EXAMINING HOW SAME-GENDER AND MIXED-GENDER COUPLES NAVIGATE SEXUAL ISSUES IN THEIR RELATIONSHIPS.

by

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Abstract

Sexual scripts—the definitions and expectations that individuals hold for sexual interactions—are thought to play an important role in the maintenance of sexual well-being. Sexual scripts can be rigid or flexible, and they can be concordant or discordant between members of a couple. Sex therapists support sexual script flexibility for maintaining sexual and relationship satisfaction when couples are navigating sexual issues. However, empirical research examining the role of sexual script flexibility and the degree of script concordance/discordance in couples' sexual well-being has been limited, due in part to the limited measures available. Furthermore, within the existing research, there has been an unfortunate tendency to exclude individuals in same-gender relationships – perpetuating the long-standing knowledge gap in the literature on positive sexuality in diverse relationships. To address these gaps in the literature, we conducted a series of online studies that recruited individuals in diverse relationships. A measure of individual sexual script flexibility in response to sexual issues was developed (Chapter 2); in addition, the structure of an existing measure assessing couple sexual scripts in response to a sexual issue was evaluated (Chapter 3). Chapter 4 examined how individuals in diverse relationships compared on measures of individual sexual script flexibility and on couple sexual scripts. Findings suggest that there are more similarities than differences across diverse couples. Chapter 5 explored how flexibility in an individual's approach to sexual issues relates to sexual well-being, specifically by assessing sexual communication and partner responses as mediators. Results suggest that individual sexual script flexibility relates to sexual well-being through reciprocal partner processes. Collectively, this research program suggests that more similarities than differences exist between individuals in same- and mixed-gender relationships, and that partners are important to consider in the relationship between individual sexual script flexibility

and sexual well-being. These findings have implications for sex and couple therapy; these results emphasize the importance of interventions that target both members of the couple, and further our understanding of sexuality in same- and mixed-gender relationships.

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On ne voit bien qu'avec le coeur. l'essential est invisible pour les yeux (Saint-Exupéry, 1943)

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Chapter 1

General Introduction

"What is sex?" The answer to this question likely depends on whom you ask. Individuals differ in how they define sex; these definitions are known as sexual scripts (Simon & Gagnon, 1984). Sexual scripts act as guides, influencing what does and does not constitute a sexual experience—they cover the *who*, *what*, *when*, *where*, and *how* of sex (Gagnon, 1990). For example, a sexual script may be that sexual activities must take place with a committed partner, include specific sexual acts, and end in orgasm for both partners.

Sexual scripts are influenced and developed at interactive levels: the individual (intrapersonal), the couple (interpersonal), and the cultural (Gagnon & Simon, 1987; Simon & Gagnon, 1984, 1986). All three levels influence each other, and all are important in forming an individual's sexual beliefs. The *individual script* refers to individual preferences, fantasies, and meanings of sexual interactions and physiological responses (e.g., identifying increased heart rate, lubrication, or an erection as indicators that one is aroused). The *couple script* involves integrating and negotiating the individual scripts of both members of the couple to develop a mutual or shared 'couple' script. The couple script usually develops over time through shared interactions whereby couples develop a sexual routine or shared set of expectations about their sexual relationship, such as body language to initiate sex, preference for certain sexual positions, knowledge of erogenous body parts, and what might signal the end of the sexual encounter. The individual and couple scripts are influenced by the *cultural script*. The cultural script provides a general guide as to what is considered characteristic or uncharacteristic for that culture. This script could include aspects such as who should initiate sexual activities, whether sex needs to include vaginal penetration, contraceptive use, and between whom sexual activities should occur.

Cultural scripts are developed from multiple sources of information, including sexual health education in schools, faith-based messages, familial values, peers, sex researchers, and mass media (Simon & Gagnon, 2002). Together, the three levels form a sexual script that guides sexual interactions.

What happens, though, when sexual preferences/activities go 'off-script'? An individual's or couple's preferred sexual script may differ from the script that is enacted during sexual activities (e.g., desire discrepancies; Davies, Katz, & Jackson, 1999; Santtila et al., 2008, actual and desired duration of foreplay; Miller & Byers, 2004, attitudes and values; McCarthy & Bodnar, 2005). In addition, sexual issues, such as differences in sexual preferences, penetration difficulties, pain, or low desire, are not uncommon in sexual exchanges (Byers & MacNeil, 1997; Frank, Anderson, & Rubinstein, 1978; Laumann, Paik, & Rosen, 1999; Tambling & Reckert, 2014), and the presence of sexual issues may impact engagement in one's preferred sexual script (Barsky, Friedman, & Rosen, 2006; Gagnon, Rosen, & Leiblum, 1982; Reese, Keefe, Somers, & Abernethy, 2010). Differences between an individual's preferred script and the actual couple script that is "played out" are likely to be associated with lower sexual satisfaction and higher levels of sexual distress. However, many individuals who report experiencing sexual issues also report high levels of sexual satisfaction (Byers & MacNeil, 1997). How is it that some individuals and couples with sexual issues are able to maintain high levels of sexual and relationship satisfaction despite interruptions to their preferred sexual script?

It is likely that some individuals maintain sexual satisfaction despite disruptions to their preferred sexual script by adapting their sexual scripts (Beck, Robinson, & Carlson, 2013; Reese et al., 2010). Sexual scripts are not necessarily supposed to be rigid; they can and should be flexible, changing over time and circumstance. Indeed, sex therapists have long supported the

idea of flexibility in sexual scripts to navigate sexual issues and maintain sexual and relationship satisfaction (McCormick, 1987, 2010; Wiederman, 1998; Zilbergeld, 1999). Sex therapists often use a scripting approach that targets inflexible cognitive and behavioral aspects of sexual scripts (Gagnon et al., 1982). Cognitive interventions may aim to broaden an individual's definition of sex (e.g., satisfying sexual activity does not require penetration; Barsky et al., 2006; Reese et al., 2010), or encourage individuals to adopt a pleasure-focused rather than goal-oriented approach to sex (Beck et al., 2013; Leiblum & Wiegel, 2002). Alternatively, behavioral interventions may promote flexibility by encouraging individuals to explore a range of different sexual activities; by broadening the range of an individual's sexual repertoire, individuals may find alternative pleasurable activities that are amenable to their sexual issue (ter Kuile, Both, & van Lankveld, 2010).

Although adopting a sexual script framework in case conceptualization and treatment of sexual issues is common practice in sex therapy (Barsky et al., 2006; Beck et al., 2013; Gagnon et al., 1982; Leiblum et al., 2002; McCormick, 2010; 1987; Reese et al., 2010; ter Kuile et al., 2010; Wiederman, 1998; Zilbergeld, 1999), sexual script flexibility as a measurable construct has yet to be empirically evaluated. As such, we do not yet know how changes in script flexibility relate to improved sexual well-being. One possibility is that individuals who are flexible in their approach to sexual issues may engage in positive sexual communication, such as sexual self-disclosure, to make appropriate alterations to their sexual script. By disclosing to their partner what they like and find pleasurable and what they do not like and do not find pleasurable, individuals may encourage positive responses from their partner which create mutually satisfying sexual scripts that maximize sexual pleasure and satisfaction (Byers, 2011;

MacNeil & Byers, 2009; McCarthy & Bodnar, 2005; Rancourt, Rosen, Bergeron, & Nealis, 2016).

Unfortunately, sexuality research, including research on sexual scripts, treatment of sexual issues, sexual communication, and partner responses has been conducted almost exclusively within the context of mixed-gender (i.e., heterosexual) relationships. This tendency for exclusion has contributed to a lack of understanding of sexual well-being in individuals in same-gender relationships. Because many sources of information for cultural scripts (e.g., health education, faith-based messages, mass media, sex research) focus on heteronormative sexuality (e.g., Carpenter, 1998; Seabrook et al., 2016), individuals in same-gender relationships may not have set expectations for sexual interactions, and are thereby required to construct their own definitions of sex. Having to navigate without a dominant cultural guide may promote flexibility, thereby resulting in differences in how same-gender oriented individuals and their partners develop their couple script. For example, it is possible that the absence of gender-based expectations may promote greater sexual communication (e.g., global relationship communication; Kurdek, 2004), and sharing a similar body may facilitate positive partner responses (e.g., same-gender versus other-gender partner responses to premenstrual syndrome; Ussher & Perz, 2008). However, differences between individuals in same-gender relationships and mixed-gender relationships remain speculative, and research is needed to understand the unique and shared ways that individuals in same-gender and mixed-gender relationships navigate their sexuality.

Current Study

The aims of this program of research were to explore if and how sexual script flexibility is related to improved sexual well-being, and further our understanding of similarities and

differences of individuals in same-gender and mixed-gender relationships. Our objectives to achieve these aims are as follows:

Chapter Two

1) Construct a measure of sexual script flexibility that can be used with individuals in diverse relationships (same-gender, mixed gender).

Chapter Three

2) Examine the structure of an existing couple sexual script measure to assess its tenability across diverse relationships and a broad range of sexual issues.

Chapter Four

3) Explore similarities and differences between men and women in same-gender and mixed-gender relationships on factors related to sexual well-being.

Chapter Five

4) Investigate how sexual script flexibility relates to sexual well-being; specifically, we aimed to identify how sexual communication and partner responses mediate the relationship between sexual script flexibility and sexual well-being.

Implications of the Research Program

Research has yet to identify how flexibility in sexual scripts may contribute to a more pleasurable sexual experience. Furthermore, there is currently a gap in the research literature on sexuality in same-gender relationships. The findings from this program of research will contribute to bridging both of these knowledge gaps by furthering our understanding of the unique and shared ways that individual and couple scripts function in different relationship compositions (same-gender, mixed-gender).

Increasing our understanding of sexuality in diverse relationships is important, as historically, individuals in same-gender relationships have faced discrimination from healthcare institutions based on misconceptions about their sexual orientation (e.g., 'homosexuality' as an illness in the Diagnostic Statistical Manual (DSM) until 1973). Although standards of care have progressed since then, many same-gender oriented individuals seeking treatment and healthcare students feel that there remains insufficient training and knowledge to meet the needs of gender and sexually diverse patients (Byne, 2014; Dowsett, Lyons, Duncan, & Wassersug, 2014; Mayer & Bradford, 2008; Owen-Pugh & Baines, 2014). Bridging this training and knowledge gap is especially important given that 45.2% of same-gender oriented individuals in one study had terminated a therapeutic relationship as a result of culturally incompetent care (Israel, Gorcheva, Burnes, & Walther, 2008). The current research program can increase knowledge of how diverse couples negotiate and navigate their sexual relationships; this information can, in turn, help inform evidence-based culturally competent care for diverse populations.

Chapter 2

Development and Initial Validation of the SexFlex Scale

Introduction

Sexual issues are not uncommon in sexual relationships, yet the presence of sexual issues may have variable effects on sexual satisfaction (e.g., Matthew et al., 2005; Shifren, Monz, Russo, Segreti, & Johannes, 2008). Indeed, although sexual issues are widespread (Byers & MacNeil, 1997; Frank, Anderson, & Rubinstein, 1978; Laumann et al., 2006; Tambling & Reckert, 2014), many individuals are able to maintain sexually satisfying relationships (Frank et al., 1978; Byers & MacNeil, 1997). This finding is interesting, as a greater number and frequency of sexual issues is associated with lower sexual satisfaction (Byers & MacNeil, 1997).

Sexual issues may be distressing because they cause disruptions to an individual's preferred sexual script. Sexual scripts can be thought of as "roadmaps" to sexual activity, and they have been proclaimed as important for overall sexual well-being (Gagnon et al., 1982; Greene & Faulkner, 2005; MacNeil & Byers, 2009; McCormick, 2010). Sexual issues, such as differences in sexual preferences, penetration difficulties, pain, or low desire, may act as roadblocks that force individuals to take a detour from their preferred or planned route—their sexual script. When sexual issues arise, individuals may differ in how comfortable or satisfied they are with trying an alternate route. These individual differences in flexibility and comfort with trying an alternate strategy to a preferred sexual script are thought to contribute to differences in couples' abilities to navigate their relationship in the face of sexual issues (Beck et al., 2013; Reese et al., 2010). Specifically, individuals who are able to change the way they think about sex or change their behavioural approach to sexual activity are thought to cope better with acute and chronic sexual issues (Barsky, Friedman, & Rosen, 2006; Leiblum & Rosen,

1991; MacNeil & Byers, 2009). Indeed, a major approach to dealing with sexual issues in sex therapy is to modify dysfunctional and inflexible scripts with the goals of enhancing sexual satisfaction and decreasing distress (Wiederman, 1998; Zilbergeld, 1999). Despite the focus on changing sexual scripts in therapy, empirical studies examining the relationship between sexual scripts and sexual well-being have been sparse. Part of the reason for this lack of research attention is that there exist very few measures that assess sexual scripts within the sexual interaction itself.

Some measures have been developed to examine components of an individual's sexual script that occur outside of a sexual interaction. For example, questionnaires exist on aspects such as gender roles (e.g., Eisler & Skidmore, 1987; Mahalik et al., 2003; Mahalik et al., 2005); sexual double standards for sexual activity, including emotional commitment strategies (e.g., Sakaluk, Todd, Milhausen, & Lachowsky, 2014), and identifying who is the sexual initiator versus gatekeeper to sex (LaPlante, McCormick, & Brannigan, 2010; O'Sullivan & Byers, 1992; Wiederman, 2005); sexual risk taking (e.g., Bowleg et al., 2013); and courtship and sexual attraction (Seabrook et al., 2016). However, no adequate measures to assess script flexibility exist. Thus, we do not know how individuals who face a sexual issue appraise or approach the issue. We propose that greater flexibility, as reflected in less rigid thoughts and behaviors, contributes to more effective coping strategies, which will be reflected in positive psychosexual outcomes, such as increased sexual satisfaction and less distress from the sexual issue.

Research Goals

The purpose of this program of study was to develop a measure of sexual script flexibility in approaching sexual issues (e.g., sexual compatibility differences, sexual issues/dysfunction,

etc.) that can be used in different couple types (i.e., mixed-gender, same-gender). The following two overarching questions were explored:

1) What is the structure of the Sexual Flexibility Scale (SexFlex Scale)? (Study One)
    a) How does the scale structure hold across individuals in diverse relationships?
2) How does the SexFlex Scale fare in terms of validity and reliability? (Study Two)
    a) Does the scale have good internal consistency, as well as convergent and divergent validity?

Study One

The goals of Study One were to (1) examine the structure and internal consistency of the SexFlex Scale, (2) perform a confirmatory factor analysis to test the model-fit of the SexFlex Scale, and (3) assess the extent to which the extracted factors and underlying constructs share meaning across same-gender and mixed-gender relationships.

Method

Participants

A total of 2,839 participants were recruited online from social media websites (e.g., Facebook, Reddit, Twitter) based on the eligibility criteria of (i) being at least 18 years of age, and (ii) in an intimate relationship of at least three months' duration. The data from participants who discontinued the survey were listwise deleted, resulting in a final sample of 951 individuals (330 male-identified individuals, 607 female-identified individuals, 14 undisclosed) who ranged in age from 18 to 73 years old (M = 28.00, SD = 8.86). All participants reported being in a sexual relationship with their current partner for a minimum of three months, with relationship length ranging from 3 to 517 months (M = 56.19, SD = 70.27). The majority of the sample lived in

North America, had some post-secondary education, and reported an annual income of more than $40,000 (Table 2.1).

Measures

In addition to the measures described below, participants completed additional questionnaires (Appendix D) that are not pertinent to the current study.

Background Questionnaire. This measure gathered information about participants' demographic characteristics (e.g., age, income, ethnicity, education status), self-identified gender identity and sexual orientation, health status history (e.g., medical concerns and diagnoses, Human Immunodeficiency Virus [HIV]/Acquired Immunodeficiency Syndrome [AIDS] serostatus), sexual history (number of same-gender and other-gender sexual partners), and characteristics about their current relationship (e.g., relationship length, relationship status, gender of partner).

The SexFlex Scale (SFS). This 13-item pilot measure (see Table 2.2) was developed to assess how flexible an individual is in their approach to a sexual issue (e.g., differences in sexual preferences, sexual issues or dysfunction, etc.). Items were written by two authors, inspired from themes that emerged from the sexual scripts literature and components of the Coping Flexibility Scale (Kato, 2012); the definition of sexual script flexibility used as a guide was 'the ability to adaptively change one's thoughts and behaviours in response to a sexual problem'. Participants were asked to indicate on a 4-point Likert-type scale from 1 (*seldom or never*) to 4 (*almost always*) how frequently they respond in the way indicated by the item (e.g., 'I immediately change my approach to sex if a certain approach doesn't work'). Higher scores on the SFS indicate greater frequency of flexible responses when approaching a sexual issue.

Procedure

Study measures and procedures were approved by the Queen's University General Research Ethics Board (GREB) (Appendix A). Participants were recruited to participate in an online survey through advertisements posted on social media websites (e.g., Facebook, Reddit, Twitter), University Pride groups, and relevant listservs (Appendix B). Participants were directed from the advertisements to an online Letter of Information and Consent Form (Appendix C) where they provided informed consent prior to accessing the questionnaire. Completion of the online survey took approximately 30 - 45 minutes (Appendix D). After completion, participants were presented with the Debriefing form (Appendix E) and were given the option to enter their email address to enter into a draw to win one of four $50 CAD prizes, and/or enter their email address to participate in Time 2 of the study (not reported in this thesis), and/or enter their partner's email address to invite them to participate in the partner version of the study (not reported in this thesis). The survey was hosted through the Checkbox website (Checkbox Survey Inc., Watertown, MA), and the data were stored on a private, secure server located on the Queen's University campus.

Results

The 951 participants who participated in the study were randomly assigned using SPSS 23.0 to one of two subsamples; subsample A for exploratory factor analysis (n = 483) or subsample B for confirmatory factor analysis (n = 468). Alternate analyses were also performed with subsample B for exploratory factor analysis and subsample A for confirmatory factor analysis. The results were consistent with those presented below and can be found in Appendix G.

Sample descriptive characteristics

To assess differences in demographic characteristics between subsamples A and B, Chi-square analyses were used for categorical data and t-tests were used for continuous variables (*p*-values are presented in Table 2.1). Overall, the samples were highly similar; the only demographic variable that was significantly different between subsamples A and B was self-reported sexual orientation ($\chi^2(6) = 20.2$, Cramer's V = .14). Specifically, a greater proportion of individuals in subsample A self-identified as bisexual as compared to individuals in subsample B.

Table 2-1

Participant demographic information for Study One

	Subsample A ***n* = 483**	**Subsample B** ***n* = 468**	**Total Sample N = 951**	***p*-value**
Age (*M* (*SD*))	28.0 (8.8)	27.8 (8.9)	28.0 (8.9)	.994
Relationship Composition (*n* (%))				.759
Males with male partners	56 (11.6)	62 (13.2)	118 (12.4)	
Males with female partners	117 (24.2)	119 (25.4)	236 (24.8)	
Females with male partners	254 (52.6)	231 (49.4)	485 (51.0)	
Females with female partners	56 (11.6)	56 (12)	112(11.8)	
Sexual Orientation (*n* (%))				.008
Heterosexual	220 (45.5)	229 (48.9)	449 (47.2)	
Gay/Lesbian	73 (15.1)	87 (18.6)	160 (16.8)	
Bisexual	114 (23.6)	65 (13.9)	179 (18.8)	
Pansexual	38 (7.9)	41 (8.8)	79 (8.3)	
Queer	18 (3.7)	21 (4.5)	39 (4.1)	
Asexual	6 (1.2)	3 (0.6)	9 (0.9)	
Other	13 (2.7)	20 (4.3)	33 (3.5)	
Relationship Status (*n* (%))				.208
Casually dating	2 (0.4)	6 (1.3)	8(0.8)	
Dating partner (regularly)	145 (30)	141 (30.1)	286 (30.1)	
Dating partner (long distance)	57 (11.8)	67 (14.3)	124 (13.0)	
Living with partner	128 (26.5)	136 (29.1)	264(27.8)	
Married/common law/etc.	134 (27.7)	107 (22.9)	241(25.3)	
Other	17 (3.5)	11 (2.4)	28 (2.9)	
Length of Relationship in months	58.1 (72.8)	54.2 (67.6)	56.2 (70.3)	

Birthplace (*n* (%))				.149
Canada	121 (25.1)	105 (22.4)	226 (23.8)	
United States	244 (50.5)	226 (48.3)	470 (49.4)	
Europe	62 (12.8)	85 (18.2)	147 (15.4)	
Other	56 (11.6)	50(10.6)	106 (11.2)	
Ethnicity (*n* (%))				.218
North American Aboriginal	6 (1.2)	15 (3.2)	21 (2.2)	
Canadian	130 (26.9)	126 (26.9)	226 (23.6)	
French Canadian	23 (4.7)	15 (3.3)	48 (5.1)	
American	226 (46.8)	196 (41.9)	422 (44.4)	
Mexican	17 (3.5)	6 (1.3)	23 (2.4)	
European	172 (35.6)	168 (35.8)	437 (46)	
Caribbean	4 (0.8)	3 (0.6)	7 (0.7)	
Latin/Central America	13 (2.7)	12 (2.5)	23 (2.4)	
African	7 (1.4)	6 (1.3)	13 (1.3)	
Asian	24 (5.0)	26 (5.6)	51 (5.4)	
Oceanian	32 (6.6)	26 (5.6)	59 (6.2)	
Other	8 (1.7)	21 (4.5)	28 (3)	
Education (*n* (%))				.561
High school (some)	3 (0.6)	8 (1.7)	10 (1.6)	
High school (complete)	25 (5.2)	25 (5.3)	50 (5.3)	
Post-secondary (some)	145 (30)	121 (25.9)	226 (28)	
Post-secondary (complete)	310 (64.2)	312 (66.7)	622 (65.4)	
Income (*n* (%))				.617
$0 – 19 999	74 (15.3)	70 (15.0)	144 (15.1)	
$20 000 – 39 999	84 (17.4)	87 (18.6)	171 (18)	
$40 000 – 59 999	81 (16.7)	69 (14.8)	150 (15.8)	
$60 000 – 89 999	67 (13.9)	82 (17.5)	149 (15.7)	
$90 00 +	127 (26.2)	110 (23.5)	237 (24.9)	

Note. Due to missing data, rounding, and multiple responses, not all percentages add up to 100.

