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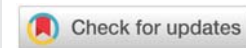
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***Corresponding author:** Dr. Giulio Perrotta, Psychologist sp.ing in Strategic Psychotherapy, Forensic Criminologist, Legal Advisor sp.ed SSPL, Researcher, Essayist, Institute for the study of psychotherapies - ISP, Via San Martino della Battaglia no. 31, 00185, Rome, Italy, E-mail: info@giulioperrotta.com

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Research Article

Perrotta individual sexual matrix questionnaire” (PSM-1). The new clinical questionnaire to investigate the main areas of the individual sexual matrix

Giulio Perrotta*

Psychologist sp.ing in Strategic Psychotherapy, Forensic Criminologist, Legal Advisor sp.ed SSPL, Researcher, Essayist, Institute for the study of psychotherapies - ISP, Via San Martino della Battaglia no. 31, 00185, Rome, Italy

Abstract

The present work proposes the drafting of a questionnaire capable of investigating all the areas of clinical interest of individual human sexuality. By analysing the main psychosexual tests, we proceeded to draft a test that contains five sections: the first one is dedicated to personal and contact data; the second one is dedicated to sexual history; the third one is dedicated to emotional and emotional profiles; the fourth one is dedicated to functional and dysfunctional behavioural profiles in sex; finally, the fifth section is dedicated to the study of relational behaviour in the couple. A series of proposed questionnaires, initiated by the therapist during the clinical interview session, to study the patient's sexual matrix and complete his or her personality profile.

Contents of the manuscript

Introduction

In clinical practice investigating the patient's sexuality is always very complicated, both because of his reluctance to talk openly about these issues and because of the difficult task of obtaining all the necessary information in order to have complete information. Standardised tests often investigate only some areas of the patient's sexuality, leaving out other aspects of central importance (especially for the clinical profile), as can be seen from the following overview [1-66].

1. **ASEX - Arizona Sexual Experience Scale:** The test is designed for the analysis of certain sexual dysfunctions in psychiatric patients or patients with health problems (men and women), assessing in particular changes/alterations in

sexual functions in relation to the use of drugs or psychotropic substances. The self-report questionnaire, which can be administered by a clinician who asks the questions and records the answers, or can be self-administered, consists of 5 items with answers on a 6-point Likert scale. Each item is designed to explore a specific area of sexuality: 1. Sexual drive (libido, sexual desire), 2. Penile erection (erectile dysfunction), 3b. Vaginal lubrication, 4. Ability to reach orgasm, 5. Satisfaction from orgasm. Only one item, among the five that make up the scale, is diversified for male and female (3a - 3b). The test has good reliability indices with Cronbach's alpha equal to 0.90 and test-retest correlation, at 1 and 2 week intervals, with $r = 0.80$. Construct validity was assessed in some studies by the differences in scores obtained between sample groups (dysfunctional patients) and control groups. Convergent and discriminant validity were determined by comparing the results of the ASEX with other tests. In particular, a significant



correlation was obtained with the BISF (Brief Index of Sexual Functioning), while a low correlation was found with the HRSD (Hamilton Rating Scale for Depression) and the BDI (Beck Depression Inventory).

2. **ASKAS - Aging Sexuality Knowledge and Attitudes Scale:** The questionnaire for the knowledge of elderly people's sexuality and their sexual attitudes is made up of 61 items divided into two sub-scales: the Knowledge Subscale, which has 35 items with "True/False/Don't know" answers, and the Attitudes Subscale, which has 26 items with answers on a 7-point Likert scale. Both subscales have good reliability indices (from 0.97 to 0.72) for Cronbach's alpha, test-retest and split half, measured on groups of various contexts: Nursing home residents, Community older adults, Family of older adults, Persons who work with older adults, Nursing home staff. According to some studies carried out by the author, sexual behaviour and attitudes in old age reflect the pattern of sexual life that was conducted at a younger age, in particular: people who are sexually active at a young age tend to maintain this behaviour in old age; negative attitudes towards sexuality, learned in youth, can significantly affect the ability to have a good sexuality in old age. The ASKAS was used to study the effects of a number of sex education interventions on changing attitudes towards sexuality in older people: in institutionalised people, their families and care home staff. After the intervention, more permissive attitudes of caregivers and family members towards elderly sexuality were found, as well as significant increases in sexual activity and satisfaction among the elderly involved in the training event.

