesting that this new measure presents a unique contribution for the explanation of sexual functioning beyond previous existing measures (Nobre & Pinto-Gouveia, 2009a).

A discriminant validity analysis was conducted, using a clinical sample (men and women with sexual dysfunction) and a control group (matched men and women without sexual dysfunction). We hypothesized that the higher the activation of negative cognitive schemas facing unsuccessful sexual situations, the greater the probability of developing a sexual dysfunction. Regarding women, we found statistically significant differences between clinical and control groups in three of the five domains of the QCSASC: Incompetence, Self-Deprecation, and Difference/Loneliness. Women with sexual dysfunction also scored significantly higher in the total QCSASC scale. Men with sexual dysfunction presented significantly higher scores, compared to the control group, on the Incompetence dimension, and the total scale (Nobre & Pinto-Gouveia, 2009b).

### Other Information

The QCSASC is currently adapted for different languages and countries and additional adaptation studies are currently ongoing. Versions include: English, Portuguese, Brazilian Portuguese, Persian, Turkish, Spanish, Dutch, and Italian (Nimbi, Tripodi, Simonelli, & Nobre, 2018). For more information regarding the QCSASC and permission for its use please contact Pedro J. Nobre (pnobre5@gmail.com).

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## Exhibit

### Questionnaire of Cognitive Schema Activation in Sexual Context

Gender

- Male  
 Female

#### Female Version

Read carefully each one of the episodes presented below and indicate the extent to which they have ever happen to you by selecting a number (1 *Never* to 5 *Often*).

	1 Never Happened	2	3	4	5 Happened Often
1. I'm alone with my partner. He looks as if he wants to have sex, and he's going to extraordinary lengths to try to arouse me. However, I don't feel like it at all. So instead, I pretend to be tired and change the subject. Yet he persists. He looks disappointed, and says that I don't love him as much as I used to.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. I'm having sex with my partner. He is really trying to arouse me, but I am experiencing no pleasure at all. Instead, I feel as if I am fulfilling an obligation. I ask myself, "Does it always have to be like this?"	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. My partner is touching me and I am very aroused. A few moments later he tries to penetrate me, but my vaginal muscles seem to clamp shut and my partner can't penetrate. He persists with no success, and what could have been an unforgettable moment turns into a frustrating experience.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. My partner and I are engaged in foreplay, and he has tried different ways of stimulating me, which I'm enjoying. But in spite of it all I can't reach orgasm. My partner seems to be getting tired and I start to feel frustrated. I begin to feel anxious as I realize that the likelihood of reaching orgasm is becoming more and more remote.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

5. Check all emotions you felt when you imagined the episode which more often happens to you.

- Worry  
 Sadness  
 Disillusionment  
 Fear  
 Guilt  
 Shame  
 Anger  
 Hurt  
 Pleasure  
 Satisfaction

Keeping in mind the episode which more often happens to you, read the statements presented below carefully and select the degree to which they describe the way you think and feel about yourself (1 *Completely False* to 5 *Completely True*).

	1 Completely False	2 False	3 Sometimes True, Sometimes False	4 True	5 Completely True
6. I'm helpless.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7. I'm powerless.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8. I'm out of control.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9. I'm weak.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10. I'm vulnerable.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
11. I'm needy.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

12. I'm trapped.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
13. I'm inadequate.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
14. I'm ineffective.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
15. I'm incompetent.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
16. I'm a failure.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
17. I'm disrespected.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
18. I'm defective (less than others).	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
19. I'm not good enough (achieve).	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
20. I'm unlovable.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
21. I'm unlikable.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
22. I'm undesirable.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
23. I'm unattractive.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
24. I'm unwanted.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
25. I'm uncared for.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
26. I'm bad.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
27. I'm unworthy.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
28. I'm different.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
29. I'm defective (not loved).	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
30. I'm not good enough (loved).	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
31. I'm bound to be rejected.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
32. I'm bound to be abandoned.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
33. I'm bound to be alone.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

### Male Version

Read carefully each one of the episodes presented below and indicate the extent to which they have ever happen to you by selecting a number (1 *Never* to 5 *Often*).

	1 Never Happened	2	3	4	5 Happened Often
1. I'm alone with my partner. She looks as if she wants to have sex, and she's going to extraordinary lengths to try to arouse me. However, I don't feel like it at all. So instead, I pretend to be tired and change the subject. Yet she persists. She looks disappointed, and says that I don't love her as much as I used to.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. I'm caressing my partner, and she is enjoying it and seems to be ready for intercourse. Upon attempting penetration, I notice that my erection isn't as firm as it normally is and full penetration seems impossible. I try to no avail, and finally quit.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. My partner is stimulating me, and I'm becoming very aroused. I'm getting very excited and I immediately try to penetrate her. I feel out of control and reach orgasm very quickly, at which point intercourse stops. She looks very disappointed, as if she expected much more from me.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. I'm completely involved in lovemaking and I start to penetrate my partner. In the beginning everything is going fine, but time passes and I can't seem to reach orgasm. She seems to be getting tired. No matter how hard I try, orgasm seems to be farther and farther out of my reach.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

5. Check all emotions you felt when you imagine the episode which more often happens to you

- Worry
- Sadness
- Disillusionment
- Fear
- Guilt
- Shame
- Anger
- Hurt
- Pleasure
- Satisfaction



Keeping in mind the episode which more often happens to you, read the statements presented below carefully and select the degree to which they describe the way you think and feel about yourself (1 *Completely False* to 5 *Completely True*).

	1 Completely False	2 False	3 Sometimes True, Sometimes False	4 True	5 Completely True
6. I'm helpless.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7. I'm powerless.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8. I'm out of control.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9. I'm weak.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10. I'm vulnerable.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
11. I'm needy.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
12. I'm trapped.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
13. I'm inadequate.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
14. I'm ineffective.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
15. I'm incompetent.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
16. I'm a failure.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
17. I'm disrespected.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
18. I'm defective (less than others).	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
19. I'm not good enough (achieve).	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
20. I'm unlovable.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
21. I'm unlikable.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
22. I'm undesirable.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
23. I'm unattractive.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
24. I'm unwanted.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
25. I'm uncared for.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
26. I'm bad.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
27. I'm unworthy.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
28. I'm different.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
29. I'm defective (not loved).	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
30. I'm not good enough (loved).	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
31. I'm bound to be rejected.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
32. I'm bound to be abandoned.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
33. I'm bound to be alone.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

## Beliefs About Sexual Function Scale

**PATRÍCIA M. PASCOAL**,<sup>14</sup> *Universidade de Lisboa*

**MARIA-JOÃO ALVAREZ**, *Universidade de Lisboa*

**CICERO ROBERTO PEREIRA**, *Universidade Federal da Paraíba*

**PEDRO NOBRE**, *Universidade do Porto*,

Existing measures of dysfunctional sexual beliefs focus not only on sexual function, but on different aspects of sexuality. This does not enable researchers to determine

the specific role of beliefs about sexual function on sexual outcomes. Furthermore, these measures have different versions for men and women which does not allow for

<sup>14</sup> Address correspondence to: pmpascoal@psicologia.ulisboa.pt

gendered comparisons. In order to overcome these shortcomings, we developed the Beliefs About Sexual Function Scale (BASEF; Pascoal, Alvarez, Pereira, & Nobre, 2017), a 15-item measure based on cognitive models of sexual function. This measure assesses the degree of agreement with inflexible statements about men and women's sexual function shared by men and women. The scale measures five sets of beliefs (*Anal Sex, Male Performance, Aging, Sexual Pain, Primacy of the Relationship*) that are aggregated into a common second level factor.

### Development

Three strategies were followed to generate an initial pool of items for the BASEF concerning heterosexual sexual activity (Pascoal et al., 2017). Specifically, items were derived from three different sources: (a) the Sexual Dysfunctional Beliefs Questionnaire (Nobre, Gouveia, & Gomes, 2003); (b) a focus group held with five experienced colleagues in clinical sexology and sexual medicine, aimed at generating examples of beliefs about sexual functioning considered to play a role in creating vulnerability for sexual dysfunction; and (c) in line with recent research methods for content elicitation, an open-ended web-based question designed to elicit examples of beliefs about sexual functioning sent by colleagues from the focus group to lay people from their social network. A total of 221 statements were generated.

After checking for redundancy, 80 items were retained and aggregated according to the initial theoretical proposal. In order to establish content validity, the 80 items were available online and the link was sent to five experienced certified sex therapists who were invited to rate each item's relevance on a scale of 1 (*highly irrelevant*) to 4 (*extremely relevant*). A total of 51 items were considered for further analysis.

After the subsequent final adjustments concerning comprehensibility, the study's URL was launched online and advertised through social networks resulting in chain sampling. Data was collected for a period of four months with heterosexual people (Study 1). The same protocol was advertised again to test the measure's gender invariance with a sample of heterosexual people in committed dyadic relationships (Study 2).

In Study 1, an exploratory factor analysis using Principal Axis Factoring (PAF) with no rotation was run with a subsample (A) of heterosexual, sexually active men ( $n = 138$ ; 50%) and women ( $n = 136$ ; 50%), followed by an analysis with oblique rotation. Principal Axis Factoring was used, rather than principal components analysis, given the focus on latent constructs, which, in the case of the current study, were beliefs about sexual functioning. An oblique rotation, direct oblimin, was then used since the factors were expected to be correlated. Because our aim was to elaborate a belief scale as parsimonious as possible, but with good indicators of validity and reliability, we followed Bollen's criteria suggesting three items per factor is enough to have

a good estimate of a latent variable. Criteria for factor retention were: eigenvalues  $> 1$ , scree plots analysis, and percentage of explained variance to identify the optimal solution. For item retention, a factor loading above .40 was used as a cut-off point, and items that presented a factor loading above .40 in one factor and above .30 in any other factor were excluded. After eliminating the items that did not meet these assumptions, the procedure of running PAF with oblique rotation was repeated. Based on this analysis, we obtained the best three items for each factor measured by the BASEF and determined the final version with five factors: Anal Sex, Male Performance, Aging, Sexual Pain, and Primacy of the Relationship.

A Confirmatory Factor Analysis (CFA) with a different subsample (B) of heterosexual sexually active men ( $n = 47$ ; 41%) and women ( $n = 67$ ; 59%) was conducted to investigate the fit of the final structure. All indicators of the goodness-of-fit for the proposed factor structure—chi square, Tucker-Lewis Index (TLI), comparative fit index (CFI) and root mean square error of approximation (RMSEA)—indicated a good model fit. The final structure of the BASEF was compared with an alternative factorial structure that considered a second level latent variable aggregating all the factors. Models were compared using the chi-square difference test. The results indicated that the best model is the second order model. The measure can be used as multifactorial or as a global measure (Pascoal et al., 2017).

### Response Mode and Timing

People can answer in paper and pencil format or on a computer. Participants' answers should reflect their level of agreement with the 15 statements presented, using a scale from 1 (*Totally disagree*) to 5 (*Totally agree*) with higher values indicated stronger concordance with the sexual beliefs.