Data Considerations

To determine which factor analysis method would be appropriate for use in the present dataset, item distributions were examined for restricted response range and normality. No items from the SFS were identified as having a restricted response range; however, visual inspection and examination of skewness and kurtosis revealed some items to be moderately skewed. Thus, principal axes factor analysis was selected for exploratory factor analysis, because it is robust against violations of normalcy (Fabrigar, Wegener, MacCallum, & Strahan, 1999).

Exploratory Factor Analysis

To examine the structure of the data collected, an exploratory factor analysis was conducted with subsample A (n = 483).

Prior to conducting the factor analysis, an initial evaluation of the factorability of the SFS was conducted using several well-established criteria (Tabachnick, & Fidell, 2013). All 13 pilot items correlated with at least one other item above r = 0.3. The Kaiser-Meyer-Olkin measure of sampling adequacy was 0.85, which falls in the meritorious range (Kaiser, 1974). The results of Bartlett's Test of Sphericity indicated that there was adequate redundancy ($\chi^2(45) = 1676.20$, $p <$ .001) (Bartlett, 1950). The diagonals of the anti-image matrix were all over the recommended minimum of .5 (Tabachnick, & Fidell, 2013). Thus, these results suggest that the SFS has good factorability.

To determine the number of factors to be extracted, the minimum average partial (MAP) test (Velicer, 1976; Velicer, Eaton, & Fava, 2000) and parallel analyses (PA; Horn, 1965) were computed using SPSS syntax developed by O'Connor (2000). The results of the tests (Figure 2.1, Table 2.2) indicated that a two-factor solution was appropriate.

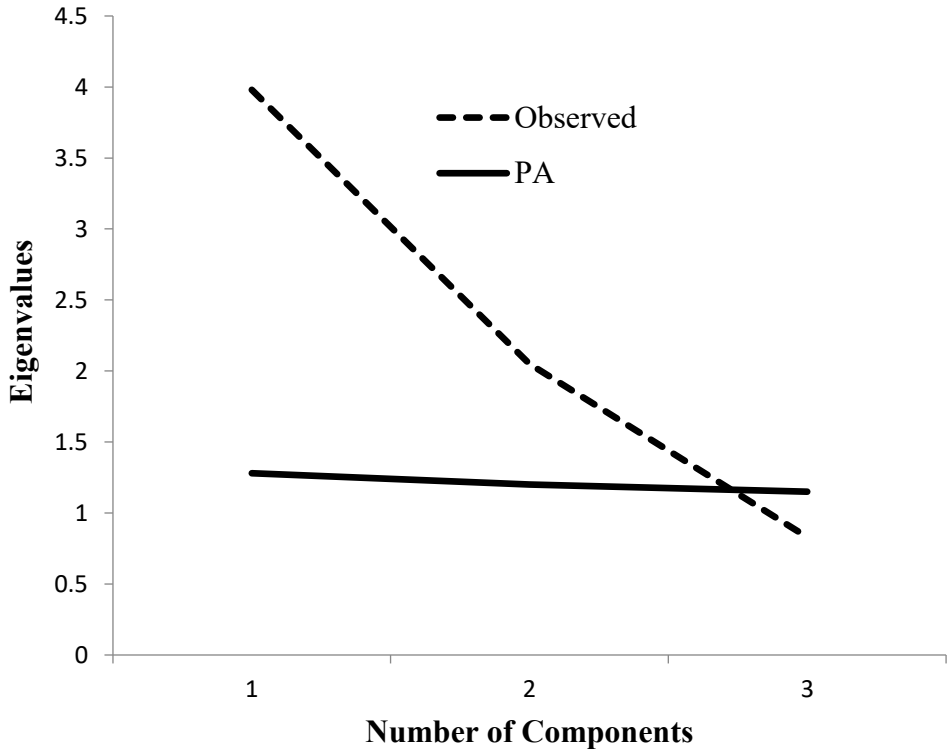

Figure 2.1. Horn's Parallel Analysis Eigenvalues compared to Observed Eigenvalues in the dataset.

Note. The intercept between the eigenvalues estimated by Horn's Parallel Analysis and those observed in the dataset occurred between the second and third component, indicating a two-factor solution.

Table 2-2

Results of Minimum Average Partial (MAP) Test

Components	(Average Partial Correlation)^2	(Average Partial Correlation)^4
0	.1360	.0408
1	.0424	.0041
2	.0362	.0031
3	.0611	.0103

Note. The smallest average partial correlation for the Original MAP (2nd power) and Revised MAP (4th power) tests was observed at the second component (.036 and .003, respectively), suggesting a two-factor solution.

Three items (item 6, 9, and 12 – Appendix D) were removed prior to the final exploratory factor analysis based on the criteria of cross loadings greater than |0.3|, redundancy, or inappropriate fit within the theoretical framework of making adaptations for coping with sexual issues. The final version of the SFS is presented in Appendix F. Principal axes factor analyses with varimax and oblimin rotations were conducted using SPSS 23.0 on the remaining 10 pilot items (see Table 2.3). Fabrigar and Wegener's (2012) guidelines on exploratory factor analysis suggest that a robust factor solution should remain stable across a range of techniques. To examine the robustness of our solution, we examined the data with missing data coded in two different ways, and examined the data across multiple rotations. The loadings resulting from the principal axes factor analyses were similar when conducted with the 'Decline Response/Not Applicable' response options coded as missing, and as 0. For the final analysis, 'Decline Response/Not Applicable' responses were coded as missing. The factor structure was also robust across rotations; however, as the correlation between factors was small (r = .155;Cohen, 1988; 1992), varimax rotation was selected for ease of interpretation.

The Principal Axes Analysis extracting a two-factor solution accounted for 50.78% of the variance. A total of six items loaded onto the first factor, Approach Flexibility, which accounted for 35.78% of the variance. The second factor, Reflective Flexibility, consisted of four items, and accounted for 15.00% of the variance. In subsample A, scores on the Approach Flexibility subscale were found to be highly reliable (6 items; $\alpha = .89$), and scores on the Reflective Flexibility were found to be moderately reliable (4 items; $\alpha = .69$).

Table 2-3

Varimax Rotation Factor Loadings for the SexFlex Scale

Item	**Factor**	
	1	**2**
I can easily change my approach to sex if necessary because of my sexual problem(s)	.822	
I think of different options for sex when my normal sexual routine is not successful because of my sexual problem(s)	.760	
I immediately change my approach to sex if a certain approach doesn't work	.743	
I adjust my strategy for coping with my sexual problem as soon as I notice that my approach fails	.791	
I am flexible in my approach towards sex	.650	
I easily think of a different approach to sex that suits my changing sexual situation	.744	
I think about the effort that it will take to achieve pleasurable sex with my sexual problem(s)		.489
I question myself what aspects of sex are really important to me (e.g., penetration, oral sex, etc.)		.520
I usually take some time to think about what I am going to do if my sexual problem(s) arise during sexual activities		.658
I question myself whether my approach to my sexual problem(s) is the best solution		.777

Confirmatory Factor Analysis

Data from subsample B (n = 468) were subjected to a confirmatory factor analysis using maximal likelihood method with the lavaan package (Rosseel, 2012) in R 3.3.0. As recommended by Jackson, Gillaspy, and Purc-Stephenson (2009), multiple fit indices were assessed to evaluate the model fit. We selected the Chi-Square to degrees of freedom ratio, the Root Mean Square Error Approximation (RMSEA), Standardized Root Mean Square Residual (SRMSR), and the Comparative Fit Index (CFI).

There is a lack of consensus in the published literature on fit cutoff criteria that indicate good versus poor model fit (Brown, 2015, p. 74). To be consistent, we will be using the cutoffs that were recommended by Hu and Bentler (1998) wherever possible. Acceptable recommendations for the Chi-Square to degrees of freedom ratio range from as low as 2 (Tabachnick & Fidell, 2013), to as high as 5 (Jackson, Wall, Martin, & Davids, 1993; Wheaton, Muthén, Alwin, & Summers, 1977). The current sample has a ratio of 3.44 ($\chi^2(34, N = 453) = 117.01$, $p < .001$), which falls within the acceptable range of model fit. For the RMSEA, values between .05 and .08 are considered to indicate reasonable error of approximation, with values below .06 indicating close fit (Brown & Cudeck, 1992; Hu & Bentler, 1998). The RMSEA in the current sample was .073, 90% CI [.059, .088], p = .004, indicating fair fit. Values of less than .08 for the SRMSR, and greater than .95 for the CFI, are considered to indicate reasonable fit between the hypothesized model and the data (Hu et al., 1998). Both the SRMR and CFI in the present study indicated reasonable fit
(SRMR = .052, CFI = .96). Collectively, the fit indices indicated a moderate to good fit between the model and the data.

The final model contained two subscales, Approach Flexibility and Reflective Flexibility. Cronbach's alphas for the 6-item Approach Flexibility subscale and 4-item Reflective Flexibility in subsample B were α = .89 and α = .69, respectively (Figure 2.2).

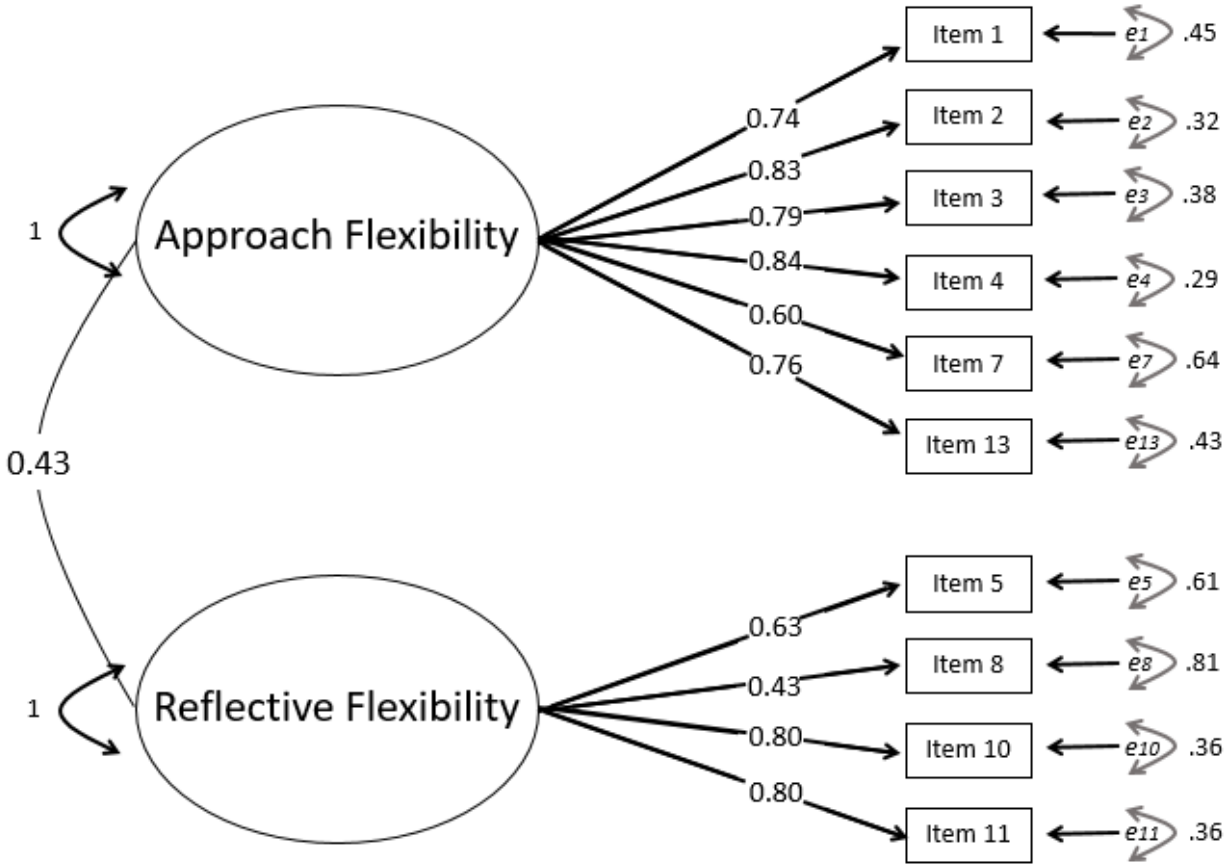

Figure 2.2. Path diagram for the confirmatory factor analysis with standardized regression weights.

Group Analyses

When examining across group differences, researchers often assume that the measure employed for comparisons assesses the same latent variable(s) for all groups. However, measurement invariance should be established prior to comparing members of different groups in

order to conclude that between-group differences are due to true differences and not differences in psychometric properties (Cheung & Rensvold, 2002).

To establish the tenability of our model structure across relationship compositions[1] (male-male, male-female, female-male, female-female) we conducted cross-group analyses to test for measurement invariance in the confirmatory factor analysis model. The combined sample of subsample A and B (N = 951) was divided into four groups (males with male partners, males with female partners, females with male partners, females with female partners) for analyses using the semTools package in R (SemTools Contributors, 2016).

There are many different ways to examine measurement invariance to determine if the measure holds similar meaning across groups. For the current study, we selected four commonly recommended levels for assessing invariance across groups: configural, metric, scalar, and latent mean (Chen, 2008; Schmitt & Kuljanin, 2008). Following this approach, we examined measurement invariance in four consecutive tests, with each one imposing increasingly stringent constraints on the measurement model (Cheung et al., 2002). We compared each model to the previous by measuring the differences in Chi-square test values and comparative fit index (CFI). If an added model increased the CFI by more than .01 from the preceding model, or if there was a statistically significant difference in Chi-square between models, measurement invariance cannot be established, and the more stringent model should be rejected (Cheung et al., 2002; Vandenberg & Lance, 2000). At a minimum, configural, metric, and scalar invariance must be established before group comparisons can be conducted (Chen, 2008; Milfont & Fischer, 2010; Schmitt & Kuljanin, 2008).

[1] To allow for gender comparisons (own gender and gender of partner), we have separated individuals in mixed-gender relationships into two groups: males with female partners, and females with male partners

First, we tested for configural invariance, which assesses if items load onto the same factors across groups. At this level, all parameters are left unconstrained (See Figure 2.3). Fit indices indicated a good model fit ($\chi^2(136) = 376.4$; CFI = 0.94; RMSEA = 0.88), providing evidence for configural invariance.

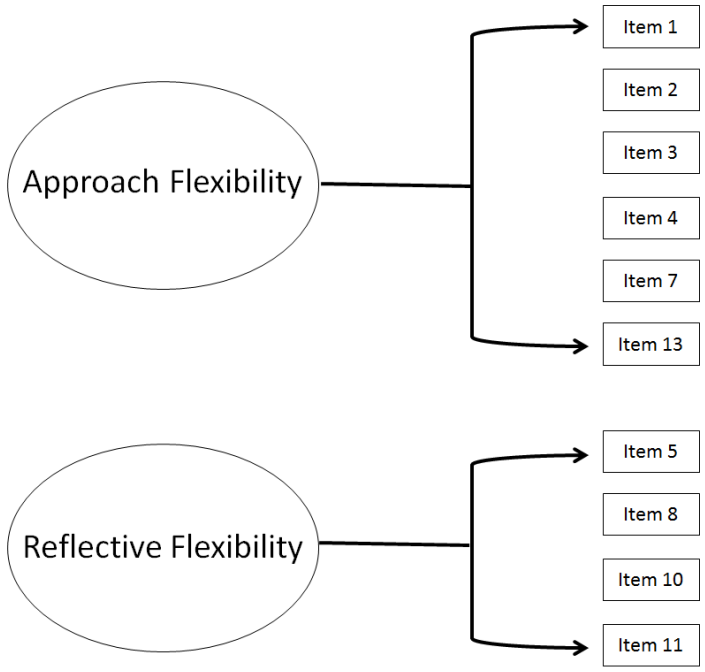

Figure 2.3. Configural Invariance of the SFS two-factor confirmatory factor analysis model with parameters held unconstrained.

Our second model assessed metric invariance across groups by constraining the factor loadings to be equal across groups (λ values in Figure 2.4). The fit of the metric invariance model was then compared to the configural invariance model to determine if the fit of the model is significantly worse. Changes in the Chi-square statistic and CFI were not significant, suggesting metric invariance across groups. Changes in model fit indices (ΔChi-square and associated *p* value, ΔCFI, ΔRMSEA) are presented in Table 2.4.

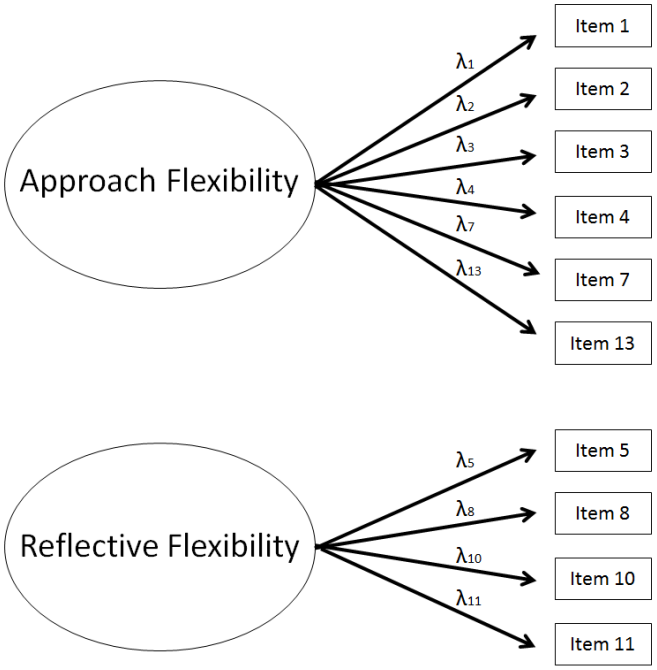

Figure 2.4. Metric invariance of the SFS confirmatory factor analysis model with factor loadings ($\lambda_1 - \lambda_4, \lambda_7, \lambda_{13}$ and $\lambda_5, \lambda_8, \lambda_{10}, \lambda_{11}$) constrained to be equal across groups.

The third model examined scalar invariance across groups by constraining both the factor loadings, and the intercepts to be equal across groups (Figure 2.5). Adequacy of model fit is determined by comparing the fit of the scalar invariance model to the metric invariance model. Changes in fit indices were not significant, suggesting that the model fit was not significantly worse, thus providing evidence for scalar invariance across groups (Table 2.4). The establishment of scalar invariance indicates that scores on the SFS are comparable across relationship compositions.