3. **BSRI - Bem Sex Role Inventory:** A questionnaire consisting of 60 items (20 stereotypically masculine items, 20 stereotypically feminine items and 20 neutral items with a contextual function) based on two scales that assess the subject's real/ideal self, androgyny (see Morris syndrome) and masculinity-femininity, considering them as characteristics that are variously correlated and not in contrast.

4. **DAS - Dyadic Adjustment Scale:** A 32-item self-report scale that explores the couple's sexual-relational satisfaction through four dimensions: "dyadic consensus", "dyadic cohesion", "expression" and "general satisfaction" understood as general satisfaction with the consensus, cohesion, common activities and the affective and sexual life of the couple. A reduced 7-item version, validated in 2001 and called DAS-7, considers only three dimensions: "dyadic consensus" (3 items) and "dyadic cohesion" (3 items) on a 6-point Likert scale, "general satisfaction" (1 item) on a 7-point Likert scale.

5. **DISF - Derogatis Interview for Sexual Functioning:** Self-report questionnaire of 25 items for males and females, validated and standardised, takes about 20 minutes to complete. Analyses 5 sexual areas related to: I. Knowledge of sexuality and sexual fantasies - II. Sexual arousal - III. Sexual behaviors and experiences - IV. Orgasm - V. Libido and sexual intercourse. A version called DISF-SR (Self-Report) comparable to the DISF in validity and summation time, is composed of 26 items and can be used by the clinician to have an assessment of the patient's sexuality, as expressed by his/her partner.

6. **DSFI - Derogatis Sexual Function Inventory:** This validated and standardised self-assessment questionnaire consists of 254 items (with dichotomous Yes/No or multi-point Likert scale). The test (which requires a certain amount of time to fill in and scoring) elaborates 10 dimensions in the sexual sphere and two scales called SFI - Sexual Functioning Index as an indicator of the subject's general "sexual functioning" and GSSI - Global Sexual Satisfaction Index as the subject's global "sexual satisfaction index". The dimensions explored through the subtests are: 1. Information (knowledge of physiology, anatomy and sexual functioning); 2. Experiences (sexual behaviours and relationships); 3. Drive (libido, fantasies and sexual manifestations); 4. Attitudes (liberal or conservative attitude on sexuality); 5. Gender Role Definition (masculinity, femininity and sexual role); 8. Fantasy (sexual fantasies); 9. Body Image (evaluation of one's own body); 10. Sexual satisfaction (satisfaction with sexual relations, orgasm, communication, etc.).

7. **EDITS - Erectile Dysfunction Inventory of Treatment Satisfaction:** Self-report questionnaire (validated and standardised) exploring the patient's and partner's satisfaction with the results of erectile dysfunction treatment, understood as effectiveness of treatment. 11 items of the questionnaire are reserved for the dysfunctional patient and 5 items for his partner. Some items of the male and female questionnaire are mirrored in order to detect the concordance/disconcordance between the answers of the dysfunctional patient and his partner.

8. **GRIMS - Golombok Rust Inventory of Marital State:** Susan Golombok and John Rust created a 28-item questionnaire (male and female, administered in paper and pencil format) aimed at analysing the characteristics and quality of the dyadic relationship between spouses or between people who are in a relationship and live together. The inventory, which can be used in conjunction with the GRISS to detect sexual and relationship problems, is validated and can be used to estimate the effectiveness of different forms of therapy or to assess the impact of factors outside the relationship: medical, social or psychological.

9. **GRISS - Golombok Rust Inventory of Sexual Satisfaction:** Male and female questionnaires, each with 28 items, investigate the existence and severity of sexual dysfunction in heterosexual subjects. The 12 sub-scales provide information on: impotence and premature ejaculation (only for the male questionnaire), anorgasmia and vaginismus (only for the female questionnaire), frequency of sexual intercourse, lack of dialogue, dissatisfaction and avoidance of intercourse, lack of sensuality. Validated and endowed with good psychometric characteristics, it is easy to administer due to its brevity which, however, limits its illustrative function.

10. **HSAS - Hendrick Sexual Attitude Scale:** The self-report questionnaire, validated and standardised, consists of 4 subscales which, through 43 items in total, deepen the attitude that the subject shows towards sexuality. The areas surveyed are: Permissiveness 21 items on various aspects of sexual relations, including premarital and extramarital; Sexual

practices 7 items on birth control, sex education, masturbation and sex games; Communion 9 items on preferences and degree of involvement in sexuality; Instrumentality 6 items on the consideration of sex as fun and physical/mental pleasure.