### Scoring

There are no reverse scored items. The 15 items can be summed to create a global measure of dysfunctional sexual beliefs about sexual function ranging from 15 to 75, with higher levels of agreement indicating higher levels of dysfunctional beliefs about sexual function. The items from each subscale can be summed to create a total score for each subscale, ranging from 5 to 15. Items on each subscale are: *Anal Sex Beliefs* (1, 7, 14); *Male Performance Beliefs* (3, 5, 13); *Aging Beliefs* (2, 8, 11); *Sexual Pain Beliefs* (4, 6, 15); and *Primacy of the Relationship Beliefs* (9, 10, 12).

### Reliability

The Cronbach's alpha for the total scale was .90. Cronbach's alphas for the subscales were: *Anal Sex Beliefs*,  $\alpha = .83$ ; *Male Performance Beliefs*,  $\alpha = .67$ ; *Aging Beliefs*,  $\alpha = .69$ ;

*Sexual Pain Beliefs*,  $\alpha = .65$ ; and *Primacy of the Relationship Beliefs*,  $\alpha = .69$ . Even though some Cronbach's alphas are below the usual threshold of .70, these values are acceptable due to the fact that Cronbach's alpha is influenced by the number of items, and our measure has a small number of items (three) per subscale. Test-retest reliability after an eight-month period showed  $r_s > .70$  for the total scale and all subscales. The Cronbach's alpha was .77 in a study with adults recruited online ( $N = 421$ ; Pascoal, Rosa, Silva, & Nobre, 2018). Participants were men and women who self-defined as cisgendered, heterosexual, and between the ages of 18 and 68 ( $M = 27.55$ ,  $SD = 9.35$ ).

### Validity

The results demonstrated that BASEF is significantly correlated with male's sexual functioning measured by International Index of Erectile Function (Rosen et al., 1997;  $r = -.24$ ,  $p = .011$ ) as well as with women's sexual functioning measured by Female Sexual Function Index (Rosen et al., 2000;  $r = -.20$ ,  $p = .001$ ); establishing its concurrent validity. In Study 2, with a new sample of 407 participants who self-identified as heterosexual (men,  $n = 129$ ), Confirmatory Factor Analysis demonstrated that factorial invariance across gender was confirmed. A freely estimated structure where no equality constraints are imposed on any of the parameters (configural model) was compared to a constrained structure in which subsequently

the factor loadings and structural loadings (measurement model) were estimated to be equal between groups. The models were compared using the scaled chi-square difference test. The invariance of the scale between the groups was supported because the chi-square difference ( $\Delta\chi^2$ ) test was non-significant.

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## Exhibit

### Beliefs About Sexual Function Scale

Below you will find a set of statements regarding sexual function. Please read each one and indicate your extent of your agreement or disagreement with each statement

	1 Totally disagree	2 Disagree	3 Neither agree nor disagree	4 Agree	5 Totally agree
1. Only gay men feel pleasure through anal stimulation.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. As women age their sexual desire decreases.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. A sexually competent man can make his partner have orgasms through vaginal penetration.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. Pain during vaginal penetration indicates a lack of arousal.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. Women are more satisfied if they have several orgasms in a sexual encounter.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. Pain in sexual activity indicates a lack of sexual desire.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7. Women do not feel pleasure from anal sex.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8. Sexual pleasure decreases with age.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9. People who masturbate do so because they do not have satisfactory sex with their partners.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10. If one uses sex toys it is because one is sexually dissatisfied with one's partner.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
11. Young people have more satisfying sex than older people.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

- |  |                       |                       |                       |                       |                       |
|--|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| 12. If one feels sexual desire for other people it is because one is sexually dissatisfied with one's partner. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 13. Men should maintain an erection for the time a woman requires to have multiple orgasms.                    | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 14. Only gay men feel aroused by anal stimulation.   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 15. Feeling pain in early penetration indicates that intercourse will go wrong.                                | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
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## Sexual Cognitions Checklist

CHERYL A. RENAUD, *Federal Medical Center Devens*  
E. SANDRA BYERS,<sup>15</sup> *University of New Brunswick*

The Sexual Cognitions Checklist (SCC) was developed to assess sexual cognitions that are experienced as positive as well as those that are experienced as negative (Renaud, 1999). Most conceptual definitions and measures of sexual cognitions (often referred to as fantasies) assume that they are pleasant, enjoyable, and deliberate (Leitenberg & Henning, 1995); however, many individuals report having negative sexual thoughts that are experienced as ego-dystonic, unwanted, and personally unacceptable (Byers, Purdon, & Clark, 1998). To fully understand sexual cognitions, it is important to distinguish between those that are experienced as positive and those that are experienced as negative.

### Development

The SCC consists of a checklist of 56 sexual cognitions. Forty of the items were taken from the Wilson Sex Fantasy Questionnaire (WSFQ; Wilson, 1988). The WSFQ has been used extensively in sexual fantasy research and has been found to have strong internal consistency ( $\alpha = .98$ ). The remaining 16 items were taken from the Revised Obsessional Intrusions Inventory—Sex Version (ROII-v2), which also has demonstrated high internal consistency ( $\alpha = .92$ ; Byers et al., 1998). For the SCC, the wording of some of the items was changed so that they could be experienced as either positive or negative. The SCC is appropriate for men and women of any age and sexual orientation.

### Response Mode and Timing

The SCC can be administered individually, or in a group format, and takes approximately 30 minutes to complete.

Respondents are first provided with definitions of positive and negative sexual cognitions. Positive sexual cognitions are defined as purposeful or non-purposeful cognitions that are experienced as acceptable and pleasant, are the types of thoughts one would expect to have, and might or might not result in sexual arousal. Negative sexual cognitions are defined as purposeful or non-purposeful cognitions that are experienced as highly unacceptable, upsetting, unpleasant, and repugnant, and might or might not result in sexual arousal. Participants then indicate how often they have had each of the listed sexual thoughts when it was a positive thought as well as when it was a negative thought on a scale ranging from 0 (*I have never had this thought*) to 6 (*I have this thought frequently during the day*).

The SCC also contains two nonoverlapping subscales, one reflecting themes of sexual dominance and one reflecting themes of sexual submission. To develop these subscales, six doctoral students in human sexuality independently rated each of the 56 sexual cognitions on the SCC as reflecting sexual submission, sexual dominance, both sexual submission and sexual dominance, or neither sexual submission nor sexual dominance. Six items were judged to have dominance but not submission themes and make up the dominance cognitions subscale. Ten items were judged to reflect submission but not dominance themes and make up the sexual submission subscale.

### Scoring

The total frequency scores for *Positive Sexual Cognitions (POSCOG)* and *Negative Sexual Cognitions (NEGCOG)* are calculated by summing the item ratings for the 56

<sup>15</sup> Address correspondence to: byers@unb.ca

items. Thus, scores range from 0 to 336, with higher scores indicating more frequent positive or negative cognitions. Scores on the *Positive Sexual Dominance (POSDOM)* and *Negative Sexual Dominance (NEGDOM)* subscales are determined by summing frequency ratings on the six dominance items (Items 11, 22, 27, 30, 39, and 48) such that scores range from 0 to 36. A similar procedure is used to calculate scores on the 10-item *Positive Sexual Submission (POSSUB)* and *Negative Sexual Submission (NEGSUB)* subscales, with scores ranging from 0 to 60 (Items 5, 6, 10, 19, 20, 23, 26, 31, 34, and 47).

### Reliability

In a study of 148 female and 144 male undergraduate students, Renaud and Byers (1999) found high internal consistencies for the *POSCOG* and *NEGCOG* subscales for both men ( $\alpha = .95$  and  $.96$ , respectively) and women ( $\alpha = .95$  and  $.95$ , respectively). Byers and her colleagues (Byers, Nichols, & Voyer 2013; Byers, Nichols, Voyer, & Reilly, 2013) also found high internal consistency for the using two overlapping samples of adults with autism spectrum disorder ( $\alpha = .95$  and  $\alpha = .96$ ). Acceptable internal consistencies have also been found for men and women for *POSDOM* ( $\alpha = .76$  and  $.71$ , respectively), *NEGDOM* ( $\alpha = .84$  and  $.66$ , respectively), *POSSUB* ( $\alpha = .81$  and  $.80$ , respectively), and *NEGSUB* ( $\alpha = .85$  and  $.82$ , respectively; Renaud & Byers, 2005, 2006).

### Validity

Renaud and Byers (1999) found that the sexual cognitions most commonly experienced as positive by individuals differed from those most commonly experienced as negative. The most commonly reported *POSCOG* revolved around themes of romance and intimacy, whereas the most commonly reported *NEGCOG* reflected themes of anonymous sex and sexual embarrassment. In addition, Renaud and Byers (2001) found that, compared to negative cognitions, positive cognitions were associated with more positive affect, less negative affect, more frequent subjective general physiological and sexual arousal, and less frequent upset stomach. They also found that positive sexual cognitions are more deliberate than are negative sexual cognitions and result in fewer attempts to control them. Further, in line with previous sexual fantasy research findings (Alfonso, Allison, & Dunn, 1992), a greater frequency of positive sexual cognitions is associated with better sexual adjustment, including more masturbation experience, a greater number of sexual partners, and greater sexual satisfaction (Renaud & Byers, 2001). Similarly, Byers, Nichols, and Voyer (2013) and Byers, Nichols, Voyer, and Reilly (2013) found that more frequent positive sexual cognitions were associated with a number of markers of positive sexual functioning. In contrast, when the frequency of positive cognitions was controlled, the frequency of negative sexual cognitions was not associated with sexual adjustment.

Renaud and Byers (2005, 2006) provided evidence for the validity of the dominance and submission subscales. Consistent with previous research (e.g., Gold & Clegg, 1990), self-reported use of sexual coercion was uniquely associated with the frequency of sexual dominance cognitions experienced as positive but not sexual dominance cognitions experienced as negative (Renaud & Byers, 2005). Consistent with prior research that had found that individuals who reported having been sexually abused as children reported fantasizing about being forced to have intercourse more often than did individuals without a history of child sexual abuse (Briere, Smiljanich, & Henschel, 1994), a greater frequency of positive sexual submission cognitions was uniquely associated with a history of child sexual abuse (Renaud & Byers, 2006).

### Spanish Version

Moyano and Sierra (2012) developed a Spanish version of the SCC based on the English version which they called the Spanish Sexual Cognitions Checklist (SSCC). The Spanish version uses only 28 of the original items. These items were selected because they cluster into Wilson's (1988) four subscales: Intimate Relationships, Exploratory, Sadoomasochistic, and Impersonal. Thus, the Spanish version does not include the range of sexual cognitions included in the English version. The authors have provided evidence for the content validity, factor structure, internal consistency, and validity of the scale (Moyano & Sierra, 2012, 2013; Moyano, Byers, & Sierra, 2016). The SSCC can be obtained from the authors.

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## Exhibit

### Sexual Cognitions Checklist

We all have thoughts about sex from time to time. Sexual thoughts can be divided into different types:

**Positive Sexual Thoughts.** Sometimes we experience our sexual thoughts as positive. Positive sexual thoughts may include thoughts that we purposely engage in to enhance our sexual feelings or sexual arousal. Positive sexual thoughts may also include thoughts that pop into our heads out of the blue. Whether we purposely engage in positive sexual thoughts, or they pop into our minds out of the blue, positive sexual thoughts are thoughts that we find *acceptable and pleasant*. They are the types of thoughts that we would expect to have. We can have positive sexual thoughts while we are engaging in masturbation, while we are engaged in sexual activity with a partner, and while we are involved in non-sexual activities.