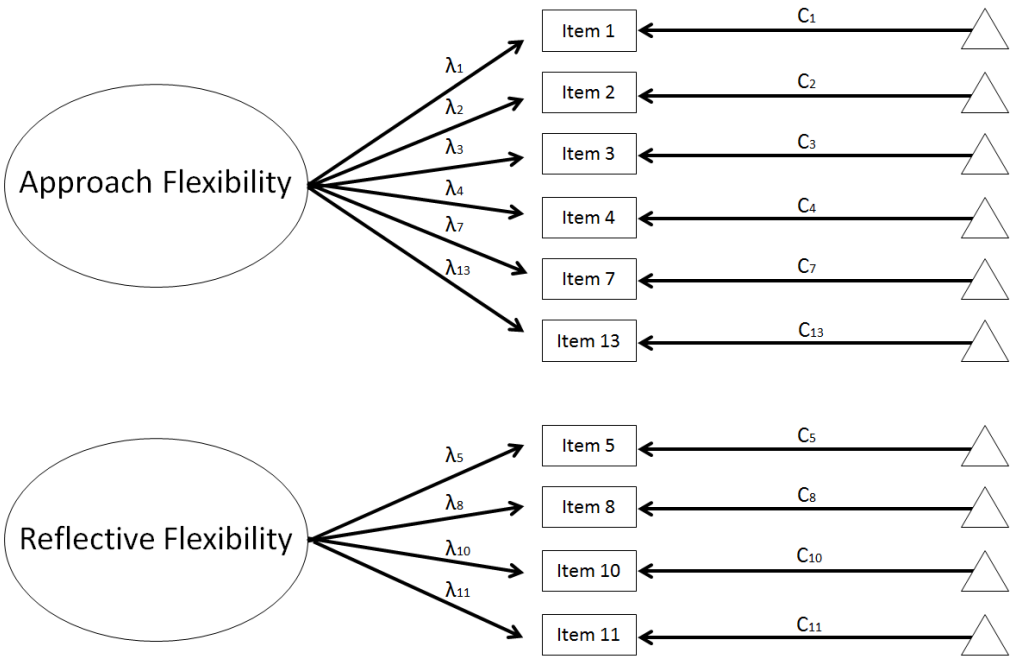

Figure 2.5. Scalar invariance of the SFS confirmatory factor analysis model with both factor loadings ($\lambda_1 - \lambda_4, \lambda_7, \lambda_{13}$ and $\lambda_5, \lambda_8, \lambda_{10}, \lambda_{11}$) and intercepts of the regression equation of each item ($C_1 - C_4, C_5, C_7, C_{13}$ and C_5, C_8, C_{10}, C_{11}) constrained to be equal across groups.

Finally, the fourth model examined invariance in latent means across groups by constraining the factor loadings, the intercepts, and the latent means to be equal across groups (Figure 2.6). The model assessing latent mean invariance was compared against the model assessing scalar invariance. Measures of invariance in model fit were inconsistent. There was no statistically significant change in the CFI fit measure; however, there was a statistically significant change in the Chi-square index of fit (Table 2.4). The Chi-square test has been criticized as being overly sensitive to sample size (Brannick, 1995; Kelloway, 1995) and simulation studies have suggested that changes in goodness of fit indices, such as CFI, may be more appropriate in interpreting invariance of the model across groups (e.g., Cheung & Rensvold, 2002). Although the CFI does indicate support for invariance across groups in latent

means, CFI simulation studies have only been done with two comparison groups, and as such findings should be interpreted with caution.

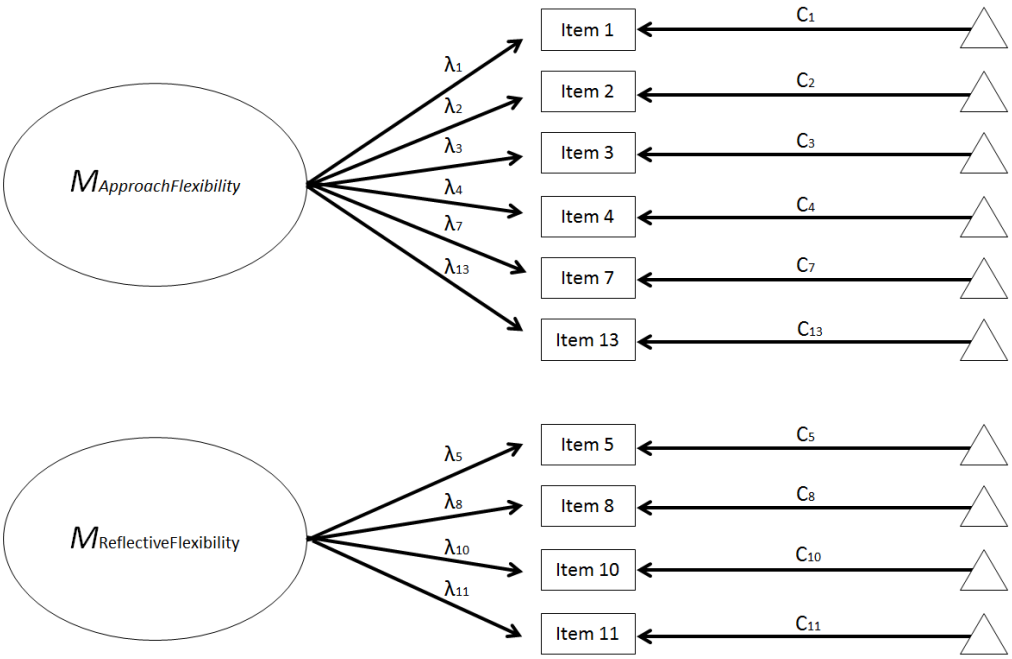

Figure 2.6. Latent mean invariance of the SFS confirmatory factor analysis model with factor loadings ($\lambda_1 - \lambda_4, \lambda_7, \lambda_{13}$ and $\lambda_5, \lambda_8, \lambda_{10}, \lambda_{11}$), intercepts of the regression equation of each item ($C_1 - C_4, C_5, C_7, C_{13}$ and C_5, C_8, C_{10}, C_{11}), and latent means ($M_{\text{ApproachFlexibility}}$ and $M_{\text{ReflectiveFlexibility}}$) constrained to be equal across groups.

Table 2-4

Tests of Invariance Across Relationship Compositions

Level of Invariance	**χ^2**	**$\Delta\chi^2$**	***p* ($\Delta\chi^2$)**	**CFI**	**ΔCFI**	**RMSEA**	**ΔRMSEA**
Configural	376.40	---	---	.94	---	.088	---
Metric	406.35	29.95	.19	.94	.001	.082	.006
Scalar	438.25	31.90	.13	.94	.002	.078	.004
Latent Mean	454.99	16.74	.01	.94	.003	.078	.000

Note. χ^2 = chi-square goodness of fit test; CFI = comparative fit index; RMSEA = root mean square error of approximation. Change scores are calculated by subtracting the previous levels scores from the current levels score.

Discussion

The goal of this study was to examine the structure and psychometric properties of the SexFlex Scale (SFS), a questionnaire designed to examine sexual flexibility in coping with sexual issues. Furthermore, the study sought to establish the tenability of the scale structure across four diverse relationship compositions. Findings from this study indicate that the SFS has two components: Approach Flexibility, a 6-item subscale which was found to have high internal consistency, and Reflective Flexibility, a 4-item subscale which was found to be moderately internally consistent. Confirmatory factor analysis found the two-factor model of the SFS to have good model fit that was tenable across relationship compositions. Overall, these results provide preliminary support for the reliability and tenability of the two-component SFS in a sample of individuals in diverse relationships. Furthermore, results from the invariance testing suggests that the SFS model holds similar meaning and measures the same construct in same-gender and mixed-gender relationships.

At face value, the constructs measured by the SFS appear consistent with themes on script flexibility in the sexual scripts literature. The current study, however, did not examine how the SFS relates to measures that are consistent with what would be expected based on theory, such as lower sexual distress in response to sexual issues, and greater sexual satisfaction. Study Two will address this limitation. Furthermore, although the current study found the SFS to have adequate internal consistency, the stability of the SFS over time remains unknown.

Study Two

The purpose of Study Two was to replicate and extend the findings of Study One by examining the reliability and internal consistency of the SexFlex Scale (SFS) structure, and the convergent and discriminant validity of the SFS in a separate sample. Flexibility in one's approach to sexual interactions is hypothesized to be an important factor in maintaining sexual well-being in the face of sexual issues (Barsky et al., 2006; Reese et al., 2010; Schover, Evans, & von Eschenbach, 1987). Given that less rigid thoughts and behaviours are thought to lead to more positive sexual outcomes, it was hypothesized that the Approach and Reflective subscales of the SFS—which reflect flexibility in approach behaviours and thoughts, respectively—would be positively related to measures of sexual well-being. Specifically, we predicted that higher scores on the SFS would be related to a greater perceived balance of sexual rewards to costs, greater sexual satisfaction, and a lower frequency of distress related to one's sex life. We also predicted that scores on the SFS would be largely unrelated to measures of sleep quality and perceived stress.

Method

The study was reviewed and approved by the General Research Ethics Board at Queen's University (see Appendix A).

Participants

Potential participants were recruited through recruitment advertisements (see Appendix H) placed on online forums and social media websites (e.g., Facebook, Reddit, Twitter). To be eligible to participate, participants had to be over the age of 18 years and to have been in a relationship with their partner for a minimum of three months. A total of 265 participants provided informed consent. Data from participants who had more than 10% of missing data were deleted, resulting in a final sample of 125 individuals (73 female-identified, 47 male-identified, and 5 unspecified individuals), who ranged in age from 18 to 59 years old (M = 27.1 years, SD = 8.4). Sample demographics are presented in Table 2.5.

Procedure

Participants accessed the survey directly from online social media advertisements. Once participants viewed the study's online Letter of Information and Consent Form (Appendix I) and provided informed consent, they were directed to the survey hosted through the Checkbox website (Checkbox Survey Inc., Watertown, MA); the data were stored on local secure servers. Completion of the online survey took approximately 15-20 minutes (Appendix J). Upon completion, participants were presented with a debriefing form (Appendix K) that provided further information about the study and resources. Participants were also given the option of being redirected to a separate survey where they could enter their e-mail address to be entered into a draw to win one of four $50 CAD prizes. Participant e-mail addresses were not linked to their survey responses.

Measures

Participants completed additional measures that were not part of the current study; these measures appear in Appendix J.

The SexFlex Scale (SFS; Study One). The SFS is a 10-item measure that was developed to assess flexibility in approaching a sexual challenge (e.g., differences in sexual preferences between partners, low sexual desire, erection problems). The SFS has two subscales: Approach Flexibility (6 items) and Reflective Flexibility (4 items). Participants were asked to indicate on a 4-point Likert-type scale from 1 (*seldom or never*) to 4 (*almost always*) how frequently they respond to sexual challenges in the way indicated by the item (e.g., 'I easily think of a different approach to sex that suits my changing sexual situation'). Scores on the Approach and Reflective Flexibility subscales range from 4 to 24, and 4 to 16, respectively. Internal consistencies of the scores on the SexFlex subscales in Study Two were similar to those found in Study One. Cronbach's alphas were α = .88 (Study One α = .89) and α = .65 (Study One α = .69) for the Approach Flexibility and Reflective Flexibility subscales, respectively.

Interpersonal Exchange Model of Sexual Satisfaction Questionnaire (IEMSSQ; Lawrance, Byers, & Cohen, 2011). The IEMSSQ consists of four scales; the Sexual Rewards and Costs Checklist, the Sexual Exchanges Questionnaire, the Global Measure of Sexual Satisfaction, and the Global Measure of Relationship Satisfaction. For the present study, the Sexual Rewards and Cost Checklist, one component of the Sexual Exchanges Questionnaire, and the Global Measure of Sexual Satisfaction were used (see below).

The Sexual Rewards and Costs Checklist (Lawrance et al., 2011). This 58-item self-report checklist was used to assess number of sexual rewards and costs experienced in one's relationship. The checklist includes items related to affection, communication, intimacy, sexual response, sexual exclusivity, degree of privacy, sexual frequency, and sexual spontaneity. Each item represents a sexual exchange that participants can rate as a reward, a cost, both a reward and a cost, or neither a reward nor a cost. The total number of rewards and costs are determined by

summing up the total number of items that were endorsed as rewards or costs, respectively, including items that were identified as being both a reward and a cost. Sexual satisfaction is expected to be greater to the extent that one's rewards exceed one's costs. This measure has been found to be correlated with other measures of sexual satisfaction, such as the Index of Sexual Satisfaction (ISS; Hudson, Harrison, & Crosscup, 1981) and the Global Measure of Sexual Satisfaction (GMSEX; Lawrance & Byers, 1995). It has been validated with samples of dating and long-term couples (Byers, Demmons, & Lawrance, 1998; Byers & MacNeil, 2006; Lawrance & Byers, 1995). The internal consistency was found to be high in the present study for both scores on Rewards (α = .91) and Costs (α = .91).

Sexual Exchanges Questionnaire (SEQ; Lawrance et al., 2011). The SEQ is a six-item self-report questionnaire that assesses three components; the balance of sexual rewards to costs, the expected balance of sexual rewards to costs, and the equality of sexual rewards to costs. For the present study, only items assessing the balance of sexual rewards to costs were of interest. Participants indicated how rewarding and how costly they perceive their current sexual relationship to be on two separate 9-point Likert scale from '*not at all*' to '*extremely*'; these two scores are used to calculate the balance of sexual rewards to costs (Rew-Cst). Rew-Cst was calculated by subtracting participants' perceived cost level from their perceived reward level. Rew-Cst has been found to predict sexual satisfaction among individuals in dating and long-term relationships (Byers & Demmons, 1999; Lawrance & Byers, 1995). Cronbach's alpha in the present study was α = .72.

Global Measure of Sexual Satisfaction (GMSEX; Lawrance et al., 2011). The GMSEX is a 5-item measure that assesses satisfaction in one's sexual relationship in response to the question, "In general, how would you describe your sexual relationship with your partner?"

Participants rated their satisfaction on 7-point scales with adjective pairs at each anchor (e.g., *Very Bad – Very Good*; *Worthless – Very Valuable*). The GMSEX has been significantly correlated with other measures of sexual satisfaction, and Mark and colleagues (Mark et al., 2014) found that the GMSEX's psychometric properties outperformed that of the Index of Sexual Satisfaction (Hudson et al., 1981), the New Sexual Satisfaction Scale – Short (NSSS-S; Štulhofer, Buško, & Brouillard, 2010), and a single item question of sexual satisfaction. Scores on the GMSEX have been shown to have high internal consistency ($\alpha > .90$) and test-retest reliability at 3-month ($r > .70$) and 18-month intervals ($\alpha > .61$) (Byers et al., 1998; Byers & MacNeil, 2006). Internal consistency in the present sample was high ($\alpha = .93$).

Single Item Female Sexual Distress Screener (Carpenter et al., 2015). This single item screener for sexual distress consists of one item from the 13-item Female Sexual Distress Scale – Revised (FSDS-R; Derogatis et al., 2008, FSDS; Derogatis et al., 2002): the frequency of distress related to one's sex life rated on a 5-point Likert scale from 1 *(never*) to 5 (*always*). This item was found to be highly correlated with FSDS-R total scores ($r = 0.90$; Carpenter et al., 2015; Lewis-D'agostino, Wunderlich, & Fu, 2008), and it was moderately correlated with the total score from the Female Sexual Functioning Index (Carpenter et al., 2015).

The Pittsburgh Sleep Quality Index (PSQI; Buysse et al., 1989). The PSQI measures sleep quality over the last month across seven areas: subjective sleep quality, sleep latency, sleep duration, habitual sleep efficiency, sleep disturbances, and daytime dysfunction. A score of overall sleep quality is obtained by summing scores from the seven components. The PSQI has been found to have good diagnostic specificity and sensitivity in differentiating between poor and good sleepers, and it has also been found to be correlated with self-reported sleep diary disturbances and psychological distress (Buysse et al., 2008). Scores on the PSQI have

demonstrated good test-retest reliability ($r > .85$), and internal consistency ($\alpha > .80$) (Buysse et al., 2008; Carpenter & Andrykowski, 1998; Smyth, 1999). The internal consistency in the present sample was $\alpha = .77$.

The Perceived Stress Scale (PSS; Cohen, Williamson, 1988). The PSS asks participants to indicate on a 5-point Likert scale from 0 (*never*) to 4 (*very often*) how often they have felt or thought in a particular way during the last month. This 10-item measure assesses the degree to which individuals perceive their life to be stressful. Scores range from 0 to 40 with higher scores being indicative of greater perceived stress. The PSS has been found to be correlated with the State-Trait Anxiety Inventory - Trait subscale (Roberti, Harrington, & Storch, 2006; STAI-T; Ramanaiah, Fanzen, & Schill, 1983), daily cortisol levels (e.g., Pruessner, Hellhammer, & Kirschbaum, 1999), and susceptibility to infectious diseases (e.g., Cohen, Tyrrell, & Smith, 1993; Dyck, Short, & Vitaliano, 1999). Scores on the PSS were found to have good internal reliability in previous studies, with alphas ranging from .82 to .85 (e.g., Roberti, Harrington, & Storch 2006; Taylor, 2015). The Cronbach's alpha in the current study was consistent with previous studies ($\alpha = .86$).

Results

Data Considerations

Prior to conducting analyses, Little's Missing Completely At Random (MCAR) test (Chen & Little, 1988) was performed to evaluate the pattern of missing data. Little's MCAR test indicated that there were no identifiable patterns existing for missing data, suggesting that the data are missing completely at random ($\chi^2(42853) = 14393$, $p = 1.0$). Missing values were imputed for validated scales when less than 10% of responses were missing. Missing values for the missing item(s) were replaced with individuals' mean scores calculated from the remainder

of their responses on the scale. If more than 10% of responses were missing, the individual's responses to the scale were not included in the analyses. The final sample size was $N = 125$.

Visual inspection of histograms and examination of the skew to standard error ratio suggested moderate skew in some of the measures. Appropriate transformations were performed until the distributions appeared normal. Analyses were then performed with the transformed and untransformed data, yielding no differences; thus, the untransformed correlations are presented below for ease of interpretation.

Participant characteristics

Sociodemographic information for the final sample ($N = 125$) is presented in Table 2.5. The mean scores and standard deviations of measures used in the present study are presented in Table 2.6.

Table 2-5

Participant sociodemographic information (N = 125)

	Total Sample
Age (*M* (*SD*))	27.1 (8.4)
Relationship Composition (*n*(%))	
Males with male partners	3 (2.4)
Males with female partners	47 (37.6)
Females with male partners	70 (56.0)
Females with female partners	3 (2.4)
Sexual Orientation (*n*(%))	
Heterosexual	71 (56.8)
Gay/Lesbian	3 (2.4)
Bisexual	28 (22.4)
Pansexual	15 (12.0)
Queer	3 (2.4)
Asexual	1 (0.8)
Other	4 (3.2)
Relationship Status (*n*(%))	
Casually dating	3 (2.4)
Dating partner (regularly)	40 (32.0)
Dating partner (long distance)	20 (16.0)
Living with partner	28 (22.4)
Married/common law/etc.	32 (25.6)
Other	2 (1.6)
Length of Relationship in months	70.1 (77.1)
Birthplace (*n*(*%*))	
Canada	16 (12.8)
United States	78 (62.4)
Europe	22 (17.6)
Other	9 (7.2)
Education (*n*(%))	
High school (some)	3 (2.4)
High school (complete)	6 (4.8)
Post-secondary (some)	36 (28.8)
Post-secondary (complete)	80 (64.0)
Income (*n*(%))	
$0 – 19 999	14 (11.2)
$20 000 – 39 999	30 (24.0)
$40 000 – 59 999	21 (16.8)
$60 000 – 89 999	22 (17.6)
$90 000 +	26 (20.8)

Note. Due to missing data, rounding, and multiple response options not all percentages add up to 100.

Convergent and Discriminant Validity

Convergent validity was assessed by calculating Pearson correlation coefficients between the Approach Flexibility subscale and Reflective Flexibility subscale of the SFS and the following measures: (1) Total rewards, (2) total costs, (3) Rew-Cst, (4) frequency of distress related to one's sex life, and (5) GMSEX (Table 2.6). To assess discriminant validity, Pearson correlation coefficients were also computed between the two subscales and the following two measures: (1) PSQI and (2) PSS (Table 2.7).

Table 2-6

Mean Scores and Standard Deviations for Study Two Measures

Measure	***M* (*SD*)**
Approach Flexibility	16.64 (4.40)
Reflective Flexibility	9.29 (2.81)
Convergent Validity	
Total Rewards	40.23 (9.54)
Total Costs	15.95 (10.14)
Rew-Cst	3.50 (3.75)
GMSEX	24.63 (5.82)
Sexual Distress	2.46 (9.63)
Discriminant Validity	
PSQI	7.70 (2.21)
PSS	23.94 (9.96)

Note. GMSEX = Global Measure of Sexual Satisfaction; Rew-Cst = Balance of Sexual Rewards to Costs; Sexual Distress = frequency of sexual distress from sexual issues; PSQI = Pittsburg Sleep Quality Index; PSS = Perceived Stress Scale.