11. **IIEF - International Index of Erectile Function:** A 15-item self-report inventory, standardized and validated in more than 50 clinical trials, it provides a clinical (pre-post treatment) assessment of sexual functioning across five areas: 1. Erectile function; 2. Orgasmic function; 3. Sexual desire; 4. Sexual satisfaction; 5. Overall satisfaction. The IIEF-5, also called SHIM - Sexual Health Inventory for Men, in a slightly modified version, is a short 5-item questionnaire derived from the IIEF.

12. **IPE - Index of Premature Ejaculation:** A 10-item self-report inventory (validation still in progress), it is oriented towards the analysis of some components (sexual satisfaction, control, distress) associated with premature ejaculation. The questionnaire must be completed by the male of the couple and its dimensions take into account frequency of erections and maintenance time of the erection during sexual intercourse, latency time of intravaginal ejaculation (index "IELT - intravaginal ejaculatory latency time"), difficulties observed in prolonged sexual intercourse, frequency of anxiety, depressive and stressful experiences during sexual activity, confidence in one's own ability to complete sexual activity, sexual satisfaction of oneself and one's partner, frequency of reaching orgasm by the partner.

13. **ISS - Index of Sexual Satisfaction:** A validated and standardised 25-item questionnaire with answers on a seven-point Likert scale, in both male and female versions, psychometrically assessing the couple's satisfaction with the functioning of their sex life, the motivations leading to sexual intercourse, and the sexual emotions and qualities expressed by the partner (e.g. exciting, monotonous).

14. **ISST - Internet Sex Screening Test:** Inventory of 34 items that explores, in a very similar way to the SAST (Sexual Addiction Screening Test), compulsivity and sexual addiction implemented through or by means of the Net (online and offline sexual behaviour). The same author, in the presentation of the questionnaire, affirms that to date (2008) he does not yet have the cut-off scores because he is carrying out the validation screening of the test (via e-mail and with self-administration via Internet), therefore the scoring provided at the end of the administration will only consist of a percentage measure of the total "Yes" responses that the sample, up to now, has determined.

15. **MAT - Marital Adjustment Test:** A 15-item self-report questionnaire, it assesses marital stress, intrarelational adjustment, and spousal agreement on certain interpersonal, relational, affective, and sexual behaviors adopted in married life. Given the non-topicality of its review [38], psychometric capabilities could be considered as limited.

16. **MCI - Marital Communication Inventory:** The questionnaire (one male and one female) consists of 46 items that produce an overall score related to communication/conflict

resolution and scores on six subscales related to relational hostility, openness, empathy, conflict management, esteem, and dialogue between partners.

17. **MMPI-2 - Minnesota Multiphasic Personality Inventory:** Test published in 1942, subsequently revised in 1989 to create the current MMPI-2 version (finally updated in 2003) in which both the administration of the questionnaire and the processing of the results are carried out by computer. The reagent consists of a considerable number of items (567) that explore various psychological and psychiatric personality characteristics. There is a shortened version of the test (370 items) and a version called MMPI-A (478 items) dedicated to the assessment of adolescents aged 14 to 18. The dimensions explored are divided into: Basic scales (assessing the most relevant personality characteristics); Content scales (analysing different personality variables); Supplementary scales (deepening some contents of the basic scales); Validity scales (establishing the degree of sincerity and accuracy in filling out the questionnaire). The analysis related to the sexual and relational domains takes into consideration the following aspects: Masculinity-Femininity (set of aspects considered tendentially masculine or feminine), Male Role and Female Role (as perception of the sexual role), Marital Discomfort and Family Problems (understood as the presence of conflict in the couple's relationship), Social Introversion (subject's difficulties in social relationships). The critical aspects of the instrument are due to the time taken to complete it (60-90 minutes) and to the fact that some scales of the revision, although considered more transparent and easier to interpret, have created some controversy in the academic world because they have been changed from the original version.

18. **MPT - Marital Patterns Test:** The test consists of two questionnaires (male and female) with 24 items each, which measure certain dyadic, sexual and behavioural characteristics within the couple. Although the validity of the test has improved since Scott-Heyes' revision in 1982, from which it takes its new name RSMPT - Ryle/Scott-Heyes Marital Patterns Questionnaire, this reagent is used with limited frequency in research and screening.