**Negative Sexual Thoughts.** Sometimes, we have sexual thoughts that we experience as negative. Negative sexual thoughts are thoughts that we dislike having. They are the types of thoughts that we would not expect to have because they are uncharacteristic of our usual thoughts and habits. That is, negative sexual thoughts are thoughts of things we would never want to say or do. Therefore, negative sexual thoughts are *highly unacceptable, upsetting, and unpleasant*. We tend to find these thoughts disgusting and we wonder why we are having such repugnant thoughts. However, because they are sexual in content, we may experience sexual arousal to these thoughts even though we find them unacceptable, unpleasant, and upsetting. Like positive sexual thoughts, we can have negative sexual thoughts while we are engaging in masturbation, while we are engaged in sexual activity with a partner, and while we are involved in non-sexual activities.

This questionnaire deals with a variety of very common sexual thoughts. You will be asked to complete the same list twice. One time you will be asked to indicate how often you have experienced each thought as positive. The other time you will be asked to indicate how often you have experienced each thought as negative. Although some thoughts are clearly positive or clearly negative for us, there are some sexual thoughts that we experience as positive at times and as negative at other times depending on the specifics of the thought, your mood, or other factors.

In the past year, I have had *positive* sexual thoughts of:

	Never	Once or twice ever	A few times a year	Once or twice a month	Once or twice a week	Daily	Frequently during the day
1. Making love out of doors in a romantic setting (e.g., field of flowers; beach at night).	0	1	2	3	4	5	6
2. Having intercourse with a loved partner.	0	1	2	3	4	5	6
3. Having intercourse with someone I know but have not had sex with.	0	1	2	3	4	5	6
4. Having sex with an anonymous stranger.	0	1	2	3	4	5	6
5. Engaging in a sexual act with someone who has authority over me.	0	1	2	3	4	5	6
6. Being pressured into engaging in sex.	0	1	2	3	4	5	6

7. Engaging in a sexual act with someone who is "taboo" (e.g., family member, religious figure).	0	1	2	3	4	5	6
8. Having sex with two other people at the same time.	0	1	2	3	4	5	6
9. Participating in an orgy.	0	1	2	3	4	5	6
10. Being forced to do something sexually.	0	1	2	3	4	5	6
11. Forcing someone to do something sexually.	0	1	2	3	4	5	6
12. Engaging in sexual activity contrary to my sexual orientation (e.g., homosexual or heterosexual).	0	1	2	3	4	5	6
13. Throwing my arms around and kissing an authority figure.	0	1	2	3	4	5	6
14. Lifting my skirt or dropping my pants, thereby indecently exposing myself in public.	0	1	2	3	4	5	6
15. Receiving oral sex.	0	1	2	3	4	5	6
16. Giving oral sex.	0	1	2	3	4	5	6
17. Watching others have sex.	0	1	2	3	4	5	6
18. Having sex with an animal or non-human object.	0	1	2	3	4	5	6
19. Being overwhelmed by a stranger's sexual advances.	0	1	2	3	4	5	6
20. Being sexually victimized.	0	1	2	3	4	5	6
21. Receiving or giving genital stimulation.	0	1	2	3	4	5	6
22. Whipping or spanking someone.	0	1	2	3	4	5	6
23. Being whipped or spanked.	0	1	2	3	4	5	6
24. Taking someone's clothes off.	0	1	2	3	4	5	6
25. Having my clothes taken off.	0	1	2	3	4	5	6
26. Engaging in a sexual act which I would not want to do because it violates my religious principles.	0	1	2	3	4	5	6
27. Forcing another adult to engage in a sexual act with me.	0	1	2	3	4	5	6
28. Making love elsewhere than the bedroom (e.g., kitchen or bathroom).	0	1	2	3	4	5	6
29. Being excited by material or clothing (e.g., rubber, leather, underwear).	0	1	2	3	4	5	6
30. Hurting a partner.	0	1	2	3	4	5	6
31. Being hurt by a partner.	0	1	2	3	4	5	6
32. Partner-swapping.	0	1	2	3	4	5	6
33. Being aroused by watching someone urinate.	0	1	2	3	4	5	6
34. Being tied up.	0	1	2	3	4	5	6
35. Masturbating in a public place.	0	1	2	3	4	5	6
36. Authority figures (minister, boss) being naked.	0	1	2	3	4	5	6
37. People I come in contact with being naked.	0	1	2	3	4	5	6
38. Having sex in a public place.	0	1	2	3	4	5	6
39. Tying someone up.	0	1	2	3	4	5	6
40. Having incestuous sexual relations (sexual relations with a family member).	0	1	2	3	4	5	6
41. Exposing myself provocatively.	0	1	2	3	4	5	6
42. Wearing clothes of the opposite sex.	0	1	2	3	4	5	6
43. Being promiscuous.	0	1	2	3	4	5	6

44. Having sex with someone much younger than myself.	0	1	2	3	4	5	6
45. Having sex with someone much older than myself.	0	1	2	3	4	5	6
46. Being much sought after by the opposite sex.	0	1	2	3	4	5	6
47. Being seduced as an "innocent."	0	1	2	3	4	5	6
48. Seducing an "innocent."	0	1	2	3	4	5	6
49. Being embarrassed by failure of sexual performance.	0	1	2	3	4	5	6
50. Having sex with someone of a different race.	0	1	2	3	4	5	6
51. Using objects for stimulation (e.g., vibrator, candles).	0	1	2	3	4	5	6
52. Being masturbated to orgasm by a partner.	0	1	2	3	4	5	6
53. Looking at obscene pictures or films.	0	1	2	3	4	5	6
54. Kissing passionately.	0	1	2	3	4	5	6
55. While engaging in a sexual act with my partner I have had sexual thoughts of saying something to my partner that I know would upset him/her.	0	1	2	3	4	5	6
56. While engaging in a sexual act with my partner I have had sexual thoughts of doing something to my partner that I know would upset him/her.	0	1	2	3	4	5	6

57. Any other sexual thought not listed above. (*specify*)

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In the past year, I have had *negative* sexual thoughts of:

	Never	Once or twice ever	A few times a year	Once or twice a month	Once or twice a week	Daily	Frequently during the day
1. Making love out of doors in a romantic setting (e.g., field of flowers; beach at night).	0	1	2	3	4	5	6
2. Having intercourse with a loved partner.	0	1	2	3	4	5	6
3. Having intercourse with someone I know but have not had sex with.	0	1	2	3	4	5	6
4. Having sex with an anonymous stranger.	0	1	2	3	4	5	6
5. Engaging in a sexual act with someone who has authority over me.	0	1	2	3	4	5	6
6. Being pressured into engaging in sex.	0	1	2	3	4	5	6
7. Engaging in a sexual act with someone who is "taboo" (e.g., family member, religious figure).	0	1	2	3	4	5	6
8. Having sex with two other people at the same time.	0	1	2	3	4	5	6
9. Participating in an orgy.	0	1	2	3	4	5	6



10. Being forced to do something sexually.	0	1	2	3	4	5	6
11. Forcing someone to do something sexually.	0	1	2	3	4	5	6
12. Engaging in sexual activity contrary to my sexual orientation (e.g., homosexual or heterosexual).	0	1	2	3	4	5	6
13. Throwing my arms around and kissing an authority figure.	0	1	2	3	4	5	6
14. Lifting my skirt or dropping my pants, thereby indecently exposing myself in public.	0	1	2	3	4	5	6
15. Receiving oral sex.	0	1	2	3	4	5	6
16. Giving oral sex.	0	1	2	3	4	5	6
17. Watching others have sex.	0	1	2	3	4	5	6
18. Having sex with an animal or non-human object.	0	1	2	3	4	5	6
19. Being overwhelmed by a stranger's sexual advances.	0	1	2	3	4	5	6
20. Being sexually victimized.	0	1	2	3	4	5	6
21. Receiving or giving genital stimulation.	0	1	2	3	4	5	6
22. Whipping or spanking someone.	0	1	2	3	4	5	6
23. Being whipped or spanked.	0	1	2	3	4	5	6
24. Taking someone's clothes off.	0	1	2	3	4	5	6
25. Having my clothes taken off.	0	1	2	3	4	5	6
26. Engaging in a sexual act which I would not want to do because it violates my religious principles.	0	1	2	3	4	5	6
27. Forcing another adult to engage in a sexual act with me.	0	1	2	3	4	5	6
28. Making love elsewhere than the bedroom (e.g., kitchen or bathroom).	0	1	2	3	4	5	6
29. Being excited by material or clothing (e.g., rubber, leather, underwear).	0	1	2	3	4	5	6
30. Hurting a partner.	0	1	2	3	4	5	6
31. Being hurt by a partner.	0	1	2	3	4	5	6
32. Partner-swapping.	0	1	2	3	4	5	6
33. Being aroused by watching someone urinate.	0	1	2	3	4	5	6
34. Being tied up.	0	1	2	3	4	5	6
35. Masturbating in a public place.	0	1	2	3	4	5	6
36. Authority figures (minister, boss) being naked.	0	1	2	3	4	5	6
37. People I come in contact with being naked.	0	1	2	3	4	5	6
38. Having sex in a public place.	0	1	2	3	4	5	6
39. Tying someone up.	0	1	2	3	4	5	6
40. Having incestuous sexual relations (sexual relations with a family member).	0	1	2	3	4	5	6
41. Exposing myself provocatively.	0	1	2	3	4	5	6
42. Wearing clothes of the opposite sex.	0	1	2	3	4	5	6
43. Being promiscuous.	0	1	2	3	4	5	6
44. Having sex with someone much younger than myself.	0	1	2	3	4	5	6
45. Having sex with someone much older than myself.	0	1	2	3	4	5	6
46. Being much sought after by the opposite sex.	0	1	2	3	4	5	6

47. Being seduced as an “innocent.”	0	1	2	3	4	5	6
48. Seducing an “innocent.”	0	1	2	3	4	5	6
49. Being embarrassed by failure of sexual performance.	0	1	2	3	4	5	6
50. Having sex with someone of a different race.	0	1	2	3	4	5	6
51. Using objects for stimulation (e.g., vibrator, candles).	0	1	2	3	4	5	6
52. Being masturbated to orgasm by a partner.	0	1	2	3	4	5	6
53. Looking at obscene pictures or films.	0	1	2	3	4	5	6
54. Kissing passionately.	0	1	2	3	4	5	6
55. While engaging in a sexual act with my partner I have had sexual thoughts of saying something to my partner that I know would upset him/her.	0	1	2	3	4	5	6
56. While engaging in a sexual act with my partner I have had sexual thoughts of doing something to my partner that I know would upset him/her.	0	1	2	3	4	5	6

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57. Any other sexual thought not listed above. (*specify*)

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## Maladaptive Cognitions About Sex Scale

**H. JONATHON RENDINA**,<sup>16</sup> *Hunter College and The Graduate Center of the City University of New York*

**JOHN E. PACHANKIS**, *Yale University School of Public Health*

**RAYMOND L. MOODY**, *The Graduate Center of the City University of New York*

**CHRISTIAN GROV**, *The City University of New York Graduate School of Public Health and Health Policy*

**ANA VENTUNEAC**, *Icahn School of Medicine at Mount Sinai*

**JEFFREY T. PARSONS**, *Hunter College and The Graduate Center of the City University of New York*

Rigid, polarized thoughts related to oneself, one’s behavior, and one’s social context form an important etiologic determinant of psychopathology. For instance, whereas believing that sex can help you sleep can be adaptive, believing that you cannot possibly fall asleep without sex is so rigid as to drive dysfunctional, and potentially personally harmful, behavior. In an attempt to identify the extent to which different maladaptive ways of thinking about sex might contribute to various forms of problematic hypersexuality (e.g., sexual compulsivity, hypersexual disorder, compulsive sexual behavior), we developed and

refined the 11-item Maladaptive Cognitions About Sex Scale (MCASS; Pachankis, Rendina, Ventuneac, Grov, & Parsons, 2014) scale. The goal of this scale was to capture a range of rigid, polarized cognitions that might underlie the out-of-control sexual thoughts, feelings, and behaviors that characterize problematic hypersexuality. The 11 items capture three domains of maladaptive thinking about sex—magnified necessity of sex, disqualified benefits of sex, and minimized self-efficacy to control sexual thoughts and behaviors. Each item captures a cognition that is thought to become increasingly maladaptive as it

<sup>16</sup> Address correspondence to: hrendina@hunter.cuny.edu

becomes a predominant lens through which a person views sex. Consequently, each item is rated on a scale of increasing frequency from 1 (*Never*) to 5 (*All of the time*) with regards to how often the thought is experienced.