Table 2-7

Pearson correlations between the Approach Flexibility and Reflective Flexibility subscales and measure of convergent and discriminant validity.

	Approach Flexibility Subscale (*Pearson's r* (*df*))	**Reflective Flexibility Subscale (*Pearson's r* (*df*))**
Convergent Validity		
Total Rewards	.36** (123)	.04 (123)
Total Costs	-.42** (123)	.23* (123)
Rew-Cst	.41** (119)	-.17 (119)
GMSEX	.44** (116)	-.16 (116)
Sexual Distress	-.53** (123)	.22* (123)
Discriminant Validity		
PSQI	.004 (123)	.07 (115)
PSS	-.24** (114)	.15 (114)

Note. GMSEX = Global Measure of Sexual Satisfaction; Rewards; Costs = total endorsed rewards and cost items on the reward and costs checklist, respectively; Rew-Cst = perceived balance of sexual rewards to costs; Sexual Distress = frequency of sexual distress related to sexual issues; PSQI = Pittsburg Sleep Quality Index; PSS = Perceived Stress Scale.

*$p < .05$, two-tailed. **$p < .01$, two-tailed.

Discussion

The present study sought to establish convergent and divergent validity for the subscales of the SFS. In particular, we hypothesized that higher scores on the SFS would be related to higher scores on sexual well-being measures and would be largely unrelated to measures of general well-being in non-sexual domains.

The Approach Flexibility subscale of the SFS demonstrated good convergent and discriminant validity. The Approach Flexibility subscale was highly related to, but distinct from, all measures of sexual well-being. Participants who had higher scores on the Approach Flexibility subscale also reported greater sexual satisfaction, more rewards and less costs,

perceived their sexual relationship to have a more favourable balance of sexual rewards to costs, and reported a lower frequency of sexual distress relating to sexual issues. Furthermore, scores on the Approach Flexibility subscale were largely unrelated to measures of non-sexual well-being, such as sleep quality and perceived stressors.

Contrary to our initial theorization, the Reflective Flexibility subscale did not relate to measures of sexual well-being in the predicted manner. Although we would have expected a higher level of flexibility in thoughts to be related to improved sexual well-being, higher scores on the Reflective Flexibility subscale were related to poorer sexual well-being outcomes. Interestingly, the Reflective Flexibility subscale was only related to measures more closely related to functional impairments (e.g., distress and costs) and not to measures of overall sexual relationship quality, such as sexual satisfaction. Although the lack of a relationship to other measures of sexual well-being may be due the low internal reliability of the subscale ($\alpha = 0.65$), the direction of the relationship to sexual distress and number of costs remains intriguing. The Reflective Flexibility subscale focuses only on the frequency of reflection, but not the reflective process or decision-making outcome. It is possible that the Reflective Flexibility subscale may be related to negative cognition processes, such as ruminating and catastrophizing, that are commonly related to poor psychosexual outcomes in clinical populations with sexual dysfunction (Desrochers et al., 2009, 2010; Kwan, Roberts, & Swalm, 2005; Leiblum et al., 2002).

Alternatively, it is possible that individuals with the same frequency of reflection may differ on which aspects of their sexual script are important to them. For individuals who reflect and retain high endorsement of the aspects of their sexual script that are important to them, the subscale may be differentially related to sexual well-being outcomes when individuals have high

versus low sexual functioning and impairment. For example, endorsing the item, 'I question myself what aspects of sex are really important to me (e.g., penetration, oral sex, etc.)' may not be related to negative outcomes if the 'important' aspect is functionally possible. Alternatively, questioning the aspects of sex that are important to a person may increase distress if the person has decided that the activity is very important to them, but there are barriers (e.g., erectile dysfunction, genital pain) that impede engagement in the desired activity.

Future research should expand the Reflective Flexibility subscale to encapsulate these nuanced differences in thought processes and thought outcomes (e.g., adherence to preferred activities). Research should then examine how the Reflective Flexibility subscale relates to measures of maladaptive thought processes, such as catastrophizing and ruminating, and traditional script adherence. In addition, it would be worthwhile to examine how scores on the SFS relate to real-world outcomes. For example, researchers could investigate how scores on the SFS relate to therapeutic outcomes in sex therapy, or sexual well-being after a decrease in psychosexual functioning (e.g., menopause, cancer, post-partum sexuality).

General Discussion for Chapter 2

Although there are existing measures of cognitive and adaptive flexibility, none assess flexibility in an individual's approach to sexual problems. Previous research on global and sexual communication (e.g., Byers & MacNeil 1997) and global and sexual self-esteem (Oattes & Offman, 2007) has demonstrated that although positive sexual relationship skills are often reflected in global relationship skills, global relationship skills are not always predictive of, and may overestimate, sex-specific relationship skills. Therefore, given that global relationship measures may not accurately reflect what is occurring in sex-specific domains, measures that

assess sex-specific domains are needed. As such, the goal of the two studies was to assess the psychometric properties of the SFS – a sex-specific measure of flexibility.

The SFS was administered to a large group of participants in various relationship compositions. The results of the exploratory and confirmatory factor analysis revealed a good model fit for the two subscales – Approach Flexibility and Reflective Flexibility – and a tenable scale structure across individuals in different relationship compositions. Both subscales were found to have moderate to high internal consistency. A second group of participants was recruited to examine the convergent and discriminant validity of the SFS subscales. The Approach Flexibility subscale demonstrated evidence of convergent and discriminant validity to the measures as predicted. While the Reflective Flexibility subscale demonstrated discriminant validity as predicted, the results of the convergent validity tests were unexpected. We expected Reflective Flexibility to be related to positive sexual outcomes; however, higher scores were related to experiencing a greater number of sexual costs and greater distress related to sexual issues. Given this negative relationship, it is possible that the Reflective Flexibility subscale is related to negative cognitive processes, such as rumination and catastrophizing. The negative relationship between Reflective Flexibility and sexual outcomes may also be temporal, in that individuals are more likely to engage in reflective flexibility when costs and distress are high.

Strengths, Limitations and Future Directions

A major strength of the present study was the large and diverse sample size. The diversity of our sample allowed us to establish measurement invariance, which primes the SFS for future research to investigate group differences. Given that a sexual scripts framework is often used in sex therapy, and that diverse clients access these services, a logical next step is to examine differences in sexual scripts and flexibility across relationship compositions.

The results of these two studies should also be interpreted with the limitations in mind. As the research design relied on self-report, it is possible that participants are over- or under-reporting their script flexibility or their partner's responses. Although objective measurement of in-the-moment sexual flexibility during sexual activity is not feasible, future research would be strengthened by incorporating partner perceptions to examine actor-partner effects. Future research should also examine the predictive ability of the SFS. For example, does the SFS accurately differentiate between individuals with high versus low sexual functioning? Does the SFS predict treatment outcomes of sexual dysfunction in sex therapy?

Conclusion

This program of research serves as a first step in developing a measure of script flexibility. Although further investigation of the validity of the Reflective Flexibility subscale is warranted, the two studies provide preliminary evidence of the SFS as a psychometrically sound measure of sexual flexibility in response to sexual issues.

Chapter 3

An Examination of the Structure of a Measure of Partner Responses in a Diverse Sample

Sexual scripts are guides for sexual interactions. They set the scene, influencing the setting, timing, and the context of a sexual interaction (Gagnon, 1990). An individual's preferred sexual script sets the parameters for what is sexually arousing, which sexual activities are preferred, and what does and does not constitute a sexual experience. However, as sexual activity is often engaged in with another person - who also has their own preferred sexual script - individuals may not always be able to engage in their preferred script.

Individuals engaging in sexual activities together may differ in sexual preferences, values, and desire, or may have functional impairments that limit or prevent certain sexual activities. Sexual issues may be distressing when they cause disruptions in preferred sexual scripts for those who have rigid, narrow sexual repertoires, and are not able to make adaptive changes. Indeed, sex therapists often focus on targeting rigid scripts as an intervention for sexual complaints and to enhance sexual satisfaction (McCormick, 1987, 2010).

Partner responses play an important role in the maintenance of sexual satisfaction in the face of sexual issues (Badr & Carmack, 2009; Bowleg et al., 2013; Fallis, Purdon, & Rehman, 2012; Gagnon et al., 1982; Rosen et al., 2010, 2012, 2013, 2014, 2015). Partner responses that are positive in affect may create a comfortable environment that promotes greater sexual flexibility; those that are behaviourally positive may encourage individuals to try new things, or continue with the sexual interaction. By continuing, there may be more opportunity for pleasure,

which may in turn increase sexual satisfaction (Interpersonal Exchange Model of Sexual Satisfaction; Lawrance & Byers, 1995).

Rosen et al. (2010, 2012) examined how partner responses to pain associated with provoked vestibulodynia (PVD), a common type of vulvodynia (i.e., medically unexplained chronic genital pain in women), relate to psychosexual outcomes. Three types of partner behavioural responding (i.e., facilitative, solicitous, negative) were examined. Facilitative partner responses are warm, and encourage the continuation of the sexual interaction and non-avoidance of the pain. Solicitous responses are warm but sympathetic – encouraging avoidance of the pain. Negative partner responses are critical and insensitive.

Rosen et al. (2012) found that partner facilitative responses were associated with lower levels of vulvovaginal pain intensity and greater sexual satisfaction. In contrast, solicitous responses were associated with higher levels of vulvovaginal pain (Rosen et al., 2010, 2012), likely due to pain avoidance. Pain avoidance can result in reinforcing psychological variables such as catastrophizing about the pain, and behavioural variables such as avoidance (Payne, Binik, Amsel, & Khalifé, 2005; Vlaeyen & Linton, 2000), both of which are associated with increased vulvovaginal pain (Rosen et al., 2013). As would be expected, negative partner responses, which include critical remarks and partner avoidance, were associated with lower levels of sexual satisfaction and higher levels of vulvovaginal pain. These findings suggest that partner facilitative responding may aid in decreasing vulvovaginal pain and improving sexual satisfaction.

The findings for these three partner responding styles, although promising, have not yet been replicated for other sexual issues. Moreover, the results regarding facilitative responding are based on research regarding adaptive coping with pain; therefore, they may not generalize to

adaptive coping styles with other types of sexual issues. It is possible that solicitous responding, which attempts to avoid the distressing factors associated with the pain, may be adaptive for more broad types of sexual issues. Furthermore, Rosen and colleagues recruited only mixed-gender couples—combine this limited application with the lack of information on sexual scripts within the sexual interaction itself, and many questions remain. For example, do these partner response styles/couple sexual scripts function in the same manner in diverse relationships, or with issues other than vulvar pain?

Overall Goals and Research Questions

The current study recruited a sample of individuals in same-gender and mixed-gender relationships with a range of sexual issues to address these questions by examining: How do the factors that emerged in our current sample compare to those identified by Rosen et al. (2010)? Specifically, is there an alternate structure for the partner responses measure when used for broader sexual issues other than vulvar pain? How do the factors that emerged in our sample compare to measures of sexual well-being and other measures of partner responding? Is the factor structure tenable across same-gender and mixed-gender relationships?

Methods

Participants

Participants were from the same sample as Chapter 2, Study One. Participant demographics can be found in Table 2.1.

Procedure

See Procedure section in Chapter 2, Study One.

Measures

In addition to the measures described below, participants completed measures of sociodemographic and relationship characteristics, some of which are presented in Table 2.1. Participants also completed additional measures as part of a larger study of sexual well-being in same-gender and mixed-gender relationships (see Appendix D for full questionnaire).

Partner Responses. Perceived partner responses to participants' sexual issues were assessed with the Significant Other Response Scale from the West Haven-Yale Multidimensional Pain Inventory (WHYMPI; Kerns & Turk, 1985) and the Spouse Response Inventory (SRI; Schwartz, Jensen, & Romano, 2005). These scales were developed to assess partner facilitative, solicitous, distracting, and negative responses in response to pain. Rosen and colleagues (2012, 2010) adapted and refined 24-items from the WHYMPI and SRI for use in their sample of women with PVD in other-gender relationships to yield the following: Negative Partner Responses subscale (four items), Solicitous Partner Responses subscale (four items), and Facilitative Partner Responses Scale (six items). The WHMPI, the SRI, and the adapted Partner Responses Scale by Rosen et al. have been found to be reliable and valid (Kerns & Turk, 1985; Rosen et al., 2010, 2012; Schwartz et al., 2005).

The 24-item Partner Responses Scale was further adapted in the present study for use with more common sexual issues (e.g., frequency of sex, sexual desire, compatible sexual preferences with partner), and same-gender and mixed-gender relationships (more inclusive gender pronouns e.g., he/she/ze/they). Participants indicated the frequency of the indicated partner response to their sexual issue (e.g., 'asks me how he/she/ze/they can help with my sexual difficulty') on a 7-point Likert scale from 1 (*never*) to 7 (*very frequently*), with higher scores indicating a greater frequency of the indicated partner response.

Response to Sexual Difficulties Scale (RSDS; Fallis et al., 2012). This 21-item self-report questionnaire uses antonyms placed at opposite ends of a 7-point Likert scale to measure perceived partners' affective responses to sexual issues. The RSDS has been psychometrically examined in two independent community samples of cohabitating mixed-gender couples over the age of twenty-five (Fallis et al., 2012), and has been found to be both reliable (α = .96) and valid. Scores on the RSDS predicted sexual functioning, relationship satisfaction, sexual satisfaction, and sexual communication. Internal reliability in the present study was high (α = .95).

Interpersonal Reactivity Index for Couples (IRIC; Péloquin & Lafontaine, 2010). To assess partner empathic responding in non-sexual relationship domains, participants completed the empathy and perspective taking subscales of the 13-item IRIC (Péloquin & Lafontaine, 2010). Participants rated on a 5-point scale how well each statement described their partner's empathy or perspective-taking (e.g., in our relationship, I would describe my partner as a pretty soft-hearted person). To distinguish this measure from the previous two measures of partner responses to sexual issues, instructions were adapted to ask participants to reflect only on non-sexual aspects of their relationship. Score on the IRIC have been found to have good convergent, discriminant, concurrent, predictive, and incremental validity as well as internal consistency (α = .76 to .86) and stability over 18 months (r = .47 to .61) (Péloquin & Lafontaine, 2010). Total scores were obtained by summing across item scores, with indicated items reverse coded. Cronbach's alphas in the present study for the total score was α = .88.

Sexual Function Questionnaire – Distress Subscale (SFQ-D; Byers & MacNeil, 1997; Renaud & Byers, 2001). The SFQ assesses the frequency and distress related to 10 sexual issues, such as low desire, difficulty with orgasm, and inability to relax (Byers & MacNeil, 1997;

Renaud & Byers, 2001). The SFQ was adapted for the current study by removing heteronormative language (e.g., intercourse) and including broader sexual issues (e.g., 'I worry that if I don't orgasm my partner will feel bad about their ability'). Participants indicated the frequency from 1 (*never*) to 5 (*always*) with which they had experienced each of the 12 sexual issues in the previous three months. For each identified sexual issue, participants also rated on a scale from 1 (*not at all*) to 5 (*extremely*) the level of distress related to the endorsed sexual issue. These two question types comprise the Frequency of Sexual Issues and Distress subscales, respectively. Scores on the SFQ have demonstrated high internal consistency (α = .81; Foster & Byers, 2016)**,** and higher scores on the SFQ are associated with lower sexual satisfaction (Byers & MacNeil, 1997). For the present study, only the Distress subscale of the SFQ was analyzed. Cronbach's alpha for the Distress subscale in the present study was α = .84.

Coping Flexibility Scale (CFS; Kato, 2012). To assess coping to everyday stressors, participants completed the Evaluation Coping and Adaptive Coping subscales of the CFS. Participants rated from 1 (*Very Applicable*) to 4 (*Not Applicable*) how much the presented situation applies to them (e.g., 'I am aware of how successful or unsuccessful my attempts to cope with stress have been'). Scores range from 5 to 20 on both subscales, with higher scores indicating lower coping flexibility. The CFS was found to have good internal consistency (α = .72 to .91), test-retest reliability (5-day = .84; 4-month = .76), and convergent and discriminant validity. Cronbach's alpha for the total CFS score in the present sample was moderate (α = .80).

Symptom Check List – 27 Item Version (SCL-27; Hardt & Gerbershagen, 2001). Participants completed the SCL-27, a validated short version of the Symptom Check List-90-R (Derogatis, 1992), to assess psychological well-being. The SCL-27 consists of six subscales: Depressive Symptoms, Dysthymic Symptoms, Vegetative Symptoms, Agoraphobic Symptoms,

Symptoms of Social Phobia, and Symptoms of Mistrust. A Global Severity Index can also be computed by summing the 27 items. The SCL-27 has been validated in multiple cultures and languages (e.g., Hardt, Dragan, & Kappis, 2011), and has established good internal consistency (above α = .72 for all subscales). In the present study, scores from the Global Severity Index were used, which demonstrated high internal consistency (α = .93).

Other Measures. The Sexual Exchanges Questionnaire (SEQ; α = .67) and the Global Measure of Sexual Satisfaction (GMSEX; α = .96, see Chapter 2, Study Two) were administered.

Results

As described in Chapter 2, Study One (N = 951), participants were randomly assigned using SPSS 23.0 to one of two subsamples (A for exploratory factor analysis, n = 483; B for confirmatory factor analysis, n = 468). Results were consistent when analyses were conducted with the alternate groups (Appendix G).

Sociodemographics

Sociodemographic information is presented in Chapter 2, Table 2.1. As mentioned in Chapter 2, Study One, there was a significant difference between groups on sexual orientation. Females with male partners were more likely than females with female partners to self-identify as bisexual, and females with female partners were more likely than the three other groups to self-identify as queer.

Data Considerations

Data considerations were the same as described in Chapter 2, Study One. Items had an adequate range of responses; however, visual inspection, skewness, and kurtosis revealed the majority of the items to be moderately-significantly skewed. Thus, principal axes factor analysis

(which does not have assumptions of normality; Fabrigar et al., 1999) was selected for exploratory factor analysis.

Exploratory Factor Analysis

To examine the structure of the data collected, subsample A (n = 417) was subjected to an exploratory factor analysis using SPSS 23.0. The 24-item partner responding scale was evaluated for factorability using the factorability criteria described in Chapter 2, Study One (Tabachnick, & Fidell, 2013). Twenty-three of the 24 items correlated with at least one other item on the scale above r = 0.3, the Kaiser-Meyer-Olkin measure of sampling adequacy was in the meritorious range (0.89) (Kaiser, 1974), and the results of Bartlett's Test of Sphericity suggested adequate redundancy amongst the 13 items, $\chi^2(210) = 5776.4$, $p < .001$ (Bartlett, 1950). In addition, the diagonals of the anti-image matrix all exceeded the 0.5 recommended minimum (Tabachnick, & Fidell, 2013). This pattern of results suggests that the partner responding scale is a good candidate for factor analysis.

To determine the number of factors to be extracted, both the minimum average partial test (MAP; Velicer, 1976; Velicer, Eaton, & Fava, 2000) and parallel analyses (PA; Horn, 1965) were computed using SPSS syntax developed by O'Connor (2000). The results of the tests were inconsistent. Although both the original MAP test and the parallel analyses suggested that a 5-factor solution would be appropriate, the revised MAP test indicated a 4-factor solution. Between the 4-factor and 5-factor solution, there were no changes in the pattern of loadings for the first 3 factors. Items on the 4th factor in the 4-factor model split between the 4th and 5th factor in the 5-factor model. A 5-factor solution was selected as it captured a wider range of partner responding types.

A total of 24 items were included in the initial exploratory factor analysis. Criteria for item removal was the same as described in Chapter 2, Study One. Item removal was done in an iterative process, and after items were removed (for reasons indicated above), another factor analysis was conducted to determine if further items should be eliminated. A total of three items (tells me that I am pleasuring him/her/zir/them, tells me to slow down, questions my ability to engage in sexual activity) were removed during this iterative process. The third factor analysis yielded no poor or cross loading items.

Two principal axes factor analyses with promax rotation and oblimin rotations were conducted using SPSS 23.0 on the remaining 21 items (see Table 3.1). Robustness was assessed using the same method as described in Chapter 2, Study One. The structure remained robust across response coding options and across rotations. Following methods used by Rosen and colleagues (2010; 2012), promax rotation was selected for interpretation.