19. **MSI-R - Marital Satisfaction Inventory:** The new revised version of the test has been reduced to 150 items (dichotomous Yes/No response) compared to 280 items in the previous publication. The validated and standardised self-report questionnaire takes about 30 minutes to complete, can be administered by paper/pencil or computer, and should be administered to both partners. The test is aimed at analysing the relationship and sexual satisfaction of the couple. The items are grouped into 12 sub-scales that explore the following areas: 1. Inconsistency; 2. Conventionalization; 3. Global Distress; 4. Affective Communication; 5. Problem-Solving Communication; 6. Aggression; 7. Time Together; 8. Disagreement About Finances; 9. Role Orientation; 10. Family History of Distress; 11. Sexual dissatisfaction; 12. Conflict over Child Rearing.

20. **MSI-II - Multiphasic Sex Inventory II:** The MSI questionnaire exists in several versions, all edited by the same authors since 1984. The Original MSI (300 items with a

dichotomous Yes/No response), addressed to adult/adolescent males (over 12 years old), assesses the subject's sexual characteristics and dysfunctional areas. There are 20 areas considered, including: history of sexual harassment and rape, paraphilias, exhibitionism, knowledge of sexuality and sexual dysfunction, and there is a validity and accuracy scale. Scoring is manual and interpretation must be done by the clinician using the test manual. The MSI-II (560 items with a dichotomous Yes/No response), in its four forms, adult male/female and adolescent male/female (over 12 years), assesses the subject's sexual, emotional and behavioural characteristics. Scoring and interpretation (by means of a report) are carried out, using software, by the same publisher to whom the questionnaire must be sent by post or via the Internet. The reagents, which take about 90 minutes to complete, are validated and standardised, presenting good indices of Cronbach's alpha coefficient. The criticism of the instrument is that it takes a long time to administer and produces a report which, although detailed, is complicated to read and interpret. By the same authors is the Psychosexual Life History, an inventory designed to obtain the chronological history of the subject's experiences and sexual life, in relation to psychodiagnostic evaluations or legal reports following sexual abuse. Some of the areas considered are: physical characteristics, health conditions, personality styles, family history, childhood-adolescent developmental history, school and work history, substance abuse history, complete sexual history (childhood, adolescence, and adulthood), and marital history. The number of items that make up the PLH questionnaire is not known but must be quite high as the authors advise users to take the questionnaire home to fill in.

21. **PEQUEST - Premature Ejaculation Questionnaire:** 36-item self-report questionnaire for the multidimensional assessment of male premature ejaculation disorder. Some parameters by which orgasm and ejaculation dysfunctions are considered are: latency time; voluntary control; psychological distress; partner-related factors. Validation data are not available as standardisation procedures are still in progress.

22. **PREPARE-ENRICH (Premarital Personal and Relationship Evaluation):** A 125-item inventory that investigates the dysfunctionality of the couple relationship. There are 11 areas explored, to which is added a control sub-scale, called Idealistic distortion or Social desirability, which aims to correct the drift produced by the "social desirability" factor. The dimensions examined are: 1. Realistic Expectations; 2. Personality Issues; 3. Communication; 4. Conflict Resolution; 5. Financial Management; 6. Leisure Activities; 7. Sexual Relationship; 8. Children and Marriage; 9. Family and Friends; 10. Equalitarian Roles; 11. Religious Orientation.

23. **SAI - Sexual Arousability Inventory:** Validated and standardised 28-item self-report questionnaire for adolescent and adult women. It psychometrically assesses five experiential areas related to: foreplay (erotic foreplay), erotic visual and verbal stimuli, breast stimulation, preparation / participation in intercourse, genital stimulation. In the version of the test called SAI-Expanded the subjects answer three times the same items, each time reconsidering the proposed situation,

according to the aspects: excitability, anxiety/relaxation and satisfaction/unsatisfaction.

24. **SAS - Sexual Attitude Scale:** Validated and standardised 25-item self-report questionnaire with responses on a 5-point Likert scale (from "completely disagree" to "completely agree"). The scale includes 23 items reflecting conservative orientation and 2 items reflecting liberal attitudes towards sexual aspects. The test explores the subject's sexuality in relation to: sexual freedom, sex education, premarital and extramarital sex, acceptable forms of sexual expression, sex among the young, elderly and handicapped, and sex in the media.