### Development

Qualitative interviews from a pilot study of 60 highly sexually active (i.e., 9 or more male partners in 90 days) gay and bisexual men in New York City (Pachankis, Rendina, Ventuneac, Grov, & Parsons, 2014) were used to guide the development of the scale. During the qualitative interviews, participants were asked a variety of relevant questions, including their thoughts before, during, and after their most recent sexual encounter; how in control they felt of their own sexuality; and aspects of their sex lives that they liked and disliked. The transcripts were analyzed by an experienced clinical psychologist for content related to sexual thoughts and behaviors that participants experienced as being problematic. From there, a team of experts utilized an iterative free-listing response to generate a range of items to capture these types of problematic cognitions, which were ultimately grouped into three broad categories: (1) beliefs about the need to have sex; (2) beliefs that the harms of sex far outweighed the benefits; and (3) beliefs that one was unable to control sexual thoughts, fantasies, and behaviors. The list of items was sent to expert social and clinical psychologists for feedback, and a bank of 17 items was finalized.

The preliminary 17-item scale was administered to a new sample of 202 highly sexually active gay and bisexual men in New York City (Pachankis et al., 2014) as part of the *Pillow Talk* study. Confirmatory factor analyses supported the presence of the three theorized domains, and the subscales were labeled: (1) *Magnified Necessity*; (2) *Disqualified Benefits*; and (3) *Minimized Self-Efficacy*. Based on the results of the factor analyses, six items that led to model misfit for one of several reasons (i.e., low factor loadings, residual correlations, cross-loading) were removed, resulting in the final 11-item scale.

### Response Mode and Timing

The MCASS can be self-administered in less than two minutes. Participants are prompted, "Please indicate how often you experience the following thoughts regarding sexual activity [with another man]." The text in brackets was utilized for our study, but can be omitted in studies where it is not applicable. To reduce bias, the ordering of the 11 items can be randomized.

### Scoring

Each response option should be assigned a numerical score as follows: 1 (*Never*), 2 (*Rarely*), 3 (*Sometimes*), 4 (*Often*), and 5 (*All the time*). To compare subscale scores

despite their unequal number of items, responses to relevant items should be averaged to form subscale scores for *Magnified Necessity* (Items 1 to 5), *Disqualified Benefits* (Items 6 to 8), and *Minimized Self-Efficacy* (Items 9 to 11). No responses are reverse-coded. Greater scores on each subscale indicate greater degrees of rigidity in each cognitive domain. Finally, as described in more detail below, there was no evidence for a higher-order factor that explains the associations among the subscales and thus no full-scale score should be calculated; that is, only subscale scores are valid.

### Reliability

Our prior research with the scale indicates good internal consistency for the three subscales—*Magnified Necessity* ( $\alpha = .83$ ), *Disqualified Benefits* ( $\alpha = .83$ ), and *Minimized Self-Efficacy* ( $\alpha = .90$ ). The scale is not expected to have strong stability over time, as these types of cognitions are malleable; thus, test-retest reliability may not be so critical for this measure. However, future research is needed to determine normative patterns of change over time. Nonetheless, in unpublished analyses conducted with 300 men in the *Pillow Talk* study who were assessed using the MCASS at baseline and 12 months later, the Pearson's correlations between scores at each time point were moderate in size—*Magnified Necessity* ( $r = .61$ ), *Disqualified Benefits* ( $r = .43$ ), and *Minimized Self-Efficacy* ( $r = .50$ ).

### Validity

We conducted a series of analyses within the initial scale development paper with 202 highly sexually active gay and bisexual men in New York City (Pachankis et al., 2014). Bivariate Pearson's correlations between each of the average subscale scores calculated using the instructions above suggested that the *Magnified Necessity* and *Disqualified Benefits* subscales were unassociated ( $r = .06$ , *ns*), whereas *Magnified Necessity* was moderately associated with *Minimized Self-Efficacy* ( $r = .51$ ,  $p < .001$ ) and *Disqualified Benefits* was weakly associated with *Minimized Self-Efficacy* ( $r = .16$ ,  $p < .05$ ).

We also tested a structural equation model based on the theorized association among the three subscales and problematic hypersexuality, operationalized as positive screening on the Hypersexual Disorder Screening Inventory (Pachankis et al., 2014; Parsons et al., 2019). Results supported the hypothesized model using latent versions of each subscale based on the confirmatory factor analysis described above. *Magnified Necessity* and *Disqualified Benefits* were unassociated with each other, and both *Magnified Necessity* ( $\beta = .59$ ,  $p < .001$ ) and *Disqualified Benefits* ( $\beta = .19$ ,  $p < .01$ ) significantly predicted *Minimized Self-Efficacy*, explaining 39 percent of its variance. *Magnified Necessity* ( $\beta = .40$ ,  $p < .001$ ), *Disqualified Benefits* ( $\beta = .27$ ,  $p < .01$ ), and *Minimized*

*Self-Efficacy* ( $\beta = .26, p < .01$ ) all significantly and directly predicted higher likelihood of screening positive for problematic hypersexuality; both *Minimized Necessity* ( $\beta = .16, p < .01$ ) and *Disqualified Benefits* ( $\beta = .05, p < .05$ ) were also indirectly associated with problematic hypersexuality through *Minimized Self-Efficacy*. In total, the direct and indirect effects of the three subscales accounted for 45 percent of the variance in problematic hypersexuality.

To establish convergent validity, we examined bivariate associations between each of the three average subscales scores and impulsivity, emotion dysregulation, and anxiety/depression, each of which is characterized by maladaptive cognitions. Given that each is partially rooted in maladaptive patterns of thought but are general, rather than specific to sex like the MCASS, we expected moderate associations. In fact, we found that *Magnified Necessity* was moderately correlated with impulsivity, emotion dysregulation, and anxiety/depression ( $r = .31, p < .001$ ;  $r = .42, p < .001$ ;  $r = .43, p < .001$ , respectively); *Disqualified Benefits* was weakly correlated with each ( $r = .23, p < .001$ ;  $r = .18, p < .01$ ;  $r = .21, p < .01$ , respectively); and *Minimized Self-Efficacy* was moderately correlated with each ( $r = .34, p < .001$ ;  $r = .43, p < .001$ ;  $r = .42, p < .001$ , respectively).

Finally, to establish predictive validity, we conducted a binary logistic regression predicting screening positive for problematic hypersexuality, adjusting for factors that are well-established correlates of this outcome (i.e., HIV-positive status, sexual inhibition and excitation, impulsivity, emotion dysregulation, depression/anxiety, and sexual compulsivity). As previously established, the three average subscale scores were associated with

each of these covariates, and thus only those effects that are independent of these previously established predictors of hypersexuality (including sexual compulsivity itself) would be expected to emerge as significant. In this model, we found that the *Disqualified Benefits* subscale—the least associated with the other variables in the model—was the only significant, independently associated MCASS subscale (AOR = 1.77,  $p < .05$ ), with neither *Magnified Necessity* (AOR = 1.23, *ns*) nor *Minimized Self-Efficacy* (AOR = 1.08, *ns*) reaching the level of significance. HIV-positive status, depression/anxiety, and sexual compulsivity were the only other significant, independently associated variables in the model. Taken together, these findings suggest the three MCASS scales are meaningfully associated with other relevant constructs, demonstrating convergent validity, and that the *Disqualified Benefits* scale captures unique variance in problematic hypersexuality that is not currently captured by any prominently used measures to understand the etiology of hypersexuality, including those with nearly identical content (e.g., sexual compulsivity).

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## Exhibit

### Maladaptive Cognitions About Sex Scale

Please describe how often you experience the following thoughts regarding sexual activity

	1 Never	2 Rarely	3 Sometimes	4 Often	5 All the time
1. I need sex to calm me down when I am stressed.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. I need sex to help me cope with boredom.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. I need sex to help me concentrate.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. I need sex to deepen my connections to others.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. I need sex to relax.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. Sex is a waste of time.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7. Sex leads to more harm than good.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8. Sex isn't worth the effort.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9. When a sexual image or fantasy enters my mind, I have a difficult time letting go of it.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10. Once I start thinking about sex, I have a difficult time stopping.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
11. Just thinking about sex usually leads me to seek it out.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

# Sexual Thoughts Questionnaire

VERA SIGRE-LEIRÓS, *Universidade do Porto*

JOANA CARVALHO, *Universidade do Porto and Lusófona University*

INÊS TAVARES, *Universidade do Porto*

PEDRO J. NOBRE,<sup>17</sup> *Universidade do Porto,*

The Sexual Thoughts Questionnaire (STQ) is a 30-item questionnaire that assesses self-reported thoughts during exposure to sexual stimuli in laboratory settings (Sigre-Leirós, Carvalho, & Nobre, 2016). The STQ may be particularly useful for investigating the role of cognitive factors in men and women's sexual arousal in a laboratory context using psychophysiological methods.

## Development

This questionnaire was developed due to the lack of measures that allow assessment of thought content during exposure to sexually explicit material (SEM) and to test previous theoretical hypotheses on the role of thought content on sexual response based on studies conducted outside the laboratory (Nobre & Pinto-Gouveia, 2003; Nobre & Pinto-Gouveia, 2008). Thoughts included in the scale were selected based on their theoretical and clinical relevance. The items cover different topics such as sexual thoughts, distracting thoughts, performance and body image thoughts, and conservative and negative thoughts.