The 5-factor solution accounted for 60.67% of the variance. A total of eight items loaded onto the first factor, Script Continuing Responses, which accounted for 31.40% of the variance. The second factor, Negative Responses, was comprised of four items, and accounted for 13.13% of the total variance. Four items loaded on to the third factor, Facilitative Responses, which accounted for 7.84% of the overall variance. The fourth scale, Script Stopping Responses, consisted of three items, and accounted for 4.64% of the variance. And finally, two items loaded onto the final fifth factor, Cautionary Responses, which accounted for 3.65% of the total variance. Cronbach's alphas for the five subscales ranged from acceptable to excellent levels of reliability (Table 3.2)

Table 3-1

Pattern Matrix Factor Loadings from the Partner Responses Scale

Item	**Factor on Original Scale**	**Current Study Factor Loadings**				
		1	**2**	**3**	**4**	**5**
Tries to involve me in current sexual activities	Distracting	.79				
Asks me how he/she/ze/they can help with my sexual difficulty/difficulties	Solicitous	.78				
Encourages me to engage in non-distressing sexual activities	Distracting	.75				
Does something to help me focus on the pleasurable sensation rather than my sexual difficulty/difficulties	Distracting	.75				
Offers suggestions to reduce how my sexual difficulty/difficulties interfere with our sexual activities (e.g., using a lubricant, trying a different sexual position, setting a more romantic mood, etc.)	Solicitous	.75				
Seems happy that I am engaging in sexual activities	Facilitative	.66				
Talks to me to take my mind off my sexual difficulty/difficulties	Distracting	.54				
Comforts me	Solicitous	.47				
Expresses frustration at me	Negative		.96			
Expresses irritation at me	Negative		.94			
Expresses anger at me	Negative		.88			
Ignores me	Negative		.66			

Says nice things to me	Facilitative	.97		
Smiles at me	Facilitative	.91		
Tells me that he/she/ze/they loves me	Facilitative	.79		
Hug and/or kisses me	Facilitative	.69		
Suggests we stop having intercourse	Solicitous		.89	
Suggests we stop engaging in current sexual activity	Solicitous		.84	
Suggests we turn on the T.V. or sleep	Solicitous		.56	
Warns me I might hurt or upset myself if I engage in sexual activities	Negative			.83
Seems to worry about me because I am engaging in sexual activities	Negative			.76

Note. Promax rotation with Kaiser Normalization

Table 3-2

Cronbach's alphas for Scores on the Partner Responses Subscales

	Subsample A	**Subsample B**	**Total Sample**
Script Continuing Responses	.89	.92	.90
Negative Responses	.92	.87	.88
Facilitative Responses	.91	.94	.93
Script Stopping Responses	.80	.83	.82
Cautionary Responses	.76	.73	.74

Confirmatory Factor Analysis. A confirmatory factor analysis using maximal likelihood method with the lavaan package (Rosseel, 2012) in R 3.3.0 was conducted on subsample B (n = 387). As described in Chapter 2, Study One, following recommended guidelines for assessing model fit, multiple fit indices were evaluated (Jackson et al., 2009). Adequate fit for the present study was determined using the following criteria; $\chi^2/2 < 5$, RMSEA < .08 indicating reasonable fit and < .06 for close fit, SRMR < .08, and CFI > .90 for adequate fit, and > .95 for excellent fit. Collectively, our fit indices indicated a moderate to good fit of the five-factor model ($\chi^2/2 = 3.09$; RMSEA = .074 90% CI [.067, .081]; SRMR = .068; CFI = .93).

Confirmatory factor analyses do not allow items to cross load onto multiple factors, which may results in an overly conservative analyses when factors are related to each other (Vazsonyi, Ksinan, Mikuska, & Jiskrova, 2015), such as in the case of the current study (see Table 3.3 for correlations among factors). Although we found only a moderate fit of the model, these results must be interpreted with caution as they may be an underestimate of the quality of the model fit due to the conservative nature of confirmatory factor analyses.

Table 3-3

Correlations between Factors of the Partner Responses Subscales

Script Continuing Responses	1				
Negative Responses	-.38**	1			
Facilitative Responses	.63**	-.36**	1		
Script Stopping Responses	.18**	.14**	.09**	1	
Cautionary Responses	.21**	.05	.10**	.36**	1

Note. *$p < .05$, two tailed. **$p < .01$, two-tailed.

Convergent and Discriminant Validity

To examine convergent validity of the Partner Responses subscales, correlation coefficients between the subscales and other measures of partner responding, and measures of sexual well-being were calculated (Table 3.4). As mentioned, partner responding is thought to be related to improved sexual well-being in relationships; thus, we would expect factors from our model of partner responding to also be related to sexual well-being measures.

Spearman correlations were selected to account for violations of the assumption of normality in non-normal subscale score distributions (Pearson correlations yielded similar results). The Script Continuing, Negative, and Facilitative Responses subscales were significantly correlated with all four measures of convergent validity, with effect sizes in the medium to large range (Cohen, 1988). The Script Stopping and Cautionary Partner Responses subscales were not significantly correlated with any of the convergent validity measures, with the exception of Cautionary Partner Responses having a significant, but trivial in size relationship with sexual satisfaction.

Table 3-4

Correlations between Partner Responses Subscales and Convergent Measures

	GMSEX	**Rew-Cst**	**Distress**	**RSDS**
Script Continuing Responses	.57**	.52**	-.40**	.56**
Negative Responses	-.43**	-.45**	.39**	-.55**
Facilitative Responses	.46**	.41**	-.27**	.48**
Script Stopping Responses	.03	-.01	-.04	.04
Cautionary Responses	.01**	-.04	-.01	-.02

Note. GMSEX = Global Measure of Sexual Satisfaction; Rew-Cst = The Balance of Sexual Rewards to Costs; Distress = Sexual Distress Screener Item; RSDS = Response to Sexual Difficulties Scale. *$p < .05$, two-tailed. **$p < .01$, two-tailed.

To examine discriminant validity of the Partner Responses subscales, Spearman correlation coefficients were computed between the subscales and a measure of partner responding in non-sexual relationship domains (IRIC), a measure of psychological well-being (SCL-27), and a measure of flexible coping to stress (CFS) (Table 3.5).

Previous research has shown a weaker association between sexually relevant relationship factors with non-sexual (versus sexual) relationship domains (e.g., relationship satisfaction, Byers, 2005). Thus, we would expect that the Partner Responses subscale would be related the IRIC (measure of partner responses in non-sexual relationship domains), but to a lesser extent as compared to the relationship between Partner Responses and the RSDS (measure of partner responses in sexual relationship domains). This pattern was found with the Script Continuing, Negative, and Facilitative Responses subscales.

Next, discriminant validity was assessed with the SCL-27 and the CFS. Both of these measures were significantly related to most subscales of Partner Responses; however, the

magnitude of these relationships were in the trivial to low range (Cohen, 1988). For the Script Continuing, Negative, and Script Stopping responses, relationships to discriminant validity measures were not as great in magnitude as relationships to convergent validity measures. This result suggests that the Script Continuing, Negative, and Facilitative subscales of the Partner Responses measure have adequate discriminant validity.

Table 3-5

Correlations between Partner Responses Subscales and Discriminant Measure

	SCL-27	**CFS**	**IRIC**
Script Continuing	-.10**	-.12**	.45**
Negative	.24**	.09**	-.29**
Facilitative	-.12**	-.12**	.39**
Script Stopping	.19**	.06	.12**
Cautionary	.13**	.04	.03

Note. SCL-27 = Symptom Check List – 27 Item Version; CFS = Coping Flexibility Scale; IRIC = Interpersonal Reactivity Index for Couples. *$p < .05$, two-tailed. **$p < .01$, two-tailed.

Invariance of the Factor Structure Across Groups. To determine if scores on the Partner Responses scale can be compared across relationship compositions, a series of invariance tests was conducted. Following the four model approach (described in detail in Chapter 2, Study 1), we examined measurement invariance in four consecutive tests, with each one imposing increasingly stringent constraints on the measurement model (Cheung et al., 2002). CFI was selected to evaluate the invariance of the model over the chi-square as the chi-square test has been widely criticized as being overly sensitive to sample size (Brannick, 1995; Kelloway, 1995). Findings from the series of tests (Table 3.6) suggest that the Partner Responses model has

adequate invariance for group comparisons. Interpretation should be made with the same caveats described in Chapter 2, Study One.

Table 3-6

Tests of Invariance Across Relationship Compositions

Level of Invariance	***df***	χ^2	$\Delta\chi^2$	***p*** $(\Delta\chi^2)$	**ΔCFI**	**ΔRMSEA**
Configural	716	1698.5	---	---	---	---
Metric	764	1868.7	170.19	<.001	.01	.002
Scalar	812	1997.0	128.24	<.001	.007	.000
Latent Mean	827	2084.1	87.10	<.001	.007	.002

Discussion

The goal of the study was to examine the structure of the Partner Responses Scale in a sample of individuals in same-gender and mixed-gender relationships. The final model's five factors (i.e., Script Continuing, Negative, Facilitative, Script Stopping, and Cautionary) were different than the four factors (i.e., Solicitous, Facilitative, Negative, and Distracting) identified by previous researchers in chronic pain populations (Kerns & Turk, 1985; Rosen et al., 2012, 2010; Schwartz et al., 2005). This difference does not appear to be due to analytic techniques, as we employed the same rotation method and decision-making rules as Rosen and colleagues (2010, 2012). In the present study, if we were to select a four-factor model of our data, the Script Stopping and Cautionary factors would be combined, thereby still resulting in considerably different pattern of factor loadings than those identified by Rosen and colleagues (2010, 2012). Furthermore, results of the measurement invariance analyses provided evidence that the five factor model is equivalent across gender and relationship composition (male-male, male-female, female-male, female-female), suggesting that the factor differences between our study and previous studies are not due to sexual orientation diversity.

As Rosen et al. (2010, 2012) recruited a clinical sample of individuals and the current study recruited from the general population, differences in level of functioning, impairment, and/or distress may contribute to the observed differences in factors. Differences may also reflect variable partner responding processes that are helpful or harmful in PVD specifically versus broader sexual issues. As the fear-avoidance model was designed to explain the maintenance of chronic pain (Vlaeyen et al., 2000), it would be expected that items related to avoidance or distraction may differ in their factor loading patterns between the vulvovaginal pain and general sexual issues samples. For example, altering sexual repertoires (e.g., using lubricant) may be a harmful partner response for women with PVD, as it is pain avoidant; this response may perpetuate the fear-avoidance feedback loop and increase pain perception (Crombez et al., 2012; Glowacka et al., 2014; Rosen et al., 2012; Vlaeyen et al., 2000). Alternatively, with sexual issues where fear-avoidance is less of a concern (e.g., lack of vaginal lubrication due to hormonal shifts), using lubricants can be helpful in allowing the sexual interaction to continue.

Indeed, when item loading patterns were examined, items that loaded differently between the Rosen et al. (2010, 2012) study and the present study were partner responses related to avoidance of or distraction from the sexual issue. In particular, sample differences seem to be largely accounted for by differences in item loading patterns from the solicitous and distracting subscales. In the present study, the item loadings from these factors were not related to partner responses of avoidance; rather, they were grouped as responses that promoted the continuation of (Script Continuing factor), the stopping of (Script Stopping factor), or a cautionary approach to the sexual interaction (Cautionary factor). As expected, the items of the original Negative and Facilitative factors (which are not pain-avoidant), have a highly similar pattern of factor loadings between samples, with only one item loading differently (Table 3.1).

In the current study, Script Continuing, Facilitative, and Negative partner responses showed good convergent and discriminant validity to sexual and non-sexual measures. Script Stopping and Cautionary partner responses did not demonstrate adequate convergent validity. Future research may further explore if these two types of partner responses are associated with sexual well-being outcomes in certain circumstances. For example, these types of partner responses may be differentially associated with sexual well-being at high versus low levels of sexual functioning. When sexual functioning is at a high level, stopping or slowing down the sexual interaction may not be related to sexual well-being outcomes as individuals may already have an adequate number of positive sexual experiences or exchanges (Byers & MacNeil, 2006). However, when sexual functioning is at a low level, the stakes may be higher, as individuals may not have as many positive sexual experiences. Thus, stopping or slowing down the sexual interaction may have a negative relationship with sexual well-being.

Limitations and Future Directions

Although the model of partner responses proposed in the current study had good psychometric properties that were tenable across relationship compositions, limitations should be noted. The data in the current study were collected from only one member of the couple and were based on self-reported perceptions of their partners' responses. Although how an individual perceives their relationship is important, corroboration with the other member of the couple on perceptions of their own responses should be a focus of future research. There may be nuanced differences in sexual well-being outcomes between couples who have similar perceptions of how they respond to each other versus those who have discrepant perceptions.

Research on non-sexual relationship domains suggests that when compared to individuals in mixed-gender relationships, individuals in same-gender relationships may engage more in

partner responses that reflect understanding and empathy as they share a similar body to their partner (Ussher et al., 2008). However, it remains unclear if there are also differences in partner responding between same-gender and mixed-gender in sexual domains of relationships. As the current study provides evidence for measurement invariance, future research should examine group differences in partner responses across different relationship compositions.

Conclusions

Partner responses may be differentially helpful and harmful depending on the nature of the sexual issue. When pain is present, sympathetic or pain avoidant responses may appear distinct. However, when pain is not present, the continuation versus stopping of the sexual interaction may be more important to consider.

Chapter 4

We're More Alike Than Different: An Examination of Similarities and Differences Across Men and Women in Same-Gender versus Mixed-Gender Relationships.

Introduction

Acceptance of sexual minority groups has been growing across the globe. Recently, the Republic of Ireland and the United States of America joined over 20 other countries that allow same-gender marriage. Despite the increasing number of research studies focusing on sexual and relational well-being in same-gender oriented individuals, there still remains a general tendency to exclude same-gender oriented individuals in the literature, resulting in a disparate amount of knowledge compared to what is available on other-gender oriented (i.e., heterosexual) individuals. Furthermore, within the research literature on same-gender oriented individuals, the focus is disproportionately on the transmission of HIV and sexually transmitted infections (e.g., Horvath, Oakes, & Rosser, 2008; Lindley, Kerby, Nicholson, & Lu, 2004). Very little research has examined other important aspects of sexual well-being, such as factors that contribute to mutually sexually satisfying encounters.

Components of sexual well-being (e.g., sexual satisfaction) are important to study as they are associated with factors of global well-being, including general life happiness (Laumann et al., 2006), general health (Gallicchio et al., 2007), and relationship satisfaction (Lawrance et al., 1995; Santtila et al., 2008; Sprecher, 2002). Holmberg and Blair (2009) proposed three additional reasons for the importance of examining subjective aspects of sexual well-being in same-gender and mixed-gender couples. First, they proposed that understanding similarities and

differences in same-gender and mixed-gender couples can educate sexual/relationship therapists and the lay public with a view to reduce the tendency of holding mixed-gender couples' sexuality as the norm and pathologizing alternative sexual behaviours and patterns (e.g., 'Lesbian Bed Death'; Cohen & Byers, 2014; Iasenza, 2000, 2002; Nichols, 2004; Rosmalen-Nooijens & Vergeer, 2008). They also suggested that increasing the understanding of characteristic behavior in same- and mixed-gender relationships can help reduce stereotypes and correct misinformation. Finally, they proposed that by examining four main groups of couples (males with male partners, males with female partners, females with female partners, and females with male partners), researchers can understand more about gendered processes and factors that shape sexuality. In terms of patterns of gendered sexuality, Holmberg and Blair (2009) suggested that if gender differences observed in mixed-gender couples are particularly prominent in same-gender couples, this pattern would suggest that sexuality is highly gendered. Alternatively, if these differences are diminished, it would suggest that other factors (e.g., androgenizing fetal hormone levels, Morris, Gobrogge, Jordan, & Breedlove, 2004; subcultural scripts of equality, Kurdek, 2004; 2005) may play a role. Despite the importance of studying same-gender and mixed-gender relationships, there has been limited research examining sexuality across the four groups.

Previous Empirical Findings

Sexual Scripts. Sexual scripts are internal cognitive structures that help individuals make sense of sexual interactions (Gagnon et al., 1987; Simon et al., 2003, 1986, 1984). Scripts can answer questions such as: Do those sexual activities count as 'having sex'? What does this sexual interaction mean about me as a person, my partner, or my relationship? How should I respond or perform throughout the interaction? As such, sexual scripts act as guides that set the

scene, define the setting, timing, and context of a sexual interaction. Sexual scripts are developed and reflected at three interactive levels: individual, couple, and cultural (See Chapter 1 for a review; Simon & Gagnon, 1987, 1986). Sexual scripts can be helpful, but when used inflexibly, problems can result.

Individuals likely differ in how flexible their sexual scripts are, and how much they are willing to deviate from their preferred sexual scripts. For example, the Traditional Sexual Script (TSS), which is endorsed by many other-gender oriented individuals, is highly gendered and rigid. The TSS positions males as the sexual initiators who should be 'ready at all times' for sexual activity, and be sexually skilled (Gagnon, 1990; O'Sullivan & Byers, 1992). In contrast, females should be sexually naïve, act as the 'gatekeepers' of sex, and they should desire sex as a way to foster emotional intimacy and trust—but not for pleasure (Masters, Casey, Wells, & Morrison, 2013). The TSS not only promotes gender stereotypes related to sexuality, it also encourages a narrow definition of what 'having sex' versus 'abstinent' behavior is. Research on individuals in mixed-gender relationships has found that penile-vaginal penetration is often held as the 'gold standard' and other activities, such as oral-genital stimulation, are more likely to be considered secondary (e.g., as foreplay) and defined as 'abstinent' behaviours (Byers, Henderson, & Hobson, 2009). In addition to being penetration-focused, the TSS is also orgasm-centric, in that sexual activities are more likely to be defined as 'having sex' if orgasm–in particular male ejaculation–is achieved (Randall & Byers, 2003). The TSS seems to apply to both heterosexual males and females equally; there does not appear to be any gender differences in what is defined as 'having sex' between males and females in mixed-gender relationships (Byers et al., 2009).

Since the genitals of most same-gender couples do not include both a penis and a vulva, the TSS does not seem to apply directly to same-gender couples. Indeed, even in male-male relationships, where stereotyped views may expect sexual script to focus on penetration, research suggests that penetrative activities occur less often than in mixed-gender relationships (De Visser et al., 2003; Grulich, de Visser, Smith, & Richters, 2003; Herbenick et al., 2010; Rosenberger et al., 2011). Same-gender couples cannot use the gender of their partner to determine who should initiate sexual activity, if penetration should occur, who should be the insertive versus the receptive partner, etc. As such, it is likely that these couples have a broader range of sexual activities than mixed-gender couples. Indeed, research suggests that same-gender couples include a wider range of sexual activities in their definition of 'having sex' than mixed-gender couples (Horowitz & Spicer, 2013). For example, in a study conducted with 545 Australian university students, 50% of same-gender oriented respondents included masturbation as 'having sex' in comparison to only 29% of other-gender oriented individuals (Richters & Song, 1999). Thus, the TSS may be less applicable to same-gender couples.

Differences in sexual scripts may be related to differences in the quantity and quality of interpersonal interactions between individuals in same- versus mixed-gender relationships. Mixed-gender relationships likely have more culturally shared sexual scripts (Simon & Gagnon, 1986), which may make it easier to understand expectations and engage in sexual activities—but limit script flexibility. Alternatively, having a partner who is of the same gender may encourage couples to construct their own definitions of what is sexually satisfying, likely via sexual communication. Therefore, individuals in same-gender relationships may have greater flexibility in their sexual scripts, which may allow them to be more prepared and comfortable in changing their approach to sexual activities when their typical or preferred approach is not possible.

Sexual Communication. Research on global communication (i.e., communication about non-sexual topics) suggests that same-gender couples communicate more about global relationship issues than mixed-gender couples (Kurdek, 2004). There is also a slight tendency for women in mixed-gender relationships to indicate higher levels of communication than males in mixed-gender relationships (Byers & Demmons, 1999; Greene & Faulkner, 2005). One might expect these associations to also hold true for sexual issues, with individuals—in particular females—in same-gender relationships reporting greater levels of sexual communication than individuals in mixed-gender relationships. Research by Holmberg and Blair (2009), however, suggests that this pattern may not hold. In their 2 x 2 ANCOVA design of Gender of Participant x Relationship Type (mixed-gender, same-gender), they found no differences across the four groups in sexual communication. It may be that in combining same-gender relationships and mixed-gender relationships, they masked more nuanced differences between relationship types within gender (e.g., males in same-gender relationships versus males in mixed-gender relationships). As previous research suggests that females have greater levels of sexual communication, and individuals in same-gender relationships have greater levels of global communication, it may be that women in same-gender relationships significantly differ in sexual communication from women in mixed-gender relationships and that these differences are not found between male groups. As such, a 2 x 2 design of Own Gender x Gender of Partner may obtain different results than those of Holmberg and Blair (2009).