25. **SAST (Sexual Addiction Screening Test):** The two checklists (one for men and one for women) consist of 25 items that explore risky sexual behaviour related to compulsive disorders and sexual addiction. The tests can be administered using the traditional paper-and-pencil system or presented on a computer and produce a profile (based on a graph) useful to identify those individuals who present characteristics of 'sexual addiction'. There is also an updated version of 45 items (unisex) with completion via the Internet (SAST on-line assessment) and dichotomous Yes-No responses. Criticism of the instrument is that some items appear too general and that the diagnostic criterion adopted could 'see even non-problematic experiences as problematic'.

26. **SBI - Sexual Behavior Inventory:** A validated and standardised self-report inventory that, in both male and female versions, proposes a list of 21 sexual activities to which subjects must respond dichotomously (Yes/No) according to their satisfaction with the sexual behaviour presented. The response to the questionnaire determines the extent to which the types of heterosexual attitudes/behaviours chosen by the subject adhere to a satisfactory heterosexual relationship.

27. **SESAMO (Sexrelation Evaluation Schedule Assessment Monitoring):** Self-administered, validated and standardised questionnaire. It investigates dysfunctional aspects of individual and couple sexuality, as well as family, social, emotional and relational aspects. The test consists of two questionnaires (male and female) which are divided into subsections, one for "single" subjects and one for those in a "couple situation". The items in the questionnaires are variable: 135 for singles, 173 for dyadic situations. There are 16 dimensions explored for singles and 18 for couples: psycho-environmental data, bodily experience, psychosexual identity, desire, pleasure areas, remote and current masturbation, past experience, sexual history, motivation and conflict, affective-relational situation, sexual relations, imaginative eroticism, sexual communication, relational attitude, couple interactions, roles in the couple, extra-relational sexuality, sexuality and pregnancy, contraception. It is the only Italian test, of an objective type, aimed specifically at sexual and relational aspects. The questionnaire can be administered directly on the computer and the processing software produces an anamnestic report consisting of 9 sections with different levels of diagnostic detail. A reduced version of the questionnaire, called SESAMO - Sexuality Evaluation Schedule Assessment Monitoring, has

a lower number of items and can only be administered using paper and pencil.

28. **SESII-W (Sexual Excitation/Sexual Inhibition Inventory for Women):** The test investigates the competences on the side of sexual arousal and inhibition in women, through a questionnaire of 115 items with answers on a 4-point Likert scale. The theoretical model to which the test refers is that of the conditioning of sexual response: sexual arousal is regulated by a balancing mechanism between factors with different values; the preponderance of an element can contribute to the realisation/manifestation of arousal or constitute a reason for sexual inhibition. The areas explored in relation to sexual arousal are: Arousability (arousal, stimulation); Sexual power dynamics; Smell (sexually arousing odours); Partner characteristics; Setting (unusual or unconcealed). The factors considered for sexual inhibition are: Relationship importance; Arousal contingency; Concerns about sexual function. The validation of the test was based on a sample of 655 women with an average age of 33.9 years and the statistical calculations provided good reliability as measured by the test-retest and good discriminant and convergent validity, determined through concordance with the results of other tests with which they were compared: BIS/BAS - Behavioral Inhibition Scale/Behavioral Activation Scale, SOS - Sexual Opinion Survey, SSS - Sexual Sensation Seeking.

29. **SFQ (Sexual Functioning Questionnaire):** There are several variants of the SFQ, often adapted for use in various research fields:

a) **SFQ - Sexual Functioning Questionnaire (1982):** Validated and standardised questionnaire analysing various aspects relating to male dysfunction. 62 items: 48 addressed to both partners and 14 reserved for the dysfunctional patient alone. Scoring and clinical evaluation are carried out using the traditional method.

b) **B-SFQ - Burke Sexual Functioning Questionnaire (1994):** Structured interview of 15 items, through which 7 dysfunctional areas of male sexuality are assessed, to be related to schizophrenic disorders.

c) **C-SFQ - Changes in Sexual Functioning Questionnaire (1997):** The original questionnaire consisted of 21 items, for both sexes, in paper and pencil mode. Following the revision, the male and female questionnaires are composed of 36 and 34 items respectively: 12 items are common to the two questionnaires and explore 5 areas of sexual functioning (frequency of sexual desire, sexual involvement, pleasure, sexual arousal, orgasm), the other 24 male and 22 female items detect the clinical history of the subject.