One hundred sixty-seven sexually healthy individuals (97 women and 70 men) participated in the validation study of the questionnaire (women,  $M_{\text{age}} = 23.5$ ,  $SD = 4.09$ ; men,  $M_{\text{age}} = 22.6$ ,  $SD = 3.33$ ). Principal components analysis with varimax rotation was performed to verify the factor structure of the STQ. The analysis merged data from women and men to assess their common dimensions and allow further comparison of their differences on self-reported thoughts during exposure to erotica. This analysis identified the following five factors accounting for 55.9 percent of the total variance: (1) *Sexual arousal thoughts*: dimension characterized by thoughts of sexual and erotic content, (2) *Distractive and disengaging thoughts*: domain represented by thoughts related to a lack of motivation and interest during exposure to erotica, (3) *Body image and performance thoughts*: factor reflecting thoughts of being uncomfortable with one's body image or sexual performance compared with the actors, (4) *Actresses' physical attractiveness thoughts*: dimension characterized by thoughts reflecting the sexual attractiveness of the actress, and (5) *Sinful and lack of affection thoughts*: domain represented by negative

appraisal toward erotica and perception of lack of affection between actors.

The item selection for each factor was based on statistical criteria (loading  $> .4$  on the respective factor) and on factor interpretability. One item (Item 3: "This is very artificial") loaded below  $.4$  and was excluded. Item 14 ("My partner doesn't give me pleasure like that") also was excluded for loading higher than  $.4$  in more than one factor. Moreover, Item 16 ("That man is really hot") was excluded from the body image and performance domain based on factor interpretability.

## Response Mode and Timing

After the presentation of a sexually explicit film, participants are asked to answer the question: "To what extent did the following thoughts come to your mind during the sex clip?" Responses are assessed in a Likert-type scale, ranging from 0 (*never*) to 6 (*very frequently*). The scale typically takes less than 5 minutes to complete.

## Scoring

All items are coded so that higher values indicate more frequent experience of each of the automatic thoughts

**TABLE 1**  
Items, Minimums, and Maximums of the STQ Factors and Total

Factors	Item number	Minimum	Maximum
Sexual Arousal Thoughts	7, 13, 19, 20, 21, 23, 25, 27	0	48
Distractive and Disengaging Thoughts	8, 22, 24, 26, 28, 29, 30	0	42
Body Image and Performance Thoughts	9, 10, 11, 12	0	24
Actresses' Physical Attractiveness Thoughts	2, 5, 17	0	18
Sinful and Lack of Affection Thoughts	1, 4, 6, 15, 18	0	30
Total		0	162

*Note.* Items 3, 14, and 16 are not computed in the subscales of the STQ for scoring purposes (for a detailed description please see Sigre-Leirós, Carvalho, & Nobre, 2016). The scale can be used with or without these items depending on their relevance within its application context (e.g., clinical context).

<sup>17</sup> Address correspondence to: pnobre5@gmail.com

during exposure to SEM. An index of automatic thoughts may be calculated by summing all items. Specific scores for the five domains are computed by summing the items of each domain.

### Reliability

Internal consistency was assessed using Cronbach's alpha for the five domains of the questionnaire. High inter-item correlations were observed within each factor. With the exception of the Sinful and Lack of Affection Thoughts dimension ( $\alpha = .58$ ), all other dimensions presented satisfactory to good levels of internal consistency ( $\alpha = .79-.86$ ; Sigre-Leirós et al., 2016).

### Validity

To assess convergent validity, measurements of sexual arousal, namely subjective (self-report) and genital (physiological) response levels, were used. It was expected that the thoughts reported during exposure to erotica would be correlated with sexual arousal levels (mainly subjective arousal) assessed during the presentation of the erotic stimuli in women and men.

In women, subjective sexual arousal was significantly and positively associated with sexual arousal thoughts ( $r = .54, p < .001$ ) and actress's physical attractiveness thoughts

( $r = .27, p < .01$ ). Conversely, subjective arousal was significantly and negatively associated with the sinful and lack of affection thoughts domain ( $r = -.24, p < .05$ ). No significant associations were found between the thought dimensions and genital response (Sigre-Leirós et al., 2016).

In men, subjective sexual arousal was significantly and positively associated with sexual arousal thoughts ( $r = .50, p < .001$ ) and actress's physical attractiveness domains ( $r = .28, p < .05$ ). Likewise, a significant negative correlation between subjective sexual arousal and the distractive and disengaging thoughts dimension was found ( $r = -.31, p < .01$ ). No significant associations were found between thought dimensions and genital response (Sigre-Leirós et al., 2016).

### References

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## Exhibit

### Sexual Thoughts Questionnaire

To what extent did the following thoughts come to your mind during the sex clip?

	0	1	2	3	4	5	6
	Never						Very Frequently
1. This is disgusting.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. That woman is amazing in bed.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. This is very artificial.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. This is immoral.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. That woman really knows what men like.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. I can't allow myself such things.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7. I'm getting excited.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8. I shouldn't be here.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9. I wish I had that body.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10. That man really knows what women like.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
11. My body isn't as sexy as that one.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
12. I can't be as good in bed.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
13. This drives me crazy.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
14. My partner doesn't give me pleasure like that.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
15. This is very centered on penetration.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

16. That man is really hot.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
17. That woman is really hot.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
18. There is no affection between them.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
19. I feel like touching myself.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
20. I would love being here with someone else.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
21. I feel like doing this.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
22. This is really boring.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
23. This is really great.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
24. This never ends.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
25. I wouldn't mind being there.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
26. This is a waste of time.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
27. I'm enjoying being here.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
28. I have more important things to do.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
29. I could be doing other things.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
30. This is unpleasant.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

## Sexual Awareness Questionnaire

WILLIAM E. SNELL, JR.,<sup>18</sup> *Southeast Missouri State University*

TERRI D. FISHER, *The Ohio State University at Mansfield*

ROWLAND S. MILLER, *Sam Houston State University*

CHRISTOPHER QUINN-NILAS, *University of Guelph*

The Sexual Awareness Questionnaire (SAQ; Snell, Fisher, & Miller, 1991) is a self-report instrument designed to measure four personality tendencies associated with sexual awareness and sexual assertiveness: (a) *sexual consciousness*, defined as the tendency to think and reflect about the nature of one's sexuality; (b) *sexual preoccupation*, defined as the tendency to think about sex to an excessive degree; (c) *sexual monitoring*, defined as the tendency to be aware of the public impression which one's sexuality makes on others; and (d) *sexual assertiveness*, defined as the tendency to be assertive about the sexual aspects of one's life.

### Development

Originally, the questionnaire items were subjected to a principal axis factor analysis with varimax rotation; four factors accounted for 42 percent of the variance; the factors were sexual consciousness, sexual monitoring, sexual assertiveness, and sex-appeal consciousness. A second

cross-validation factor analysis supported this factor structure (Snell et al., 1991).

### Response Mode and Timing

The SAQ has 36 items scored on a 5-point Likert scale: 0 (*not at all characteristic of me*), 1 (*slightly characteristic of me*), 2 (*somewhat characteristic of me*), 3 (*moderately characteristic of me*), and 4 (*very characteristic of me*). The scale requires about 15 to 30 minutes to complete and can be done via computer or pencil-and-paper.

### Scoring

All of the SAQ items are coded so that A = 0; B = 1; C = 2; D = 3; and E = 4, except for six items which are reverse coded (Items 6, 9, 23, 30, 31, and 32). Next, the items on each subscale are summed, so that higher scores correspond to greater amounts of each respective psychological tendency. Note that not all 36 items are included in subscale calculations.

<sup>18</sup> Address correspondence to: wesnell@semo.edu

## Reliability

Originally, Cronbach's alpha coefficients were calculated using two separate samples from psychology courses at a U.S. university (Snell et al., 1991). The average age was 24 in both samples. Results indicated that subscales had acceptable levels of reliability (Table 1; Snell et al., 1991).

Research using U.S. college samples supported reliability of the sexual assertiveness subscale ( $\alpha = .84$ ; Yamamiya, Cash, & Thompson, 2006;  $\alpha = .90$ ; Bay-Cheng & Zucker, 2007;  $\alpha = .89$ ; Bay-Cheng & Fava, 2011) as well as the total scale score ( $\alpha = .80$ ; Lynn, Pipitone, & Keenan, 2014), and the total score among Canadian undergraduate students ( $\alpha = .81$ ; Muise, Preyde, Maitland, & Milhausen, 2010). Another sample of U.S. students reported alphas for sexual monitoring ( $\alpha = .82$  among women;  $\alpha = .76$  among men) and sexual consciousness ( $\alpha = .87$  among women;  $\alpha = .85$  among men; Smolak, Murnen, & Myers, 2014). Studies with U.S. college students have also used the sexual consciousness subscale alone:  $\alpha = .87$  (Preciado, Johnson, & Peplau, 2013),  $\alpha = .82$  (Katz & Schneider, 2015) and  $\alpha = .87$  (Bay-Cheng & Fava, 2011).

Cronbach's alpha was also found to be acceptable in a sample of girls ( $\alpha = .84$ ; Horne & Zimmer-Gembeck, 2006), and in a geographically broad sample of 851 men and women (Worthington, Navarro, Savoy, & Hampton, 2008): sexual consciousness ( $\alpha = .77$ ), sexual self-monitoring ( $\alpha = .78$ ), sexual preoccupation ( $\alpha = .75$ ), and sexual assertiveness ( $\alpha = .93$ ).

## Validity

Snell et al. (1991) found that subscales were negatively related to measures of sex-anxiety and sex-guilt for males and females, and sexual-consciousness was related to erotophilic feelings. Women's and men's responses to the four SAQ subscales were related to their sexual attitudes, dispositions, and behaviors. Other findings indicated that men reported greater sexual assertiveness than women, with no gender differences found for sexual consciousness, sexual monitoring, or sex-appeal consciousness. Snell (1994) found that sexual assertiveness in males and females was predictive of greater contraceptive use; sexual consciousness and sexual monitoring predicted more

favorable attitudes toward condom use for males. In addition, for females and males, sexual consciousness, sexual monitoring, and sexual assertiveness were positively associated with a greater variety and a more extensive history of sexual experiences.

Snell, Fisher, and Schuh (1992) found that the SAQ was positively associated with sexual-esteem. Another study showed similar correlations between subscales of the SAQ and sexual-esteem, sexual-depression and sexual preoccupation (Snell, Fisher, & Walters, 1993).

Total scores on the SAQ have been associated with number of partners ( $r = .42$ ; Lynn et al., 2014). The sexual assertiveness subscale was correlated with ambivalent sexual decisions ( $r = -.17$ ) and emotional disengagement during sex ( $r = -.33$ ; Yamamiya et al., 2006). Horne and Zimmer-Gembeck (2006) found that the sexual consciousness subscale was associated with sexual body esteem ( $r = .35$ ) and sexual self-reflection ( $r = .37$ ).