Partner Responding to Sexual Issues. Research on global empathy suggests that females, when compared to males, exhibit higher levels of empathy (Toussaint & Webb, 2005) and show greater activation in human mirror neuron systems related to emotional perspective taking (Schulte-Rüther et al., 2008). One might expect these associations to transfer to sexual

domains; however, research using the Response to Sexual Difficulties Scale—a measure of partner affective responding to sexual issues—found no gender differences (Fallis et al., 2012). There is limited research comparing empathy in same-gender and mixed-gender relationships. Results of a single study suggests that female (vs. male) partners of women are better able to understand and empathize with their partner's distressing premenstrual symptoms (Ussher et al., 2008). The researchers postulated that this increased understanding and empathy may be related to sharing a similar body. Unfortunately, no research has been done comparing males with same- versus other-gender partners on empathy.

Current Study

There is a paucity of empirical research that has compared all four couple groups directly on measures of sexual well-being. The current study seeks further preliminary understanding of similarities and differences between men and women in same-gender and mixed-gender relationships on factors related to sexual well-being.

The first goal of the current study is to examine how sexual script flexibility, sexual communication, and partner responses to sexual issues are associated with sexual well-being outcome measures in same-gender and mixed-gender relationships. Seeing as sexual communication and positive partner responses to sexual issues have been previously associated with greater sexual well-being in mixed-gender couples (Byers & MacNeil, 2006; Catania, 2013; Fallis et al., 2012; Rosen, Bergeron, Glowacka, Delisle, & Baxter, 2012), we expect that these associations will also hold in same-gender couples. Furthermore, in our previous study (Chapter 2, Study Two), approach flexibility was positively associated with sexual well-being, whereas reflective flexibility, partner cautionary, and partner script stopping responses were not associated with sexual well-being; we expect similar results in the present sample. We

hypothesize that (1) measures of sexual communication, partner responses with the exceptions of cautionary and script stopping responses, and approach flexibility will be associated with measures of sexual well-being for individuals in same-gender and mixed-gender relationships.

Furthermore, as described above, given that research suggests that same-gender couples tend to score equal or higher than mixed-gender couples on non-sexual (i.e., global relational) well-being, we expect that these associations will also hold true for sexual domains of well-being. As such, we hypothesize that: (2) Although there will be no gender differences for flexibility in approaching a sexual issue, individuals in same-gender (vs. mixed-gender) relationships will report greater flexibility when approaching a sexual issue. (3) Females will report engaging in greater levels of sexual communication than males, and there will be a significant interaction between own gender and gender of partner, wherein females with female partners will report higher levels of sexual communication than females with male partners. (4) There will be a significant main effect of gender of partner and a significant interaction; individuals with female partners and partners of the same gender will report greater levels of positive partner responses than individuals with male partners and individuals with partners of the other gender, respectively. As the above factors are related to greater sexual well-being, we also hypothesize that (5) individuals in same-gender relationships will report greater sexual well-being, as measured by sexual satisfaction, a more favorable balance of sexual rewards to costs, and lower distress related to sexual issues.

Methods

Participants

Eligibility criteria and recruitment methods for the present study were the same as those used in Chapter 2, Study One, as the measures were part of the same online study. In total, 7,821

individuals visited the survey website and viewed the Letter of Information (see Figure 4.1 for a flow chart). After removing individuals who did not consent to participate, did not meet eligibility criteria, or did not complete the survey, the final sample size was 1,021.

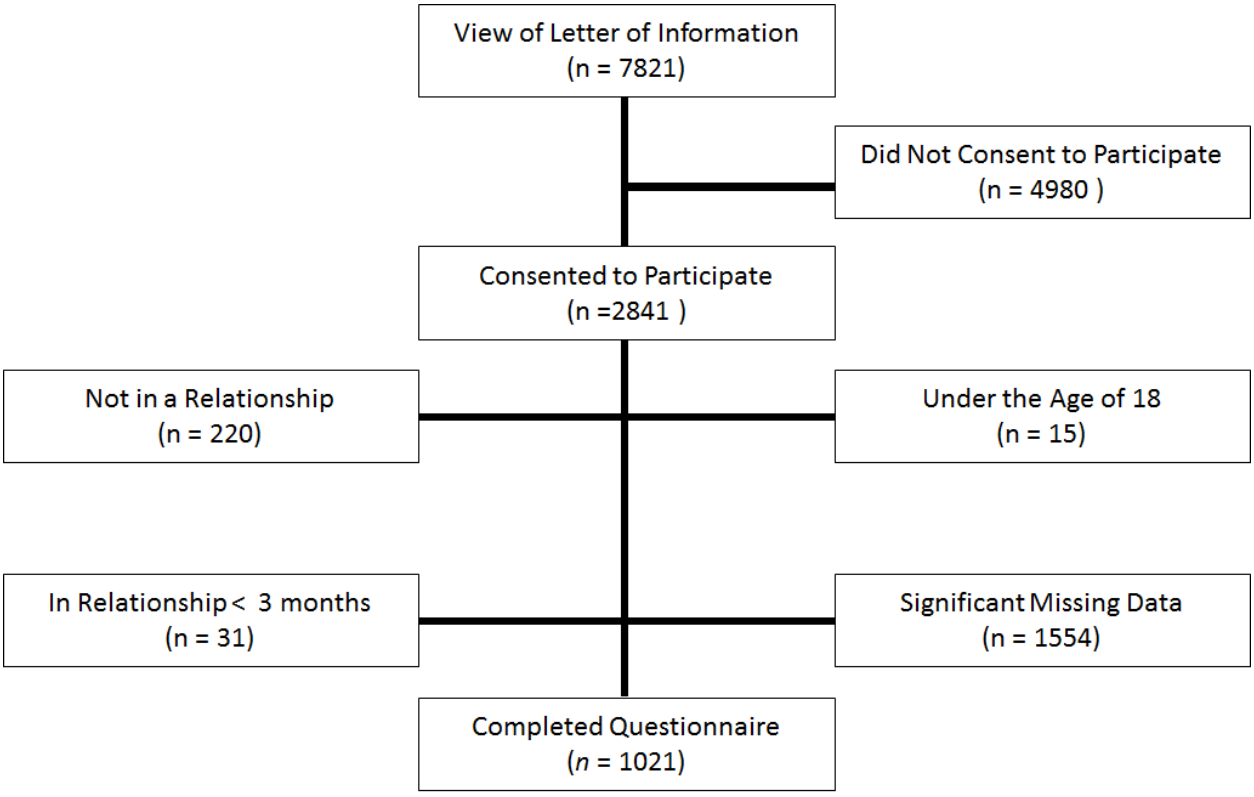

Figure 4.1. Flow chart illustrating the number of participants who accessed the study's website, were excluded for various reasons, and completed the questionnaire.

Procedures

See Procedure section in Chapter 2, Study One.

Measures

Dyadic Sexual Communication Scale (DSCS; Catania, 2013). Sexual communication was measured using the 13-item DSCS. Individuals rated their agreement to statements such as, 'my partner and I can usually talk calmly about our sex life,' on a scale from 1 'disagree strongly' to 6 'agree strongly'. Items were summed to create a total score with possible scores

ranging from 13 to 78. Higher scores reflect higher perceived sexual communication with their partner. Scores on the DSCS has been found to discriminate well between people who experience sexual issues and those who do not, and to have good internal consistency ($\alpha = .89$; Catania, 2013). See Table 4.1 for the Cronbach's alpha values for the current study.

Additional Measures. In addition to the DSCS, the following measures, which were described in Chapter 2, were also administered: The SexFlex Scale, the Response to Sexual Difficulties Scale (RSDS; Fallis, Purdon, & Rehman, 2013), the Partner Responses Scale (PRS; Rosen et al., 2012, 2010), the Global Measure of Sexual Satisfaction (GMSEX; Lawrance et al., 2011), the perceived balance of Rewards and Costs from the Sexual Exchanges Questionnaire (Rew-Cst; Lawrance et al., 2011), and the distress subscale from the Sexual Function Questionnaire (SFQ-D; Renaud et al., 2001). Their internal consistency values based on the current sample, and interpreted with the number of items in mind, were all within an acceptable range, and are presented in Table 4.1.

Table 4-1

Cronbach's alpha values for measures of interest.

Measure	**MxX**	**MxF**	**FxM**	**FxF**
Sexual Script Flexibility				
SFS-A	.86	.88	.90	.90
SFS-R	.78	.63	.69	.69
Sexual Communication				
DSCS	.87	.91	.89	.87
Partner Responses				
RSDS	.96	.96	.95	.94
PR-SC	.90	.92	.88	.85
PR-N	.90	.89	.85	.83
PR-F	.91	.93	.89	.95
PR-SS	.70	.78	.84	.78
PR-C	.67	.63	.77	.68
Sexual Well-Being				
GMSEX	.95	.97	.96	.95
Rew-Cst	.57	.67	.68	.68
SFQ-D	.83	.88	.83	.82

Note. MxM = Male individuals with male partners; MxF = Male individuals with female partners; FxM = Female individuals with male partners; FxF = Female individuals with female partners; SFS-A = SexFlex Scale Approach Flexibility subscale; SFS-R = SexFlex Scale Reflective Flexibility subscale; DSCS = Dyadic Sexual Communication Scale; RSDS = Response to Sexual Difficulties Scale; PRS-Sc = Partner Responses Scale Script Continuing subscale; PRS-N = Partner Responses Scale Negative subscale; PRS-F = Partner Responses Scale Facilitative subscale; PRS-Ss = Partner Responses Scale Script Stopping subscale; PRS-C = Partner Responses Scale Cautionary Subscale; GMSEX = Global Measure of Sexual

Satisfaction; Rew-Cst = the perceived Balance of Sexual Rewards relative to Costs; SFQ-D = Sexual Functioning Questionnaire – Distress subscale.

Results

Data Considerations

Missing Data. Participants who did not complete the online survey were excluded from analyses, resulting in a sample size of n = 1,021. Of the 1,021 individuals who completed the survey, 70 did not indicate their gender or the gender of their partner, resulting in a final sample size of n = 951 for comparative analyses across groups. For each analysis, individuals who were missing responses to more than 10% of the items on any of the relevant measures were excluded.

Measurement Invariance. To ensure that the measures being used for group comparisons assess the same latent variable(s) in each group, we conducted cross-group analyses of measurement invariance prior to conducting comparative analyses. We assessed measurement invariance using the same analytic strategy and criterion described in Chapter 2, Study One. Using this criterion, measurement invariance was adequately met for all measures (see Appendix L), indicating that any between-group differences are not likely to be due to differences in psychometric properties (Cheung et al., 2002).

Demographic Characteristics

To assess for potential differences in demographic characteristics across the four groups, two statistical analyses were used: for continuous variances, bootstrapped Analysis of Variance tests were used, and for categorical variables, contingency analyses were used (Table 4.2). To account for alpha inflation resulting from multiple comparisons, an alpha criterion of $p < .01$ was used.

As would be expected given that we are comparing individuals in same and mixed-gender relationships, there was a statistically significant difference between groups on self-identified sexual orientation $\chi^2(18) = 668.8$, $p < .001$, Cramer's $V = .51$. A greater proportion of individuals with other-gender partners self-identified as heterosexual as compared to individuals with same-gender partners. Individuals with same-gender partners were more likely to identify as gay/lesbian, and males in same-gender relationships more frequently self-identified as gay/lesbian than females in same-gender relationships. Females with male partners were more likely to identify as bisexual than females with female partners. Finally, females with female partners were more likely to identify as queer than individuals in the three other groups.

There was a statistically significant difference across the four groups on age, $F(947, 3) = 33.0$, $p < .001$. Both males with male partners and males with female partners were older than females with male partners (99% CI [2.3, 5.7]; 99% CI [5.1, 7.7], respectively) and males with female partners were older than females with female partners (99% CI [3.4, 7.2]).

There was a statistically significant difference across groups for relationship length, $F(946, 3) = 22.6$, $p < .001$. Follow-up comparisons indicated that males with female partners reported a longer relationship length than males with male partners, females with male partners, and females with female partners (99% CI [11.2, 55.9]; 99% CI [22.4, 57.5]; 99% CI [32.6, 71.2], respectively). There was also a difference between males and females in same-gender relationships, wherein males with male partners reported having been with their current partner for longer than females with female partners (99% CI [.96, 37.5]). In addition to differences in relationship length, the four groups also differed in how they described their relationships, $\chi^2(15) = 60.2$, Cramer's $V = .15$. Males with female partners were more likely than females with male or female partners to indicate that they were dating their partner regularly, and were more

likely than all three groups to indicate that they were married/common-law/bound by a commitment ceremony. Last of all, males with male partners were more likely than males or females with other-gender partners to indicate that they were living with their partner.

There were no statistically significant differences between groups on place of birth, ethnicity, education, or income.

Table 4-2

Demographic Characteristics

	Same-Gender Relationship		**Mixed-Gender Relationship**		**Test statistic**	***p*-value**
	MxM (*n* = 118)	**FxF (*n* = 112)**	**MxF (*n* = 236)**	**FxM (*n* = 485)**		
Sexual Orientation (*n*(%))					$\chi^2(18) = 668.8$	$p < .001$
Heterosexual	2(1.7)	0	160(67.8)	287(59.2)		
Gay/Lesbian	97(82.2)	60(53.6)	1(0.4)	2(0.4)		
Bisexual	15(12.7)	13(11.6)	38(16.1)	113(23.3)		
Pansexual	3(2.6)	11(9.8)	21(8.9)	44(9.1)		
Queer	1(0.8)	23(20.5)	7(3.0)	8(1.6)		
Asexual	0	0	1(0.4)	8(1.6)		
Other	0	4(3.6)	8(3.4)	21(4.3)		
Age (*M* (*SD*))	29.81(9.6)	26.9(7.5)	32.2(10.8)	25.8(6.9)	$F(3, 947) = 33.0$	$p < .001$
Length of Relationship in months (*M* (*SD*))	52.9(63.2)	34.7(41.6)	86.8(98.1)	47.1(54.9)	$F(3, 946) = 22.6$	$p < .001$
Relationship Status (*n*(%))					$\chi^2(15) = 60.2$	$p < .001$
Casually dating	1(0.8)	0	4(1.7)	3(0.6)		
Dating partner (regularly)	34(28.8)	42(37.5)	48(20.3)	162(33.4)		
Dating partner (long distance)	12(10.2)	13(11.6)	26(11.0)	73(15.1)		
Living with partner	46(39.0)	37(33.0)	53(22.5)	128(26.4)		
Married/common law/etc.	23(19.5)	16(14.3)	100(42.4)	102(21.0)		

Other	2(1.7)	4(3.6)	5(2.1)	17(3.5)		
Birthplace (*n*(%))					$\chi^2(27) = 28.0$	$p = .43$
Canada	19(16.1)	35(31.3)	46(19.5)	126(26)		
United States	61(51.7)	52(46.4)	129(54.7)	228(47)		
Europe	21(17.8)	19(17.0)	32(13.5)	75(15.5)		
Other	17(14.2)	7(5.4)	29(12.2)	54(11.1)		
Ethnicity (*n*(%))					$\chi^2(33) = 35.5$	$p = .35$
North American Aboriginal	1(0.8)	1(0.9)	8(3.4)	11(2.3))		
Canadian	20(16.9)	36(32.1)	45(19.1)	125(25.8)		
French Canadian	3(2.5)	5(4.5)	10(4.0)	30(6.1)		
American	56(47.5)	45(40.2)	112(47.5)	209(43.1)		
Mexican	4(3.4)	1(0.9)	6(2.5)	12(2.5)		
European	58(49.1)	60(53.6)	111(47.0)	198(40.8)		
Caribbean	2(1.7)	1(0.9)	1(0.4)	3(0.6)		
Latin/Central/South American	2(1.7)	6(5.4)	8(3.4)	15(3.1)		
African	1(0.8)	1(0.9)	5(2.0)	7(1.4)		
Asian	6(5.1)	2(1.8)	9(3.6)	34(7.0)		
Oceanian	8(6.8)	3(2.7)	17(7.1)	31(6.3)		
Other	6(5.1)	4(3.6)	10(4.0)	9(1.9)		
Education (*n*(%))					$\chi^2(9) = 11.0$	$p = .08$
High school (some)	0	1(0.9)	3(1.3)	7(1.4)		
High school (complete)	2(1.7)	2(1.8)	13(5.5)	33(6.8)		
Post-secondary (some)	26(22.0)	30(26.8)	65(27.5)	145(30)		

Post-secondary (complete)	90(76.3)	79(70.6)	155(65.6)	298(61.7)		
Income (*n*(%))					$\chi^2(12) = 21.1$	$p = .05$
$0 – 19 999	7(6.7)	22(21.4)	26(11)	77(15.9)		
$20 000 – 39 999	19(18.1)	23(22.4)	46(19.5)	91(18.7)		
$40 000 – 59 999	11(10.5)	15(14.6)	42(17.8)	75(15.5)		
$60 000 – 89 999	18(17.2)	19(18.4)	34(14.5)	75(15.5)		
$90 00 +	36(34.4)	24(23.3)	77(32.6)	100(20.7)		

Note. MxM = Male individuals with male partners; MxF = Male individuals with female partners; FxM = Female individuals with male partners; FxF = Female individuals with female partners. Due to missing data, rounding, and the option to select multiple responses not all percentages add up to 100%.

Relationship between Measures and Components of Sexual Well-Being

Correlations between components of sexual well-being and sexual script flexibility, communication, and partner responses to sexual issues are presented in Table 4.3. Spearman's Rank correlations were used to account for violations of the assumption of normality (Pearson correlations yielded similar results). With the exceptions of reflective flexibility (SFS-R), partner cautionary responses (PR-C), and partner script stopping responses (PR-Ss), all measures were moderate to highly correlated with the three measures of sexual well-being (sexual satisfaction, perceived balance of sexual rewards to costs, and distress related to sexual issues). Interestingly, reflective flexibility was only associated with sexual distress for individuals in same-gender relationships but was associated with all three measures of sexual well-being for individuals in mixed-gender relationships. For individuals in both types of relationships, partner cautionary responses were marginally associated with greater sexual distress. Partner script stopping responses were not associated with any measure of sexual well-being.

Table 4-3

Spearman's Rank correlation coefficients between three components of sexual well-being, body image, sexual communication, script flexibility, and partner responses to sexual issues.

	Same-Gender Relationship			**Mixed-Gender Relationship**		
	GMSEX	**Rew-Cst**	**SFQ-D**	**GMSEX**	**Rew-Cst**	**SFQ-D**
SFS-A	.44**	.37**	-.43**	.41**	.32**	-.38**
SRS-R	-.07	-.07	.21**	-.15**	-.19**	.28**
DSCS	.70**	.60**	-.43**	.70**	.63**	-.48**
RSDS	.53**	.53**	-.34**	.58**	.56**	-.47**
PR-Sc	.50**	.46**	-.15**	.59**	.54**	-37**

PR-N	-.37**	-.38**	.30**	-.45**	-.47**	.43**
PR-F	.47**	.35**	-.26**	.45**	.43**	-.34**
PR-C	-.08	-.07	.17*	.03	-.03	.08*
PR-Ss	.05	-.00	.06	.02	-.01	.07

Note. DSCS = Dyadic Sexual Communication Scale; SFS-A = SexFlex Scale Approach Flexibility subscale; SFS-R = SexFlex Scale Reflective Flexibility subscale; RSDS = Response to Sexual Difficulties Scale; PRS-Sc = Partner Responses Scale Script Continuing subscale; PRS-N = Partner Responses Scale Negative subscale; PRS-F = Partner Responses Scale Facilitative subscale; PRS-Ss = Partner Responses Scale Script Stopping subscale; PRS-C = Partner Responses Scale Cautionary Subscale; GMSEX = Global Measure of Sexual Satisfaction; Rew-Cst = the Balance of Sexual Rewards relative to Costs; SFQ-D = Sexual Functioning Questionnaire – Distress subscale. $^{*}p < .05$, two-tailed, $^{**}p < .01$, two-tailed.

Group Comparisons

Data Analysis Strategy for Group Comparisons. To examine the effect of one's own gender, the effect of the gender of one's partner, and the interaction between the two, 2 x 2 Analyses of Covariance (ANCOVAs) were employed with Own Gender (male, female) x Gender of Partner (male, female) and age and relationship length as covariates.

Visual inspection of the data revealed the majority of the measures to be non-normally distributed. Transformation of the data did not sufficiently resolve the distributions to meet the normality assumption requirements of a parametric ANCOVA. Bootstrapping, which is a distribution-free and robust statistical method (Cumming, 2014), was utilized to address violations of distribution-based assumptions. As the Cautionary and Script Stopping subscales of

the Partner Responses Scale were not significantly related to sexual well-being for any group (Table 4.3), these subscales were dropped from the analyses of group differences.