d) **A-SFQ - Antipsychotics and Sexual Functioning Questionnaire (2001):** Structured interview (8 items for men and 12 for women) investigating sexual desire, erection and orgasm in men; sexual desire, menstrual cycle, contraceptives, vaginal lubrication and sexual intercourse in women, in relation to various aspects of antipsychotic treatment. Validation studies in progress.

e) **DG-SFQ - Dickson and Glazer Sexual Functioning Questionnaire (2001):** Modified and computerised version of the A-SFQ questionnaire assessing sexual dysfunction induced by antipsychotic drugs. In this adaptation some items were added to assess sexual imagery, relationship satisfaction and general sexual functioning of the subject.

f) **S-SFQ - Smith Sexual Functioning Questionnaire (2002):** Validated questionnaire composed of 22 items for men and 26 for women (with dichotomous True/False answers) investigating various areas of sexual functioning during treatment with antipsychotic drugs. Version derived from the B-SFQ, expanded and diversified for male and female, exploring: libido, sexual arousal (erection in men, vaginal lubrication in women), masturbation, orgasm, ejaculation (in men) and dyspareunia (in women).

g) **SFQ-V1 - Sexual Function Questionnaire (2002):** Questionnaire of 34 items (in some versions reduced to 26) exploring 6 female sexual dimensions: desire, arousal, sexual lubrication, orgasm, pleasure and pain.

h) **SFQ-I - Sexual Functioning Questionnaire (2008):** The questionnaire, even if not expressly indicated, is aimed at a female target and consists of 172 items structured in various forms (multiple choice, dichotomous, checklist, open answer). The areas examined are: general information (10 items), female sexual functionality index (21 items), sexual functionality of the partner (10 items), experiences in adolescence (4 items), current attitudes towards sexuality (8 items), satisfaction with the current relationship (18 items), performance anxiety (9 items), communication (18 items), intimacy (12 items), lifestyle (9 items), emotional aspects (21 items), current sexual difficulties (32 items).

30. **SHQ-R - Clarke Sex History Questionnaire for Males-Revised:** The Clarke SHQ exists only in a male version and was created in 1977 by clinicians at the Centre for Addiction and Mental Health (formerly the Clarke Institute of Psychiatry) in Toronto (Canada). The current SHQ-R self-report questionnaire, which is widely validated and standardised, was restructured in 2002 and consists of 508 items investigating various areas of male sexuality: 1. Childhood and Adolescent Sexual Experiences (a scale that measures sexual experiences and abuse in childhood and adolescence); 2. Adult Age/Gender Sexual Outlets (seven scales measuring the frequency of various sexual activities/ideas with adults, children and adolescents); 4. Fantasy and Pornography (three scales measuring sexual fantasies with women, men and use of pornography respectively); 5. Transvestism, Fetishism, and Feminine Gender Identity (three scales assessing the subject's experiences with transvestism, sexual fetishes, and identification with feminine features and characteristics); 6. Courtship Disorders (six scales that take into account various aspects of "disturbed courtship": voyeurism, exhibitionism, obscene phone calls, frotteurism / groping and sexual assault). The test also includes two validity indicators: the Lie scale (answers considered untrue) and the Infrequency scale (answers that are chosen infrequently).

31. **SII - Sexual Interaction Inventory:** Self-report questionnaire consisting of 102 items, 6 for each of the 17

behavioural areas through which detailed information on sexual interactions within the couple (heterosexual or homosexual) is collected. Standardised and validated, it provides a response on various dysfunctional aspects of the subject and of the couple relationship, whose idiographic image is displayed on a graph formed by the scores of both questionnaires.

32. *SOC - Spouse Observation Checklist*: Checklist of 400 items to be completed daily (for a fortnight) by both spouses, regarding pleasant and unpleasant behaviour observed in the other partner. Personal evaluations of this mutual "marital observation" are expressed on a 5-point Likert scale. These types of daily diaries are often used in systemic therapies to assess the partners' conflict management and relationship satisfaction/satisfaction. The items are classified into 12 types of attitudes/behaviours: 1. Affection; 2. Companionship; 3. Consideration; 4. Sex; 5. Communication process; 6. Coupling activities; 7. Child care and parenting; 8. Household management; 9. Financial decision making; 10. Employment-Education; 11. Personal habits and Appearance; 12. Self and spouse independence.