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**TABLE 1**  
Summary of Item Numbers, Score Ranges, and Reliability Coefficients of the SAQ from Snell et al. (1991)

Subscale	Items	Range	Cronbach's Alpha Sample I		Cronbach's Alpha Sample II	
			Male	Female	Male	Female
Sexual Consciousness	1, 4, 10, 13, 22, 25	0–24	.83	.86	.85	.88
Sexual Monitoring	2, 5, 14, 17, 23, 26, 28, 31, 32	0–36	.80	.82	.81	.82
Sex-appeal Consciousness	8, 11, 29	0–12	.89	.92	.92	.92
Sexual Assertiveness	3, 6, 9, 12, 15, 18, 24	0–28	.83	.81	.80	.85



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## Exhibit

### Sexual Awareness Questionnaire

The items listed below refer to the sexual aspects of people’s lives. Please read each item carefully and decide to what extent it is characteristic of you. Give each item a rating of how much it applies to you by using the following scale:

	A <i>Not at all</i> characteristic of me	B <i>Slightly</i> characteristic of me	C <i>Somewhat</i> characteristic of me	D <i>Moderately</i> characteristic of me	E <i>Very</i> characteristic of me
1. I am very aware of my sexual feelings.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. I wonder whether others think I’m sexy.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. I’m assertive about the sexual aspects of my life.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. I’m very aware of my sexual motivations.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. I’m concerned about the sexual appearance of my body.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. I’m not very direct about voicing my sexual desires.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7. I’m always trying to understand my sexual feelings.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8. I know immediately when others consider me sexy.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9. I am somewhat passive about expressing my sexual desires.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10. I’m very alert to changes in my sexual desires.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
11. I am quick to sense whether others think I’m sexy.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
12. I do not hesitate to ask for what I want in a sexual relationship.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
13. I am very aware of my sexual tendencies.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
14. I usually worry about making a good sexual impression on others.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
15. I’m the type of person who insists on having my sexual needs met.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
16. I think about my sexual motivations more than most people do.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
17. I’m concerned about what other people think of my sex appeal.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
18. When it comes to sex, I usually ask for what I want.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

19. I reflect about my sexual desires a lot.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
20. I never seem to know when I'm turning others on.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
21. If I were sexually interested in someone, I'd let that person know.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
22. I'm very aware of the way my mind works when I'm sexually aroused.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
23. I rarely think about my sex appeal.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
24. If I were to have sex with someone, I'd tell my partner what I like.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
25. I know what turns me on sexually.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
26. I don't care what others think of my sexuality.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
27. I don't let others tell me how to run my sex life.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
28. I rarely think about the sexual aspects of my life.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
29. I know when others think I'm sexy.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
30. If I were to have sex with someone, I'd let my partner take the initiative.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
31. I don't think about my sexuality very much.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
32. Other people's opinions of my sexuality don't matter very much to me.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
33. I would ask about sexually-transmitted diseases before having sex with someone.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
34. I don't consider myself a very sexual person.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
35. When I'm with others, I want to look sexy.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
36. If I wanted to practice "safe sex" with someone, I would insist on doing so.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

## Aging Sexual Knowledge and Attitudes Scale

CHARLES B. WHITE,<sup>19</sup> *Trinity University*

The Aging Sexual Knowledge and Attitudes Scale (ASKAS) is designed to measure two realms of sexuality: (a) knowledge about changes (and non-changes) in sexual response to advanced age in males and females and (b) general attitudes about sexual activity in the aged. The items are largely specific to the elderly rather than a general sexual knowledge-attitudes scale. The ASKAS was developed for use in assessing the impact of group or individual interventions on behalf of sexual functioning in the aged utilizing, for example, a pretest-posttest procedure. Further, the measure may form the basis for group and individual discussion about sexual attitudes and/or sexual knowledge. The scale is also appropriate for use in educational programs for those working with the aged.

The actual numerical scores may be conveniently used for research purposes, but the individual items are also useful to assess the extent of an individual's knowledge upon which to base clinical interventions, as well as identifying attitudinal obstacles to sexual intimacy in old age.

### Response Mode and Timing

The ASKAS consists of 61 items, 35 true/false/don't know in format and 26 items responded to on a 7-point Likert-type scale as to degree of agreement or disagreement with the particular item. The 35 true/false questions assess knowledge about sexual changes and non-changes which are or are not age related. The 26 agree/disagree items

<sup>19</sup> Address correspondence to: cwhite@trinity.edu

assess attitudes toward sexual behavior in the aged. The items are counterbalanced. The instrument takes 20–40 minutes to complete.

**Scoring**

The ASKAS may be given in an interview or written format and may be group administered or individually administered. The nature of the scoring and items are readily adaptable to computer scoring systems. Scoring information is presented in Table 1.

In the Knowledge section, questions 1 through 35, the following scoring applies: 1 (*true*), 2 (*false*), and 3 (*don't know*). Scoring is such that a low knowledge score indicates high knowledge. The rationale for the low knowledge score reflecting high knowledge is that *don't know* was given a value of 3, indicating low knowledge. Items 1, 10, 14, 17, 20, 30, and 31 are reversed scored.

The Attitude Questions use a 7-point Likert-type scale ranging from 1 (*disagree*) to 7 (*agree*). Items 44, 47, 48, 50, 51, 52, 53, 54, 55, and 59 are reverse scored. A low score indicates a permissive attitude.

**Reliability**

The reliability of the ASKAS has been examined in several different studies, and in varying ways, summarized in Table 2. As can be seen, reliabilities are very positive and at acceptable levels.

**Validity**

Presented in Table 3 are the means and standard deviations of ASKAS scores from several studies. These means are not meant to be viewed as normative, but rather illustrative of group variation in ASKAS performance.

The validity of the ASKAS has been examined in a sexual education program for older persons, by individuals working with older persons, and by adult family members of aged persons in which each group received the psychological-educational intervention separately

**TABLE 1**  
**Scoring and Coding for Items 1 to 35**

Item	Answer	Item	Answer	Item	Answer	Item	Answer	Item	Answer
1*	F	8	T	15	F	22	T	29	T
2	T	9	F	16	T	23	T	30*	F
3	T	10*	F	17*	F	24	T	31*	F
4	T	11	T	18	T	25	T	32	T
5	T	12	T	19	T	26	T	33	T
6	T	13	T	20*	F	27	T	34	T
7	T	14*	F	21	T	28	T	35	T

Note. Items with an asterisk should be reverse scored.

**TABLE 2**  
**Aging Sexual Knowledge and Attitudes Scale (ASKAS)**  
**Reliabilities**

Type of reliability	Reliability coefficient	Sample size	Type of sample
<i>Knowledge</i>			
Split-half <sup>a</sup>	.91	163	Nursing home staff
Split-half <sup>a</sup>	.90	279	Nursing home residents
Alpha	.93	163	Nursing home staff
Alpha	.91	279	Nursing home residents
Alpha	.92	30	Community older adults
Alpha	.90	30	Nursing home staff
Alpha	.90	30	Families of older adults
Test–retest	.97	15	Community older adults
Test–retest	.90	30	Staff of nursing home and families of the older adults
<i>Attitudes</i>			
Split-half <sup>a</sup>	.86	163	Nursing home staff
Split-half <sup>a</sup>	.83	279	Nursing home residents
Alpha	.85	163	Nursing home staff
Alpha	.76	279	Nursing home residents
Alpha	.87	30	Community older adults
Alpha	.87	30	Nursing home staff
Alpha	.86	30	Families of older adults
Test–retest	.96	15	Community older adults
Test–retest	.72	30	Staff of nursing home and families of the aged

<sup>a</sup>These correlations have been corrected for test length.

**TABLE 3**  
**Aging Sexual Knowledge and Attitudes Scale (ASKAS)**  
**Score Means and Standard Deviations Score by Group**

Group	n	M	SD
Nursing home residents <sup>a</sup>	273		
Attitudes		84.56	23.32
Knowledge		65.62	15.09
Community older adults <sup>b</sup>	30		
Attitudes		86.40	17.28
Knowledge		73.73	12.52
Families of older adults <sup>b</sup>	30		
Attitudes		75.00	22.66
Knowledge		78.00	13.61
Persons who work with older adults <sup>b</sup>	30		
Attitudes		76.00	17.60
Knowledge		62.46	12.50
Nursing home staff <sup>b</sup>	163		
Attitudes		61.08	25.79
Knowledge		64.19	17.25

Note. The possible range of ASKAS scores are as follows: Knowledge: 35–105; Attitudes: 26–182. All scores reported here are the pretest scores in cases where both pretests and posttests were administered.

<sup>a</sup>White (1981).

<sup>b</sup>White and Catania (1981).

(White & Catania, 1981). Each experimental group had a comparable nonintervention control group. In all cases, the educational intervention resulted in significant increases in knowledge and significant changes in the direction of a more permissive attitude, both relative to their own pretest scores and relative to the appropriate control group, whereas the control group posttest scores were not significantly changed relative to their pretest scores. There was a 4–6-week period between pretests and posttests.

Hammond (1979) utilized the ASKAS in a sexual education program for professionals working with the aged. She reported significant changes from pre- to posttest toward increased knowledge and more permissive attitudes in the interception group, as in the White and Catania (1981) research, whereas the control group scores were unchanged from pre- to posttest.

White (1982a), in a study of nursing home residents in 15 nursing homes, reported that both ASKAS attitude and knowledge scores were associated with whether an individual was sexually active or not such that more activity was associated with greater knowledge and with more permissive attitudes.

A factor analysis of the ASKAS results (White, 1982b) resulted in a two-factor solution, with each item loading most heavily on its hypothesized membership in either the attitude or knowledge section of the measure.

### Other Information

The ASKAS may be utilized without permission. It is only requested that all findings be shared with the test author.

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## Exhibit

### Aging Sexual Knowledge and Attitudes Scale

Please indicate whether you think the following statements are true or false; you may also indicate that you do not know the answer.

	True	False	Don't know
1. Sexual activity in aged persons is often dangerous to their health.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. Males over the age of 65 typically take longer to attain an erection of their penis than do younger males.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. Males over the age of 65 usually experience a reduction in intensity of orgasm relative to younger males.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. The firmness of erection in aged males is often less than that of younger persons.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. The older female (65+ years of age) has reduced vaginal lubrication secretion relative to younger females.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. The aged female takes longer to achieve adequate vaginal lubrication relative to younger females.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7. The older female may experience painful intercourse due to reduced elasticity of the vagina and reduced vaginal lubrication.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8. Sexuality is typically a life-long need.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9. Sexual behavior in older people (65+) increases the risk of heart attack.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10. Most males over the age of 65 are unable to engage in sexual intercourse.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
11. The relatively most sexually active younger people tend to become the relatively most sexually active older people.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
12. There is evidence that sexual activity in older persons has beneficial physical effects on the participants.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
13. Sexual activity may be psychologically beneficial to older person participants.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
14. Most older females are sexually unresponsive.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
15. The sex urge typically increases with age in males over 65.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
16. Prescription drugs may alter a person's sex drive.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

- |   |                       |                       |                       |
|---|-----------------------|-----------------------|-----------------------|
| 17. Females, after menopause, have a physiologically induced need for sexual activity.  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 18. Basically, changes with advanced age (65+) in sexuality involve a slowing of response time rather than a reduction of interest in sex.                                      | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 19. Older males typically experience a reduced need to ejaculate and hence may maintain an erection of the penis for a longer time than younger males.                          | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 20. Older males and females cannot act as sex partners as both need younger partners for stimulation.   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 21. The most common determinant of the frequency of sexual activity in older couples is the interest or lack of interest of the husband in a sexual relationship with his wife. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 22. Barbiturates, tranquilizers, and alcohol may lower the sexual arousal levels of aged persons and interfere with sexual responsiveness.                                      | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 23. Sexual disinterest in aged persons may be a reflection of a psychological state of depression.  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 24. There is a decrease in frequency of sexual activity with older age in males.  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 25. There is a greater decrease in male sexuality with age than there is in female sexuality.   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 26. Heavy consumption of cigarettes may diminish sexual desire.   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 27. An important factor in the maintenance of sexual responsiveness in the aging male is the consistency of sexual activity throughout his life.                                | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 28. Fear of the inability to perform sexually may bring about an inability to perform sexually in older males.  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 29. The ending of sexual activity in old age is most likely and primarily due to social and psychological causes rather than biological and physical causes.                    | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 30. Excessive masturbation may bring about an early onset of mental confusion and dementia in the aged.   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 31. There is an inevitable loss of sexual satisfaction in post-menopausal women.  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 32. Secondary impotence (or non-physiologically caused) increases in males over the age of 60 relative to young males.  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 33. Impotence in aged males may literally be effectively treated and cured in many instances.   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 34. In the absence of severe physical disability, males and females may maintain sexual interest and activity well into their 80s and 90s.                                      | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 35. Masturbation in older males and females has beneficial effects on the maintenance of sexual responsiveness.   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

Please indicate the extent to which you agree with the following statements.