Table 4.4 presents the summary of the ANCOVA results[2] for all analyses. All statistical tests were bootstrapped using 10,000 samples. A 99% confidence interval that does not span zero indicates a statistically significant test result at $p < .01$ (two-tailed). Non-significant results were omitted to facilitate interpretation. Significant ANCOVA interactions were followed up with planned comparisons (Table 4.5).

[2] Partial eta-squared (η^2) is conceptually similar to R^2 (Holmberg & Blair, 2009). Using cutoffs for effect sizes of R^2, values of η^2 less than .05 will be considered small, .06 to .15 considered medium, and greater than .15 considered large (Becker, 2000).

Table 4-4

Comparison of Men and Women with Male and Female Partners on Measures Related to/of Sexual Well-Being

	Male Partner				Female Partner				Main Effect of Own Gender		Main Effect of Partners' Gender		Interaction	
	Male		Female		Male		Female							
Scale	***M***	***SE***	***M***	***SE***	***M***	***SE***	***M***	***SE***	***F***	η^2	***F***	η^2	***F***	η^2
Script Flexibility														
SFS-A	18.0	0.4	16.7	0.2	17.8	0.3	18.3	0.4	--	--	4.7*	.006	5.9*	.007
SFS-R	9.3	0.3	9.5	0.2	9.1	0.1	9.0	0.3	--	--	--	--	--	--
Sexual Communication														
DSCS	61.9	1.2	63.0	0.6	59.6	0.9	64.5	1.2	8.8**	.01	--	--	--	--
Partner Responding														
RSDS	114.4	2.0	115.4	1.1	111.3	1.6	121.0	2.1	9.1**	.01	--	--	6.3**	.007
PR-SC	34.5	1.0	34.9	0.5	31.3	0.7	36.3	1.0	13.3**	.016	--	--	9.5**	.011
PR-N	7.0	0.4	7.4	0.3	5.9	0.2	5.3	0.4	24.5**	.027	--	--	--	--
PR-F	20.6	0.4	20.3	0.3	21.2	0.2	22.1	0.4	10.2**	.012	--	--	--	--
Sexual Well-Being														
GMSEX	24.5	0.6	23.2	0.5	24.7	0.3	25.2	0.6	4.7*	.005	--	--	--	--
Rew-Cst	3.1	0.3	2.7	0.2	3.3	0.1	3.5	0.3	4.1*	.004	--	--	--	--
SFQ-D	16.3	0.98	18.7	0.8	17.2	0.5	16.7	1.0	--	--	--	--	--	--

Note: SFS-A = SexFlex Scale Approach Flexibility subscale; SFS-R = SexFlex Scale Reflective Flexibility subscale; DSCS; Dyadic Sexual Communication Scale; RSDS = Response to Sexual Difficulties Scale; PRS-Sc = Partner Responses Scale Script Continuing subscale; PRS-N = Partner Responses Scale Negative subscale; PRS-F = Partner Responses Scale Facilitative subscale; GMSEX = Global Measure of Sexual Satisfaction; Rew-Cst = the Balance of Sexual Rewards relative to Costs; SFQ-D = Sexual Functioning Questionnaire Distress Subscale $^{*}p < .05$, two-tailed. $^{**}p < .01$, two-tailed.

Table 4-5

Planned Comparison Follow-up Analyses for Significant ANCOVA interactions

	Comparison within own gender across gender of partner		**Comparison within partner of gender across own gender**		**Comparison across own gender and gender of partner**	
	Males (MxM vs MxF)	**Females (FxM vs FxF)**	**Male Partner (MxM vs FxM)**	**Female Partner (MxF vs FxF)**	**Same-Gender (MxM vs FxF)**	**Mixed-Gender (MxF vs FxM)**
Measure	**99% CI**	**99% CI**	**99% CI**	**99% CI**	**99% CI**	**99% CI**
SFS-A	--	[-2.7, -0.8][1]	[0.5, 2.3][1]	--	--	[0.4, 1.9][1]
RSDS	--	[-11.4, -.48]	--	[-14.6, -2.2]	--	--
PR-SC	--	--	--	[-8.0, -1.8]	--	[-6.1, -1.2]

Note. SFS-A = SexFlex Scale Approach Flexibility subscale; RSDS = Response to Sexual Difficulties Scale; PRS-Sc = Partner Responses Scale Script Continuing subscale. Significant results are indicated by a confidence interval that does not include zero.

[1]indicates that a 95% CI was used for comparison

Sexual Script Flexibility. When alpha inflation from multiple comparisons was corrected for by using a 99% confidence interval, there were no significant main effects or interactions for the Approach Flexibility or Reflective Flexibility subscales (Table 4.4). However, when a less stringent 95% confidence interval was used, a significant main effect for gender of partner for the Approach Flexibility subscale was observed. Scores on the SFS-A indicated that individuals with female partners ($M_{\text{FemalePartner}}$ = 18.1, $SE_{\text{FemalePartner}}$ = 0.3) had a higher frequency of approach flexibility than individuals with male partners ($M_{\text{MalePartner}}$ = 17.3, $SE_{\text{MalePartner}}$ = 0.24; 95% CI [-1.5, -0.8]). The main effect of gender of partner was qualified by a small-sized interaction, indicating that the differences across gender of partner are particularly strong within individuals who are female themselves. Planned comparisons (Table 4.5) revealed that females with female partners scored higher on the SFS-A than females with male partners, however, no differences were found based on gender of partner for male participants. Furthermore, females with male partners scored lower on the SFS-A than both males with male partners and males with female partners, however, females with female partners were not significantly different from males with male or female partners.

Sexual Communication. There was a statistically significant main effect of own gender (See Table 4.4), wherein females (M_{Female} = 63.7, SE_{Female} = 0.7) reported a greater amount of sexual communication in their relationship than males (M_{Male} = 60.8, SE_{Male} = 0.7; 99% CI [-5.9, -0.8]). There was no significant main effect of gender of partner, and no interaction between own gender and gender of partner.

Partner Responses to Sexual Issues. There was a statistically significant main effect of own gender (Table 4.4) for all measures of partner responses to sexual issues. Females, when compared to males, reported greater positive partner affective responses on the RSDS

(M_{Female} = 118.2, SE_{Female} = 1.2; M_{Male} = 112.9, SE_{Male} = 1.3; 99% CI [-10.4, -0.9]), greater partner script continuing responses on the PR-Sc (M_{Female} = 35.6, SE_{Female} = 0.6, M_{Male} = 32.7, SE_{Male} = 0.6; 99% CI [-5.1, -0.7]), lower partner negative responses (M_{Female} = 5.6, SE_{Female} = 0.2, M_{Male} = 7.2, SE_{Male} = 0.2; 99% CI [-2.3, -1.0]), and greater partner facilitative responses (M_{Female} = 21.7, SE_{Female} = 0.3, M_{Male} = 20.4, SE_{Male} = 0.3; 99% CI [-2.2, -0.3]). The main effect of own gender on the RSDS and PR-Sc were qualified by a significant interaction between own gender and gender of partner. Following up the small-sized interaction effect on the RSDS with planned comparisons (Table 4.5) indicated that the effect of own gender was particularly strong with females who have female partners. Specifically, they scored higher on the RSDS than females with male partners and males with female partners (Table 4.5). Planned comparisons on the PR-Sc revealed a stronger effect of own gender for males with female partners, who had lower scores on the PR-Sc when compared to females with male partners and females with female partners (Table 4.5).

Sexual Well-Being. The four groups did not differ on any of the three components of sexual well-being when a 99% confidence interval was used (See Table 4.5). Although distress relating to sexual issues remained undifferentiated across groups, when a less stringent 95% confidence interval was used, both sexual satisfaction and the relative balance of sexual rewards to costs had significant main effects of own gender. Females reported greater sexual satisfaction as indicated by higher scores on the GMSEX (M_{Female} = 25.0, SE_{Female} = 0.3, M_{Male} = 23.9, SE_{Male} = -2.1; 95% CI [-2.1, -0.1]), and reported a more favorable relative balance of sexual rewards to costs on the Rew-Cst (M_{Female} = 3.4, SE_{Female} = 0.1, M_{Male} = 2.9, SE_{Male} = 0.2; 95% CI [-0.9, -0.01]). There were no significant main effects of gender of partners or significant interactions between own gender and gender of partner.

Discussion

The main objectives of the current study were to understand how subjective perceptions of sexuality are related to sexual well-being in same-gender and mixed-gender couples, and to understand more about the similarities and differences in script flexibility, sexual communication, partner responses, and sexual well-being across the four groups. We hypothesized that greater flexibility in approach to sexual issues, greater sexual communication, and greater positive partner responses would be positively associated with sexual well-being in both groups of couples. This pattern held for all variables, with the exception of reflective flexibility, script cautionary partner responses, and script stopping partner responses. Interestingly, although reflective flexibility was found to be differentially related to sexual well-being for same- and mixed-gender couples, there were no significant group differences in the amount of reflective flexibility that individuals employed.

This finding suggests that although individuals engage in the same amount of reflective flexibility, the mechanism(s) in how reflective flexibility and sexual well-being relate differs across groups. It may be that individuals in mixed-gender relationships are more likely to adhere to the TSS and therefore not make changes to the relative importance of different sexual activities in their sexual script even after reflection. This narrow reflective process of thinking about what is important but being unable to make adaptive changes to cognitions may be related to greater rumination, and therefore lower sexual well-being (e.g., Beutel, 1999; Glowacka et al., 2014; Klaassen & Ter Kuile, 2009). Alternatively, these differences may reflect differences in the circumstances in which individuals in same-gender and mixed-gender relationships reflect on their sexual relationship. Individuals in mixed-gender relationships may be more likely to reflect on their sexual relationship when they are distressed and unsatisfied, whereas individuals in

same-gender relationships may be more likely to reflect on their sexual relationship when they are satisfied and not experiencing distress.

Group Differences

Contrary to predictions, there were few differences observed between same-gender and mixed-gender couples. Strikingly, more differences were observed across gender of participant than across relationship type (i.e., interaction of own gender and gender of partner). There were no significant differences between males in same-gender versus mixed gender relationships, and only two significant differences between females in same-gender and mixed-gender relationships (which were small in size). However, there were significant differences between male and female participants on seven measures, and between participants with male and female partners on two measures. Collectively, these results suggest that individuals in same- versus mixed-gender relationships share more similarities in their subjective sexuality than differences. With this pattern in mind, observed group differences are summarized below.

Main Effect of Own Gender

Gender differences were observed on measures of sexual communication, partner responding, and sexual well-being. In total, there were seven small-sized differences observed between male and female participants, with two of the partner responding measures qualified by significant interactions. Comparable to previous research (Byers & Demmons, 1999; Greene & Faulkner, 2005), females in the present study were found to report greater sexual communication than males. Females also reported greater partner positive responses, and lower negative responses than males. This pattern is surprising given that previous research on partner affective responding found no differences between males and females (Fallis et al., 2012). Furthermore, given the differences in global empathy between males and females (Schulte-Rüther et al., 2008;

Toussaint et al., 2005), one might expect that partner responses would differ based on the gender of one's partner rather than one's own gender. Specifically, one may expect that individuals with female partners would report greater partner positive responding. Finally, although not significant with an alpha criterion of .05, females also reported greater sexual satisfaction and a more favourable balance of sexual rewards to costs. This result is perhaps not surprising given that females in the present study also reported greater partner positive responses. Research suggests that the relationship between empathic responses and relationship satisfaction is stronger for women than for men (Péloquin et al., 2010); therefore, it is possible that the gender differences in sexual satisfaction and the balance of sexual rewards to costs reflect this differential association.

The gender differences observed may be indicative of true disparities between female and male sexuality. It is possible that females may be more likely to communicate about their sexual relationships, which may contribute to their partners understanding more about their sexual preferences (MacNeil & Byers, 2005; MacNeil et al., 2009). This increased understanding may allow partners to respond in a positive way, which results in better sexual well-being outcomes. Alternatively, it is possible that the gender differences observed are measuring spurious differences between men and women. For example, it is possible that females are more likely to over-report the positives, or perhaps males are more likely to under-report the amount of sexual communication in their relationship. Indeed, previous research in non-sexual domains suggests that females are more likely to respond in a socially desirable way than males (Dalton & Ortegren, 2011).

Main Effect of Gender of Partner

There were no significant differences between individuals with male partners or female partners. However, there was a tendency for individuals with female partners to have a higher frequency of approach flexibility than those with male partners.

Own Gender X Gender of Partner Interactions

There was a significant interaction observed for approach flexibility and measures of partner responses (significant at $p < .05$). However, after correcting for alpha inflation from multiple analyses, only the two measures of partner responses had significant interactions. Females in same-gender relationships reported a greater amount of partner affective responses than either gender in mixed-gender relationships. This finding is in line with previous research suggesting that females in same-gender relationships may be better able to empathize with their partner (Ussher et al., 2008). Results from the present study also indicated that males in mixed-gender relationships reported lower script continuing responses from their partners when compared to females in mixed- or same-gender relationships. It is possible that when individuals endorse the TSS (which emphasizes penetration), script continuation responses from a partner may be less likely to occur when sexual issues prevent penetration. Given that females report greater script continuing responses from their partners, it may be that male sexual issues, which often impact erection quality (e.g., erectile dysfunction), are more likely to prevent penetration than female sexual issues. Furthermore, partners who are the other gender (i.e., in mixed-gender relationships) may be more likely to endorse the TSS, and therefore engage in less script continuing responses when penetration is not possible. This finding may explain the significant interaction wherein males with female partners show less script continuing behavior than females with either gender partners.

Although not statistically significant after alpha corrections, there was a trend (significant at $p < .05$) towards an interaction for approach flexibility. The positive effect of having a partner who is female was strengthened when the individuals were themselves female. Female partners may be more likely to foster a flexible atmosphere where individuals feel comfortable trying a different sexual approach. The effect of having a female partner may be particularly prominent in females in same-gender relationships due to greater available flexibility in sexual scripts in same-gender relationships.

Strengths, Limitations, and Future Directions

A major strength of the current study is the large sample of individuals in same-gender and mixed-gender relationships, which allowed for direct comparisons among the four groups. The groups were also quite comparable demographically, and age and relationship differences were statistically controlled for in analyses. Furthermore, our online design allowed for greater anonymity of respondents; this aspect is important given that greater perceived anonymity in sexuality research has been found to be associated with higher quality responses (e.g., Alexander & Fisher, 2003; Binik, Mah, & Kiesler, 1999)

The results of the study should also be interpreted with its limitations in mind. The study relied on self-report, which has many known associated limitations. For example, individuals may have over- or under-reported due to a socially desirable responding style, or inaccurate reflections of their relationship (e.g., rose-coloured glasses effect). Future research would be strengthened by surveying both members of the couple and/or direct observation of the measured behaviour. Although direct observation of partner responses to sexual issues is not realistically feasible, less intimate behaviours, such as communication about sexual likes and dislikes, could be observed objectively in an in-person laboratory design.

Although we recruited a sample of individuals in same-gender and mixed-gender relationships, limitations in the generalizability of findings due to sampling bias should be noted. As is common in psychological research, participants were highly educated, had above average incomes, and were from western cultures, and therefore may not be representative of the general public. Most individuals in our sample were also in their 20's or 30's; as such, the results may not generalize to older individuals. Furthermore, individuals in our study reported relatively intact sexual functioning and satisfaction with their relationships. The similarities across same- and mixed-gender relationships may not hold when sexual issues are prominent and greater disruptions to traditional sexual scripts result. For example, research with women who have genitopelvic pain found that females in same-gender and mixed-gender relationships differed in the mechanisms through which they perceived sexual pain as impacting their sexual relationship (Blair, Pukall, Smith, & Cappell, 2015). Finally, future research should seek to replicate these findings, and extend research of group differences to include broader aspects of sexuality. Consistent replication of minimal differences between individuals in same-gender and mixed-gender relationships would strengthen the evidence that the exclusion of individuals in same-gender relationships in research studies is unwarranted.

Conclusions

The findings of this study suggest that same-gender and mixed-gender relationships are more alike than different. Indeed, there may be greater differences across gender than across relationship type. These results highlight the importance of testing assumptions about perceived group differences. Given that the results of the current study mirror other results (Holmberg & Blair, 2009), the tendency for sexuality research to exclude individuals in same-gender relationships based on perceived differences needs to be challenged.

Chapter 5

It Take Two to Tango: Interpersonal Factors as Mediators in the Relationship between Sexual Script Flexibility and Sexual Well-Being

Introduction

Sexual issues are not uncommon in sexual interactions. Prevalence studies over the last few decades have reported rates of sexual issues ranging from 19% to 50% within the studied populations, with women reporting sexual issues more frequently than men (e.g., Byers et al., 1997; Laumann et al., 1999; Shifren et al., 2008; Tambling et al., 2014). Interestingly, although the majority of individuals will encounter a sexual issue over the course of their sexual relationship with a partner, not all individuals will experience a reduction in their sexual well-being (e.g., Byers & MacNeil, 1997). It is likely that some individuals maintain sexual satisfaction despite disruptions to their preferred sexual script by being flexible and making adaptive changes (Beck et al., 2013; Reese et al., 2010). It remains unclear, though, how these adaptive changes translate into improved sexual well-being. As sexual issues are likely to impact one's partner's sexual well-being (e.g., Elran et al., 2014; Fisher, Eardley, McCabe, & Sand, 2009; Rosen et al., 2015), the successful navigation of sexual issues likely requires the participation of both members of the couple. However, it is also possible that adaptive changes made at the individual level promotes changes at the couple level.

Individuals who are flexible in their approach may encourage positive sexual communication with their partner to make appropriate alterations to their sexual scripts to navigate disruptions when sexual issues arise. In other words, it is possible that the relationship between how flexible an individual is in their approach to sexual issues and sexual well-being is

mediated by sexual communication. Partners can disclose what they like and find pleasurable and what they do not like or do not find pleasurable to create mutually satisfying sexual scripts that maximize sexual pleasure and sexual satisfaction (Leiblum & Pervin, 1980; Mitchell et al., 2011). The Interpersonal Exchange Model of Sexual Satisfactions provides a framework for understanding how sexual communication, in turn, may relate to sexual well-being.

Interpersonal Exchange Model of Sexual Satisfaction

Many topics in sexuality, including sexual satisfaction, have applied a social exchange framework to better understand how sexuality is negotiated between partners (Sprecher, 1998). Social exchange theory suggests that specific interpersonal behaviours constitute exchanges and these exchanges can be experienced as rewarding, costly, both rewarding and costly, or neither rewarding nor costly (Thibaut & Kelley, 1959). Exchanges labeled as rewards are pleasurable and gratifying, and exchanges that are labeled as costs result in displeasure or distress. Some sexual exchanges could be considered as both rewarding and costly as they include aspects of both pleasure and displeasure. Given that individuals differ in sexual preferences or scripts (Gagnon & Simon, 1987; Simon & Gagnon, 1984, 1986), they could also differ in their appraisals of what they find rewarding or costly. Exchange theory assumes that individuals will interact in a way that attempts to maximize rewarding and minimize costly exchanges.

Lawrance and Byers's (1995) Interpersonal Exchange Model of Sexual proposes that sexual satisfaction is increased by three components: The level of sexual rewards relative to costs that are present in the current relationship; the level of sexual rewards relative to sexual costs compared with other potential relationships; and the perceived equality of rewards and of costs compared to those of one's partner. The aspect of this model that is most relevant to the current study is the first component: the relative level of sexual rewards relative to costs in the current

relationship. Sexual issues may alter the perceived balance of sexual rewards to costs and contribute to downward changes in sexual satisfaction. Individuals who are flexible in their approach to sexual issues may encourage discussion of the sexual issues with their partner to maintain a balance of sexual rewards to costs.

MacNeil and Byers (1997, 2005, 2009) conducted research on the contribution of sexual self-disclosure to the prediction of sexual satisfaction. Using a sample of 87 individuals in long-term other-gender oriented individuals, they found that sexual self-disclosure contributed to sexual satisfaction over and above global non-sexual communication (1997). Further research by MacNeil and Byers (2005; 2009) with mixed-gender couples examined two possible mediators or routes by which sexual self-disclosure contributes to sexual satisfaction: the expressive pathway and the instrumental pathway.