33. *SOS - Sexual Opinion Survey*: Validated and standardised questionnaire, consisting of 21 items with answers on a seven-point Likert scale, through which the sexual trait is graded along the continuum of a main dimension considered to be bipolar: Erotophilia-Erotophobia, as a result of "a predisposition acquired through exposure to restrictions and punishments, referred to sexuality, during the socialization process", i.e. the learned disposition to respond to sexual stimuli in a positive or negative way, which results in avoidance or approach behaviours towards sexuality.

34. *TIPE - Test di Induzione Psico Erotica*: Standardised projective test for the evaluation of erotic imagination. It consists of 8 tables relating to four specific themes: childhood situations, initiative in love relationships, competitiveness and group function.

35. *WIQ - Waring Intimacy Questionnaire*: The items forming the initial questionnaire, for the sampling trials, consisted of 496 items. The final validated and standardised scale was reduced to 80, with 10 items for each of the 8 subscales analysing various aspects of couple intimacy and a ninth scale, also with 10 items, measuring 'social desirability', i.e. the subject's intention to appear 'socially adequate'. The areas explored are: couple conflicts, marital cohesion, emotional intensity, sexuality, identity, couple compatibility, expressiveness and independence (from the family of origin).

Precisely in order to make up for the lack of a comprehensive and organised questionnaire, the writer proposes the standardisation of the following instrument: "*Perrotta Individual Sexual Matrix Questionnaires*" (*PSM-1*), structured as follows in the following sections, suitable for both sexes and between 16 and 90 years of age.

Section A: Personal and contact dates

In the first section (A), the grid provides for the input of the patient's information and contact details:

Name, surname, age, birthday, tax code, address, phone/cellular and e-mail.

Section B: Sexual anamnestic questionnaire

In the second section (B), the grid provides answers for questions concerning the patient's sexual history. In particular, the section focuses on:

- sexual orientation, in order to identify the patient's exact perception of his/her preferred or perceived orientation;
- orientation indicators, in order to identify one or more causes and/or concomitant causes that could have influenced the patient's will and conditioned in whole or in part his orientation choice;
- the patient's knowledge of sexual matters, thus discovering the source and possible conditioning from external sources, also capable of fuelling a certain dysfunctionality;
- his attitude to sexual matters, in order to understand his inclinations and predispositions to deal with certain aspects, even more playful or emotional ones;
- the patient's perceived sexual gender;
- the exploration of masculinity and femininity, and of his or her subjective perception thereof;
- the indication of the patient's preferred erogenous zones;
- the presence of one or more sexually dysfunctional disorders, based on clinical signs and past history;
- the indication of other personal and family pathological conditions, useful for the information picture.

Section C: Sexual emotional questionnaire

In the third section (C), the grid provides answers for questions concerning the patient's sexual history about the emotional profile, both personal and couple, with greater emphasis on the emotional, relational and clinical components of physical and mental abuse.

Section D: Sexual behavioural questionnaire

In the fourth section (D), the grid provides answers for questions concerning the patient's sexual history about the behavioural profile and his paraphiliac conduct (not necessarily dysfunctional or pathological). The section is completed by a questionnaire that investigates precisely the degree of dysfunctionality of his or her relevant sexual conduct.

Section E: Sexual relationship style questionnaire

In the fifth section (E), the grid provides answers for questions concerning the patient's sexual history about the relationship style profile, with three questionnaires:



- a) Type A: investigates the regular and functional monogamous behaviour in the couple relationship;
- b) Type B: investigates the possible polygamous tendency;
- c) Type C: investigates possible dysfunctionality / psychopathology in polygamous conduct.

Conclusions

The proposal of this model responds to the clinical needs of a multidisciplinary approach, which analyses the sexual issue from different perspectives, simultaneously: the affective and emotional profile, the relational profile, the sexual profile and the clinical profile. In this way, during the clinical interview, it will be possible for the therapist to draw up a complete anamnesis that takes into account every expectation, both individual and couple, in order to structure as completely as possible the therapeutic plan for the patient, also in relation to his psychopathologies [67-99]. The questionnaires are clinical; therefore, they will be completed by the therapist during the clinical interview, with confirmation and validation by the patient. The limitations of the questionnaire cannot yet be determined as the population sample research is being completed.

Perrotta Individual Sexual Matrix Questionnaires (PSM-1)

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