- |   | 1                     | 2                     | 3                     | 4                     | 5                     | 6                     | 7                     |
|---|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
|   | Disagree              |                       |                       |                       |                       |                       | Agree                 |
| 36. Aged people have little interest in sexuality.<br>(Aged = 65+ years of age.)  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 37. An aged person who shows sexual interest brings disgrace to himself/herself.  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 38. Institutions, such as nursing homes, ought not to encourage or support sexual activity of any sort in its residents.                    | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 39. Male and female residents of nursing homes ought to live on separate floors or separate wings of the nursing home.                      | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 40. Nursing homes have no obligation to provide adequate privacy for residents who desire to be alone, either by themselves or as a couple. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 41. As one becomes older (say past 65) interest in sexuality inevitably disappears.   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

If a relative of mine, living in a nursing home, was to have a sexual relationship with another resident I would:

- |  | 1                     | 2                     | 3                     | 4                     | 5                     | 6                     | 7                     |
|--|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
|  | Disagree              |                       |                       |                       |                       |                       | Agree                 |
| 42. Complain to the management.  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 43. Move my relative from this institution.  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 44. Stay out of it as it is not my concern.  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 45. If I knew that a particular nursing home permitted and supported sexual activity in residents who desired such, I would not place a relative in that nursing home. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

46. It is immoral for older persons to engage in recreational sex.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
47. I would like to know more about the changes in sexual functioning in older years.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
48. I feel I know all I need to know about sexuality in the aged.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
49. I would complain to the management if I knew of sexual activity between any residents of a nursing home.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
50. I would support sex education courses for aged residents of nursing homes.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
51. I would support sex education courses for the staff of nursing homes.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
52. Masturbation is an acceptable sexual activity for older males.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
53. Masturbation is an acceptable sexual activity for older females.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
54. Institutions, such as the nursing home, ought to provide large enough beds for couples who desire such to sleep together.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
55. Staff of nursing homes ought to be trained or educated with regard to sexuality in the aged and/or disabled.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
56. Residents of nursing homes ought not to engage in sexual activity of any sort.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
57. Institutions, such as nursing homes, should provide opportunities for the social interaction of men and women.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
58. Masturbation is harmful and ought to be avoided.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
59. Institutions, such as nursing homes, should provide privacy such as to allow residents to engage in sexual behavior without fear of intrusion of observation.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
60. If family members object to a widowed relative engaging in sexual relations with another resident of a nursing home, it is the obligation of the management and staff to make certain that such sexual activity is prevented.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
61. Sexual relations outside the context of marriage are always wrong.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

## Attitudes Toward Masturbation Scale

CHANTAL D. YOUNG, *Keck School of Medicine, University of Southern California*

CHARLENE L. MUEHLENHARD,<sup>20</sup> *University of Kansas*

The Attitudes Toward Masturbation Scale (ATMS) was developed to assess individuals' complex and often conflicting thoughts and feelings about masturbating (Young & Muehlenhard, 2009). We found two existing scales for measuring attitudes about masturbation: Abramson and Mosher's (1975) Negative Attitudes Toward Masturbation Inventory and Miller and Lief's (1976) Masturbation Attitude Scale. Both were more than 30 years old, both yield only one global score, and both assess respondents' attitudes about masturbation in

general rather than about *their own* masturbation. We developed the ATMS to assess respondents' (a) reasons for wanting (or being tempted) to masturbate, (b) reasons for avoiding (or trying to avoid) masturbating, and (c) positive and negative feelings about masturbating.

### Development

The ATMS was developed using a multistep process. First, in a pilot study, 236 undergraduate women and men wrote

<sup>20</sup> Address correspondence to: charlene@ku.edu

answers to open-ended questions about their attitudes and feelings about masturbation. Second, we compiled their responses and used them to create scale items. We also created scale items reflecting themes identified in prior studies of attitudes toward masturbation (e.g., Clifford, 1978; Elliott & Brantley, 1997). Our preliminary scale included 223 items divided into three sections reflecting reasons for wanting—or being tempted—to masturbate, reasons for avoiding—or trying to avoid—masturbation, and feelings about masturbating. Third, a new sample of 518 undergraduate women and men rated these items on a 7-point scale. We used their responses to divide the items into subscales, based on factor loadings derived from principal components analysis, Cronbach's alphas, and conceptual considerations (Young & Muehlenhard, 2009).

The scale was developed and tested using samples of college students, but it could be used with other populations. It is designed so that anyone can complete it, regardless of whether or not they masturbate.

### Response Mode and Timing

The ATMS consists of 179 items, divided into 28 subscales in three categories. First, the 13 *Reasons-for-Wanting-to-Masturbate* subscales assess themes such as pleasure, mood improvement, and avoidance of partner sex. Items are rated on a 7-point scale, from 0 (*Not a Reason*) to 6 (*A Very Important Reason*). Second, the 10 *Reasons-for-Avoiding-Masturbation* subscales assess themes such as perceived immorality, lack of desire or interest, and preference for partner sex. The same 7-point scale for response choices is used. Third, the five *Feelings-about-Masturbation* subscales assess satisfaction, guilt, anger, anxiety, and indifference. Respondents rate the strength of each feeling, using a 7-point scale ranging from 0 (*Not at all*) to 6 (*Very strongly*). The ATMS can be administered as a paper-and-pencil questionnaire or online. It can be completed in about 15 to 30 minutes.

### Scoring

Subscale scores are calculated by averaging the respondent's ratings for the items on each subscale. Subscale scores can range from 0 to 6. For the *Reasons-for-Wanting-to-Masturbate* subscales and the *Reasons-for-Avoiding-Masturbation* subscales, higher scores reflect a greater importance of the reason tapped by that subscale. For the *Feelings-about-Masturbation* subscales, higher scores reflect greater intensity of feeling.

Each subscale score can be used individually to assess the specific content of each subscale. In addition, four composite scores can be calculated: the *Wanting Composite* (the mean of the 13 *Reasons-for-Wanting-to-Masturbate* subscales), the *Avoiding Composite* (the mean of the 10 *Reasons-for-Avoiding-Masturbation* subscales), the *Positive-Feelings Composite* (the *Satisfaction* subscale score), and the *Negative-Feelings Composite*

(the mean of the *Guilt*, *Anger*, *Anxiety*, and *Indifference* subscales). These composites can be used to assess the respondent's overall positive and negative attitudes toward masturbation.

The subscales and items on each are as follows:

#### *Reasons-for-Wanting-to-Masturbate Subscales*

Pleasure: 1, 2, 35, 41, 42, 44, 50, 51, 52

Self-Exploration and Improvement: 11, 13, 17, 23, 39, 54, 55, 56, 63, 68

Mood Improvement: 47, 60, 62, 67

Relaxation and Stress Relief: 6, 7, 16, 40, 46, 58

Avoidance of Partner Sex: 26, 28, 29, 30, 34, 65

Arousal Decrease: 18, 21, 33, 49, 59, 61, 64, 69

Compulsion: 8, 25, 27, 32, 43

Pleasure of Partner: 15, 66, 70

Adherence to Social Norms: 12, 14, 19, 20, 38, 57

Substitution for Partner Sex: 4, 9, 10, 22, 24, 31

Importance of Fantasy: 36, 37, 48, 72

Feeling Unattractive: 45, 53, 71

Boredom: 3, 5

#### *Reasons-for-Avoiding-Masturbation Subscales*

Immorality: 73, 74, 75, 79, 81, 83, 105, 122, 123, 124, 125, 126, 127, 131, 132, 134

No Desire or Interest: 76, 77, 86, 87, 88, 100, 101, 114, 118, 119, 120

Preference for Partner Sex: 90, 103, 104, 107, 110, 128, 129, 133

Fear of Negative Social Evaluation: 84, 91, 93, 95, 102, 121

Sex Negativity: 78, 82, 85, 94, 96, 97

Negative Mood State: 92, 106, 109, 117

Detraction from Partner Sex: 111, 112

In Committed Relationship: 80, 98, 108, 115

Bothered by Thoughts: 116, 130

Self-Control: 89, 99, 113

#### *Feelings-Related-to-Masturbation Subscales*

Satisfaction: 135, 139, 146, 147, 149, 150, 151, 152, 156, 157, 158, 163, 166, 170, 173, 174, 176, 177, 178

Guilt: 136, 138, 142, 143, 153, 154, 155, 167, 168, 169, 171, 179

Anger: 159, 160, 161, 165

Anxiety: 144, 145, 148, 162

Indifference: 137, 140, 141, 164, 172, 175

### Reliability

For a sample of 518 undergraduate women and men (Young & Muehlenhard, 2009), Cronbach's alphas for the subscales ranged from .71 to .97, providing evidence that the subscales have good internal consistency. Hungrige (2016) used the *Negative-Feelings Composite* to study women's attitudes toward masturbation; for her online sample of 243 women, ages 18 to 70, this composite demonstrated high reliability ( $\alpha = .97$ ).

### Validity

Young and Muehlenhard (2009) found numerous significant differences between participants who masturbated and those who did not, even after controlling for gender. Compared with non-masturbators, masturbators scored significantly higher on 9 of the 13 *Reasons-for-Wanting-to-Masturbate* subscales and the *Satisfaction* subscale and significantly lower on 5 of the 10 *Reasons-for-Avoiding-Masturbation* subscales and the *Guilt*, *Anger*, *Anxiety*, and *Indifference* subscales.

Consistent with meta-analytic findings that more men than women masturbate (Oliver & Hyde, 1993; Petersen & Hyde, 2007), there were significant gender differences on 18 of the 28 subscales. Men generally reported stronger reasons for wanting to masturbate, weaker reasons for avoiding masturbation, and stronger positive and weaker negative feelings related to masturbation. When controlling for masturbation status, there were fewer gender differences, but some remained: For the *Reasons-for-Wanting-to-Masturbate* subscales, women scored higher on *Self-Exploration and Improvement*, *Avoidance of Partner Sex*, and *Pleasure of Partner*; men scored higher on *Boredom*. For *Reasons-for-Avoiding-Masturbation* subscales, women scored higher on *No Desire or Interest*, *Fear of Negative Social Evaluation*, and *Sex Negativity*. For *Feelings-Related-to-Masturbation* subscales, women scored higher on *Anxiety*.

