

**Factor Analysis, Discriminant Validity And Test-Retest Reliability Of A Self-Report Measure Of Female Sexual Function (FSDQ) In Women With Sexual Dysfunction.** R. Rosen, Ph.D., Center for Sexual and Marital Health, UMDNJ-Robert Wood Johnson Medical School, Piscataway, NJ; R. D'Agostino, Jr., Ph.D. Target Health Inc. NY, NY and Wake Forest U. School of Medicine, Winston-Salem, NC; and the following clinical investigators: C. Brown, Pharm.D., U. Tennessee, Memphis, TN; J. Heiman, U. Washington, Seattle, WA.; S. Leiblum, Ph.D., UMDNJ-Robert Wood Johnson Medical School, Piscataway, NJ; C. Meston, Ph.D., U. Texas, Austin, TX; R. Shabsigh, MD, Columbia U. School of Medicine, New York, NY.

Validation of a Female Sexual Function questionnaire has been undertaken at five research centers throughout the United States. Thirty subjects were recruited at three centers for the first phase of the validation process. This phase consisted of a face validity assessment and focus group analysis of a self-report measure of female sexual function in a heterogeneous sample of women. Thirty questions were evaluated. The following was performed:

- Demographics collection by questionnaire and interview.
- Administration of the FSDQ individually.
- Critique of the FSDQ individually.
- Critique of the FSDQ in a focus group.

After evaluation of the results of the first phase of the validation process, the second phase was initiated which included factor analysis, discriminant validity and test-retest reliability in a population consisting of 250 age-matched women, half of whom had a diagnosis of Female Sexual Dysfunction. Twenty-nine questions were evaluated including five new questions concerning distress. The following was performed:

- Collection of demographics information by questionnaire and interview.
- Administration of the Locke-Wallace Marital Adjustment Test.
- Administration of the FSDQ individually on two separate occasions.

Preliminary results have indicated the presence of 4-5 factors in approximately 14 questions. These factors include desire, arousal, satisfaction, orgasm and pain. While there are some similarities with the male IIEF, the results indicate gender differences in the perception, degree and manifestation of sexual dysfunction. The next phase will be evaluation of the questions in a clinical trial setting.

**Key words:** Female Sexual Dysfunction; Factor Analysis; Questionnaire; Clinical Trials; FSAD; Female Sexual Arousal Disorder