Young and Muehlenhard (2009) performed a cluster analysis on participants' subscale scores. They identified four clusters: The *enthusiastic* cluster had high *Wanting* subscale scores and low *Avoiding* subscales scores. The *lukewarm* cluster had low *Wanting* subscale scores and even lower *Avoiding* subscales scores. The *high-guilt* cluster had low *Wanting* subscale scores and high *Avoiding* subscales scores. The *ambivalent* cluster had the highest *Wanting* subscale scores and the highest *Avoiding* subscales scores. These clusters showed numerous differences in the percentages of women and men in the cluster, the percentages who reported masturbating, and their qualitative comments about masturbation.

In a study of women aged 18–70, mentioned above, Hungrige (2016) found that women who had not masturbated as adults scored significantly higher on the

*Negative-Feelings Composite* than those who had masturbated as adults. Similarly, Stroupe (2008) found that undergraduate women who never masturbated had significantly higher *Negative-Feelings* and *Reasons-for-Avoiding-Masturbation Composite* scores and significantly lower *Positive-Feelings* and *Reasons-for-Wanting-to-Masturbate Composite* scores than did women who masturbated regularly; women who masturbated infrequently were intermediate. Furthermore, many individual subscales were significantly related to masturbation frequency and to whether women were orgasmic from masturbation and from partnered sex.

### Other Information

With our permission, Ramanathan et al. (2014) created a short version of the ATMS. To assess reasons for masturbating, they used 13 items, one for each ATMS reasons-for-masturbating subscale. To assess feelings about masturbation, they used 2–3 items from each ATMS feelings subscale. They used a dichotomous response scale, allowing them to calculate the percentages of participants who reported each reason and feeling about masturbation.

With appropriate citation, the ATMS may be copied and used for educational, research, and clinical purposes, without permission. The authors would appreciate receiving a summary of any research using this scale.

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## Exhibit

### Attitudes Toward Masturbation Scale

#### Reasons for Wanting to Masturbate

Whether they masturbate or not, people may *want* to masturbate (or be *tempted* to masturbate) for many different reasons. Below is a list of possible reasons. Please rate how strong each of the reasons is for your *wanting* to masturbate or being tempted to masturbate, *regardless of whether or not you actually masturbate*.

For you, how strong are the following reasons for *wanting* to (or being *tempted* to) masturbate?

	0 Not a Reason	1	2	3 A Moderately Important Reason	4	5	6 A Very Important Reason
1. If I'm feeling horny.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. I find it pleasurable.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. If there is nothing else to do.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. If I'm not getting as much sex as I want.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. If I'm bored.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. To relieve stress.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7. If I'm anxious.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8. Because—even though I try—I just can't stop myself.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9. Because it's a substitute for sex with a partner.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10. Out of sexual frustration.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
11. I hope that masturbating will help me reach orgasm with a partner.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
12. Someone else thinks I should (e.g., a friend or a dating partner).	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
13. To explore my own sexuality.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
14. So I could say that I've done it (it's something to talk about).	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
15. My partner wants to watch me do it.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
16. It's a good way to take a break (e.g., a break from studying, etc.).	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
17. I'm curious about it.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
18. If I want to avoid unwanted arousal later.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
19. My friends have masturbated, and I want to be able to talk with them about it.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
20. "Everyone" does it, and I want to feel "sexually normal."	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
21. If I'm so sexually aroused that it's interfering with other things I want or need to do.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
22. If I don't have a partner to have sex with.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
23. To make myself a better sexual partner (e.g., to figure out how to achieve orgasm or to become more comfortable having orgasms with my partner).	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
24. Masturbating helps me keep my mind off sex with a partner.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
25. It's a compulsive sexual behavior.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
26. Masturbating helps me remain a virgin.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
27. I just do it without really thinking about it.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

- |   |                       |                       |                       |                       |                       |                       |                       |
|---|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| 28. Masturbating makes it easier to avoid sex with a partner, and I don't want to have sex with a partner for moral reasons (e.g., I don't want to have sex before marriage).                         | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 29. Masturbating makes it easier to avoid sex with a partner, and I don't want to have sex with a partner for health reasons (e.g., I don't want to risk sexually transmitted diseases or pregnancy). | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 30. Masturbating makes it easier to avoid sex with a partner, and I don't want to have sex with a partner for self-esteem reasons (e.g., I don't feel comfortable being sexual with someone else).    | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 31. If I have a partner, but my partner refuses to have sex.  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 32. I feel an uncontrollable urge to do it.   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 33. If I want to decrease my sexual arousal so I can focus on something else.   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 34. It's more moral to masturbate than to have sex with a partner.  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 35. If I want to have an orgasm.  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 36. I get aroused by sexual activities that are not socially acceptable, so I fantasize about them during masturbation.   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 37. I get aroused by sexual activities that are not possible in real life, so I fantasize about them during masturbation (e.g., sex with a movie star, sex on a beach, etc.).                         | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 38. Because I hear about it from TV, movies, magazines, etc.  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 39. Masturbating improves my sexual health.   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 40. To help me fall asleep.   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 41. Because it's fun.   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 42. Because I know exactly how to stimulate myself and maximize my pleasure.  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 43. It's a habit.   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 44. If I am already sexually aroused (e.g., from watching a movie, reading a magazine).   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 45. Because I feel like no one is attracted to me.  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 46. If I want to relax.   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 47. If I'm angry.   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 48. If I want to exercise my imagination.   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 49. So that I can focus my concentration on a task after masturbating.  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 50. Because I deserve to experience pleasure.   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 51. If I see someone or something that is arousing.   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 52. If I have an urge to do something sexual.   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 53. Because I'm not comfortable enough with my body to be sexual with someone else.   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 54. To learn how to give myself pleasure.   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 55. To gain more sexual confidence.   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

56. Because it's good exercise.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
57. Because my friends masturbate.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
58. To calm myself down.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
59. So that I can stop thinking about masturbating.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
60. If I feel frustrated about something else.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
61. It makes me feel peaceful.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
62. It distracts me when I'm feeling down.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
63. To try a new method (e.g., sex toys, pornography).	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
64. It's an escape.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
65. To avoid using another person for sex.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
66. Because it arouses my partner when he/she knows that I masturbated.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
67. If I'm in a bad mood.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
68. To learn how to have better orgasms.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
69. If I'm already sexually aroused, and I want to decrease my level of sexual arousal.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
70. Because it arouses my partner when I masturbate in front of him/her.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
71. If I'm feeling unattractive.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
72. I enjoy my fantasies during masturbation.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

#### Reasons for *Avoiding* (or Trying to Avoid) Masturbating

Whether they masturbate or not, people might *avoid* (or try to avoid) masturbating for many different reasons. Below is a list of possible reasons. Please rate how strong each of the reasons is for you *avoiding* (or trying to avoid) masturbating, *regardless of whether or not you actually masturbate*.

For you, how strong are the following reasons for *avoiding* (or trying to avoid) masturbating?

	0	1	2	3	4	5	6
	Not a Reason			A Moderately Important Reason			A Very Important Reason
73. It's against my religion.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
74. It's against my morals or values.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
75. It's against my parents' morals or values.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
76. I'm just not interested.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
77. It just doesn't appeal to me.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
78. I am uncomfortable with any sexual behavior.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
79. It would make me feel cheap.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
80. If I am committed to someone.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
81. I would feel guilty about it.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
82. I am anxious about sexual behavior.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
83. I know I'd regret it.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
84. I fear it will damage my reputation.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
85. I feel uncomfortable or embarrassed about my body.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
86. I think it would be physically uncomfortable.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
87. It seems weird to me.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
88. I feel strange doing it.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
89. I think I should have more self-control.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
90. If I'm currently sexually satisfied.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
91. Society says it's wrong.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
92. If I'm stressed.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

93. I'm afraid of someone knowing I masturbate	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
94. It makes me feel lonely.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
95. If I'm afraid of being caught.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
96. It makes me feel sexually inadequate.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
97. It's bad for my health.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
98. If I'm in a committed relationship.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
99. I like to feel in control of my urges.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
100. I'm not sure how to masturbate.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
101. I don't like how it feels.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
102. It's embarrassing to me.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
103. Because I like intercourse better.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
104. Because I like any sexual contact with a partner better.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
105. I feel bad about myself afterwards.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
106. If I'm depressed.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
107. Orgasms are better with a partner.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
108. My partner doesn't want me to do it.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
109. If I'm worried about something else.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
110. If I've recently had sex.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
111. It makes me less able to orgasm during sex.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
112. It makes me less horny during sex.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
113. I want to improve my self-discipline.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
114. It's boring.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
115. I feel like I'm cheating on my partner.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
116. My fantasies during masturbation bother me.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
117. If I've had a bad day.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
118. It's a waste of time.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
119. It seems pointless.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
120. I don't find it sexually arousing.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
121. Other people might find me gross.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
122. My family is against it.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
123. My friends are against it.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
124. It makes me feel empty inside.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
125. I was raised to believe it's wrong.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
126. It makes me feel ashamed.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
127. It's disrespectful to myself.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
128. If I'm satisfied with the quantity of the sex I'm having.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
129. If I'm satisfied with the quality of the sex I'm having.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
130. My sexual thoughts during masturbation bother me.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
131. Masturbation in an adult is immature.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
132. It makes me feel like I'm sinning against myself.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
133. It's not as good as sex.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
134. It does not fit with my religious views.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

### Feelings about Masturbation

Check which set of directions applies to you:

- If you masturbate:** People feel many different things when they masturbate. Below is a list of possible feelings. *How strongly, if at all, do you usually experience these feelings when you masturbate?*
- If you don't masturbate:** People feel many different things when they masturbate. Below is a list of possible feelings. *How strongly, if at all, do you think you **would** usually experience these feelings if you **did** masturbate?*

How strongly do you experience this feeling when you masturbate?

or

How strongly would you experience this feeling if you did masturbate?

	0	1	2	3	4	5	6
	Not At All			Somewhat			Very Strongly
135. Happy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
136. Guilty	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
137. Empty	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
138. Pathetic	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
139. Healthy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
140. Indifferent	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
141. Nothing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
142. Strange	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
143. Embarrassed	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
144. Anxious	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
145. Tense	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
146. Horny	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
147. Focused	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
148. Awkward	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
149. Good	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
150. Calm	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
151. Relieved	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
152. In control	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
153. Ashamed	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
154. Regretful	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
155. Degraded	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
156. Pleased	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
157. Connected to myself	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
158. Refreshed	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
159. Frustrated	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
160. Aggressive	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
161. Angry	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
162. Nervous	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
163. Content	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
164. Unemotional	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
165. Stressed	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
166. Attractive	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
167. Immoral	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
168. Remorseful	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
169. Disgusted	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
170. Thrilled	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
171. Disappointed	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
172. Detached	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
173. Aroused	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
174. Relaxed	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
175. Passive	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
176. Comfortable	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
177. Satisfied	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
178. Invigorated	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
179. Sinful	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>