The expressive pathway proposes that greater self-disclosure, sexually and globally, is associated with higher relationship satisfaction, and that higher relationship satisfaction is positively associated with sexual satisfaction. The instrumental pathway proposes that sexual self-disclosure would be associated with greater partner understanding of sexual rewards and costs, that partner understanding would also be associated with a more favourable balance of sexual exchanges (i.e., perceived balance of sexual rewards to costs), and that the favourable balance of sexual exchanges would be associated with greater sexual satisfaction. In other words, the association between sexual self-disclosure and sexual satisfaction would be largely accounted for or explained by the extent of partner understanding of rewards and costs and the relative level of sexual rewards to costs. Their studies of both dating and long-term mixed-gender couples found substantial support for the instrumental pathway, and some support for the expressive pathway. As hypothesized by the instrumental pathway, results indicated that self-disclosure

contributes to greater understanding of sexual rewards (but not costs), and partner understanding of rewards was associated with experiencing greater rewards relative to costs, which in turn contributed to greater sexual satisfaction. However, the finding that partner understanding of sexual costs was negatively related to sexual satisfaction has not yet been explained (MacNeil & Byers; 2005; 2009). It could be because the sample recruited by MacNeil and Byers was overall very sexually satisfied and had low levels of sexual costs. It is also possible that couples only discuss sexual costs when the level of sexual costs become high relative to the level of sexual rewards—such as when sexual issues arise. Furthermore, it can be that sexual self-disclosure and having a partner who understands is not sufficient when sexual costs are high; perhaps adaptive partner responding is also required (e.g., Fallis, Purdon, & Rehman, 2012; Rosen et al., 2012, 2010, 2015).

Indeed, the Interpersonal Process Model of Intimacy (Reis & Shaver, 1988) suggests that for non-sexual relationship domains, communication alone is not adequate for intimacy growth. In addition to communication, warm (supportive) partner responses that show that they have evaluated what has been disclosed are also needed. This model proposes that the relationship is reciprocal in that how close or intimate you feel with your partner is related to how close and intimate you perceive they feel towards you (Rubin & Campbell, 2012); it has been empirically validated and used in multiple studies (Laurenceau, Feldman, & Pietromonaco, 1998; Laurenceau, Rivera, Schaffer, & Pietromonaco, 2004).

Research examining sexual intimacy in mixed-gender couples in which the female partners had vulvar pain, found that higher scores on a combined measure of sexual communication and partner responsiveness was associated with higher sexual satisfaction, higher sexual functioning, and higher pain self-efficacy (Bois et al., 2013). However, as Bois et al.

(2013) used a combined measure of sexual communication and partner responsiveness, some questions remain. Are sexual communication and partner responsiveness uniquely associated with factors of sexual well-being? If they are, then what is the relationship among sexual communication, partner responsiveness, and sexual well-being? It is likely that the relationship proposed by the Interpersonal Process Model of Intimacy also holds for sexual communication, and that the relationship between sexual communication and improved sexual well-being is partially mediated by positive partner responses; however, research has yet to investigate this relationship.

Current Study

The research goals of the current research project were three-fold. First, we sought to examine the relationship among approach flexibility, sexual communication, and sexual well-being. We hypothesized that sexual communication would mediate the relationship between approach flexibility and sexual well-being. Second, we aimed to explore the relationship among sexual communication, partner responses, and sexual well-being. We hypothesized that partner responses (affective, script continuing, facilitative, and negative) would mediate the relationship between sexual communication and sexual well-being. Finally, we investigated serial mediation; we expected that approach flexibility would be associated with more sexual communication, which would then promote greater partner responses, which would be associated with higher sexual well-being.

Method

Participants and Procedure

Participants (n = 1,021) were from the same sample as in Chapter 3, as the measures in the present study were in the same online survey. For more information on recruitment, eligibility criteria, and the study's procedure please see Chapter 3.

Measures

Participants completed the SexFlex Scale (see Chapter 2.1), the Dyadic Sexual Communication Scale (DSCS; Catania, 2013), the Response to Sexual Difficulties Scale (Fallis et al., 2012), the Partner Responses Scale (Rosen et al., 2010, 2012), the Global Measure of Sexual Satisfaction (Lawrance, Byers, & Cohen, 2011), the Sexual Exchanges Questionnaire (Lawrance, Byers, & Cohen, 2011), and the distress subscale from the Sexual Function Questionnaire (Byers et al., 1997; Renaud et al., 2001). See Chapters 2, 3, and 4 for descriptions and Cronbach's alpha values.

A composite score of sexual well-being was created by summing the standardized total scores of the Global Measure of Sexual Satisfaction (GMSEX; Lawrance, Byers, & Cohen, 2011), the perceived balance of sexual rewards to costs from the Sexual Exchanges Questionnaire (Rew-Cst; Lawrance, Byers, & Cohen, 2011), and the distress subscale from the Sexual Function Questionnaire (SFQ; Byers et al., 1997; Renaud et al., 2001). The internal consistency of the sexual well-being composite was $\alpha = .91$.

Results

Demographic Characteristics

Participants' demographic characteristics are presented in Table 4.1 in Chapter 4.

Data Considerations

Mediation analyses were conducted using the PROCESS macro for SPSS 23.0 (Hayes, 2013). Nonparametric bootstrapping techniques, such as those employed in PROCESS, do not require the assumption of normality to be met. As such, they are able to maintain a higher level of power while preserving control over Type I error. PROCESS uses an ordinary least squares or logistic regression-based path analytic framework to calculate a bias-corrected and accelerated bootstrap confidence interval for size of each direct and indirect effect. Mediators in the model are considered to be statistically significant if the bootstrapped confidence interval does not contain zero. For the present study, a 99% confidence interval was generated using 10,000 resamples for all analyses. A more stringent confidence interval (99% versus 95%) was generated to account for alpha inflation resulting from multiple statistical tests. Previous research has found relationship length and age to be related to sexual well-being and functioning (e.g., ejaculation latency time; Jern et al., 2009), as such, relationship length and age were included as covariates for analyses.

Mediation of Approach Flexibility and Sexual Well-Being by Sexual Communication

There was a statistically significant mediation wherein the predicted relationship (Figure 5.1) was supported (R^2 = .59, F(4, 807) = 91.8, p < .001). Participants who reported greater approach flexibility reported greater sexual communication (a = 1.12, p < .001), and participants who reported greater sexual communication reported greater sexual well-being (b = .134, p < .001). There was a significant indirect effect of sexual communication (ab = .15, 99% CI [.12, .19]), which itself was a partial mediator as there was a significant direct effect (c' = .10, p < .001) independent of the effect of sexual communication.

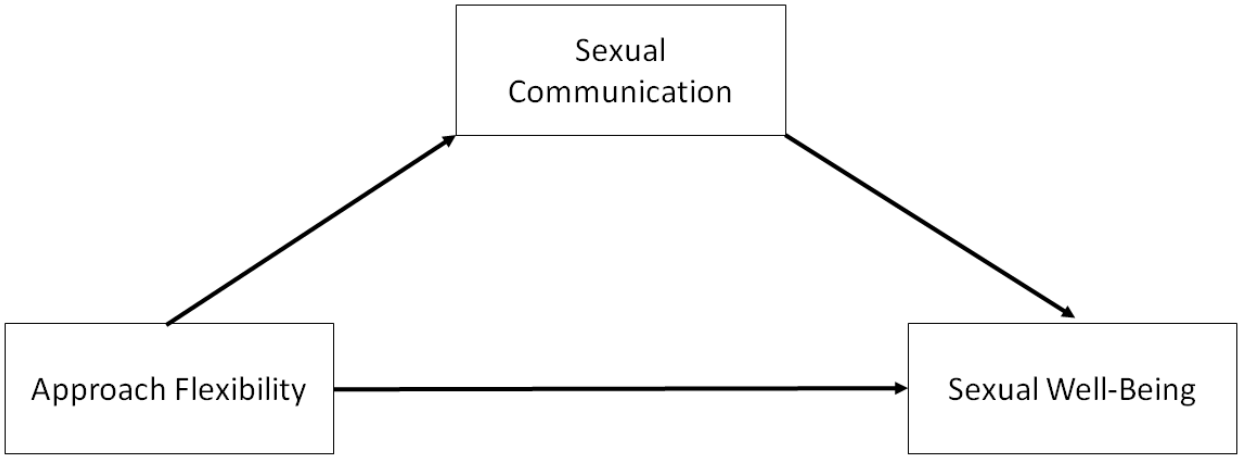

Figure 5.1. Model depicting simple mediation, with sexual communication mediating the relationship between approach flexibility and sexual well-being.

Multiple Mediation of Sexual Communication and Sexual Well-being by Partner Responses

Two of the four predicted mediators were statistically significant in the model (Figure 5.2), indicating a statistically significant mediation (R^2 = .63, F(7, 793) = 191.9, p < .001). Partner affective responses (a = 1.12, p < .001; b = .025, p < .001) and partner script continuing responses (a = .49, p < .001; b = .026, p = .003) were both partial mediators in the relationship between sexual communication and sexual well-being. There was a significant indirect effect for both partner affective responses (ab = .028, 99% CI [.02, .04] and partner script continuing responses (ab = .012, 99% CI [.001, .025]). Partner responses, however, only partially mediated the relationship between sexual communication and sexual well-being, as there remained a significant direct effect (c' = .10, p < .001) independent of the effect of sexual communication.

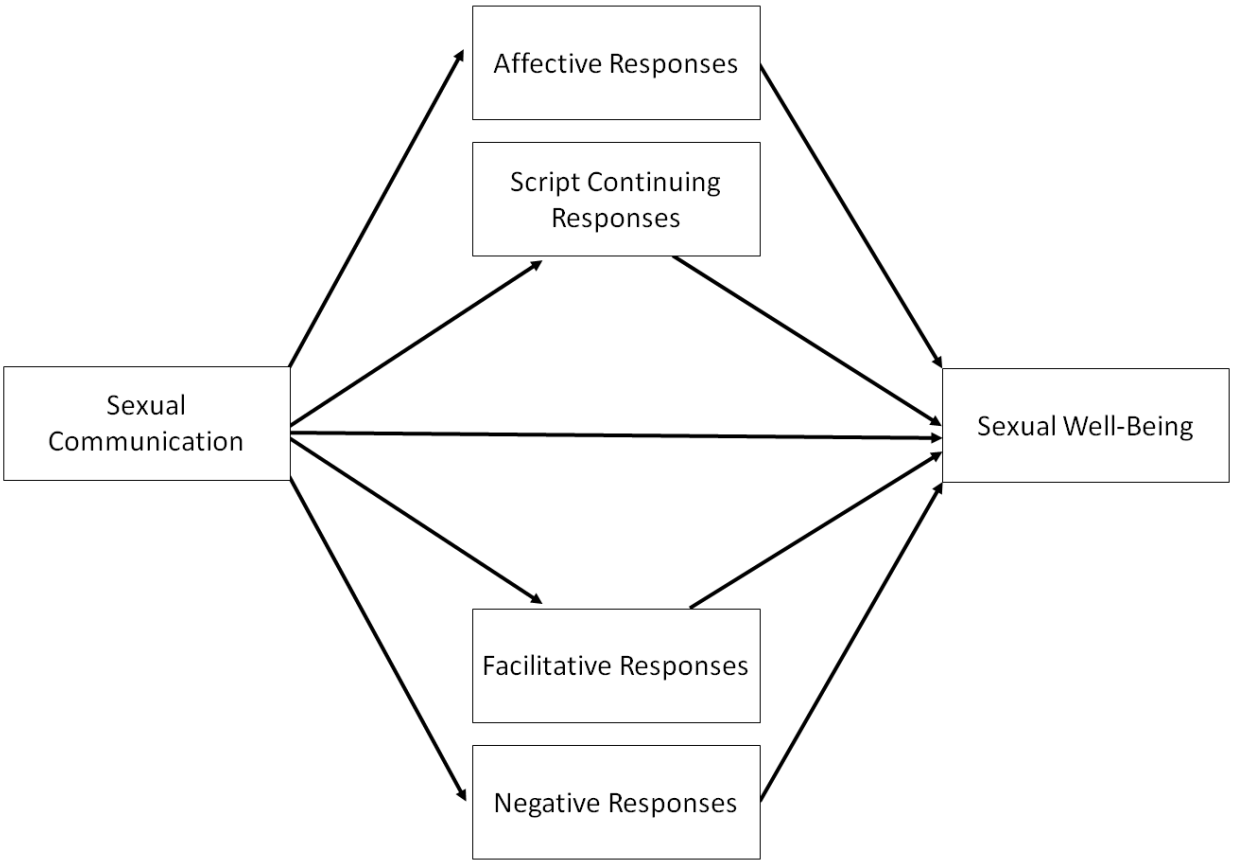

Figure 5.2. Model depicting multiple mediation, with partner responses mediating the relationship between sexual communication and sexual well-being.

Serial Mediation Model of Approach Flexibility and Sexual Well-Being by Sexual Communication and Partner Responses

As the calculation for serial mediation does not allow multiple mediators to occupy the same order position, a composite score of partner responses was created prior to conducting the analysis. The composite was calculated by summing the standardized scores of the RSDS (partner affective responses) and the PR-Sc (script continuing responses). The Cronbach's alpha value of the partner responses composite was acceptable (α = .74). Results provided support for the hypothesized model (Figure 5.3). As presented in Table 5.1, findings provided support for the predicted serial mediation. Thus, greater approach flexibility was associated with greater sexual

communication, which in turn was associated with greater partner responses, relating to greater sexual well-being.

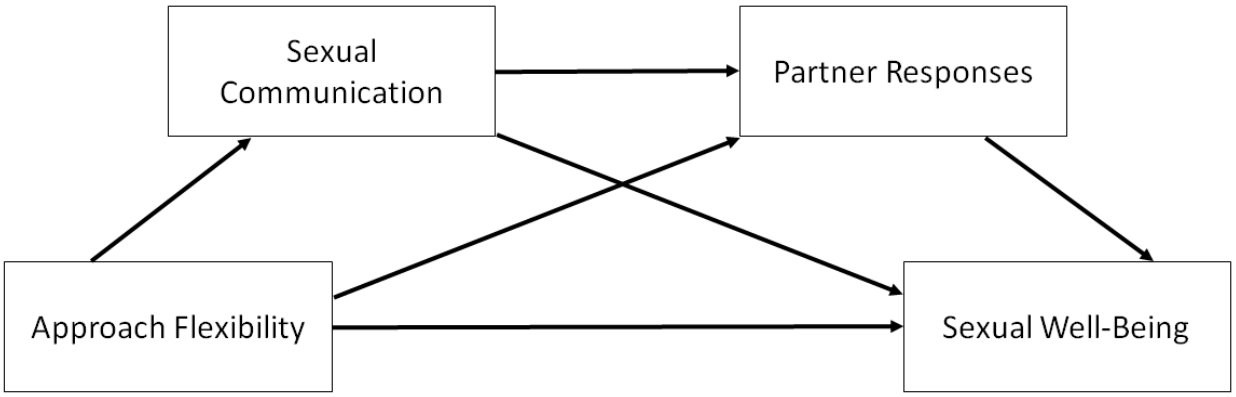

Figure 5.3. Model depicting serial mediation of approach flexibility and sexual well-being by sexual communication and partner responses.

Table 5-1

Indirect Effects of the Mediators for the Relationship Between Approach Flexibility and Sexual Well-Being

		Effect Size	Boot SE	99% CI
Approach flexibility → Sexual well-being				
Total		.18	.02	[.14, .22]
Ind. 1	Approach flexibility → sexual communication → sexual well-being	.12	.01	[.09, .16]
Ind. 2	Approach flexibility → sexual communication → partner responses → sexual well-being	.04	.01	[.02, .06]
Ind. 3	Approach flexibility → partner responses → sexual well-being	.02	.01	[.01, .04]

Note. The 99% Confidence Interval is bootstrapped and bias-corrected.

Discussion

The objective of the present study was to examine the mediating roles of two dyadic factors – sexual communication and partner responses – in the relationship between approach flexibility and sexual well-being. Furthermore, this study sought to examine the mediating role of partner responses in the relationship between sexual communication and sexual well-being. It is the first to examine potential mediators that may help clarify how approach flexibility is related to sexual well-being, and extends previous research on the instrumental pathway (e.g., MacNeil & Byers, 2005, 2009) by examining partner responses as potential mediators. To achieve this objective and assess serial mediation, a series of three mediation analyses were conducted. The results indicated that when controlling for relationship length and age, sexual communication partially mediated the relationship between approach flexibility and sexual well-being. Likewise, after controlling for relationship length and age, two of the four partner responding types – script continuing responses and affective responses – were unique partial mediators in the relationship between sexual communication and sexual well-being. Finally, the results of the serial mediation analyses indicated that after controlling for relationship length and age, higher approach flexibility is associated with higher sexual communication, which then promotes higher partner responses, which in turn is associated with higher sexual well-being.

Collectively, the findings of the current study support the notion that changes at the individual level of sexual scripts are not sufficient, but that engagement with one's partner, through communication and responses, are also important for sexual well-being. Individuals who are flexible in their approach to their sexual issue can disclose sexual likes and dislikes to their partners, which in turn allows partners to be better equipped to respond in a positive way that allows for the renegotiation of the couple script to one that is mutually satisfying. These results

are consistent with findings of previous research that has emphasized the importance of partner interactions and taking a dyadic approach in the conceptualization of sexual well-being (e.g., Badr & Carmack Taylor, 2009; Bowleg et al., 2013; Gagnon et al., 1982; McCormick, 2010; Rosen, Rancourt, Corsini-Munt, & Bergeron, 2013). Furthermore, the findings extend research by Bois et al. (2013) by showing that sexual communication and partner responses are each uniquely associated with sexual well-being. The findings of the present study also extend the generalizability of previous research (e.g., Rosen et al., 2010; 2012; MacNeil & Byers, 2005, 2009) by demonstrating that partner interactions can have a positive effect in same-gender and mixed-gender relationships and in non-clinical samples. Finally, the results of the current study extend and support the instrumental pathway reported by MacNeil and Byers (2005, 2009) by suggesting that the relationship between sexual communication and sexual well-being is mediated by partner variables (e.g., partner responses) that promote changes to the couple script in order to experience greater rewards relative to costs.

Collectively, the findings of the present study have a number of implications for the assessment and treatment of sexual issues. Given that partner interactions appear to play a role in sexual well-being, couple and sex therapists may benefit from taking a dyadic approach and including both members of the couple when conceptualizing interventions. Assessment should consider the perspectives and experiences of both members of the couple, and treatment modules should include skill building (e.g., sexual communication, partner responses) for both members.

Limitations, and Future Directions

The cross-sectional design warrants cautionary interpretation of findings; however, the mediation models analyzed in the current study were based on previously tested theoretical models (IEMSS; Lawrance & Byers, 1995; MacNeil & Byers, 2005, 2009) and sex therapy

conceptualization models (McCormick, 1987, 2010; Wiederman, 1998; Zilbergeld, 1999). A longitudinal research design would offer the added advantage of temporal ordering to the establishment of causation. There are also limits to the generalizability of the results. First, the sample was highly educated, and most participants were Caucasian and aged 20-30 years. As such, the results may not generalize to older adults, or individuals in other socioeconomic status groups. In addition, as we did not recruit from a clinical population, it is possible that the associations found would not hold for more distressed couples. Thus, the study design should be replicated in clinical populations. Furthermore, as the study collected self-report from only one member of the couple, it is possible that participants' reports of their sexual relationship may be biased. Future research would be strengthened by recruiting both members of the couple to examine agreement in terms of their perceptions.

Conclusions

Findings of this study add to a growing body of research suggesting that partner interactions are important in the conceptualization of relationships and sexual well-being. Findings suggest that greater approach flexibility is related to greater sexual well-being, and that this relationship is mediated by sexual communication and partner script continuing and affective responses. Specifically, the findings suggest that greater approach flexibility is related to greater sexual communication, which in turn is related to greater partner affective and script continuing responses, which is associated with greater sexual well-being.

Chapter 6

General Discussion

This program of research examined similarities and differences in the sexual scripts of same-gender and mixed-gender relationships and explored how sexual script flexibility is related to improved sexual well-being. First, a measure was developed to assess individuals' flexibility in their sexual script, and existing measures of partner responses—an aspect of couple's sexual scripts—was assessed for use in same-gender and mixed-gender relationships and a range of sexual issues (Chapter 2 & 3). Group comparisons among men and women in same-gender and mixed-gender relationships were then conducted across measures of individual and couple sexual scripts (Chapter 4). Finally, mediation analyses were conducted to examine the relationship between sexual script flexibility (approach flexibility) and sexual well-being (Chapter 5). Specifically, two interpersonal variables –sexual communication and partner responses—were investigated are potential mediators. A summary of the findings from this program of research, along with its implications are discussed below.

The focus of Chapters 2 and 3 were to develop and assess measures of individual and couple's sexual scripts, with the aim of using these measures in subsequent analyses (Chapter 4 & 5). The results of the studies suggest that both individual sexual scripts and couple scripts are associated with sexual well-being. Findings of these studies suggest that both the SexFlex Scale and the Partner Responses scale can be effectively compared among males and females in mixed-gender and same-gender relationships.

The purpose of Chapter 3 was to address some of the gaps in the literature on the similarities and differences of males and females in same-gender and mixed-gender relationships. Few group differences emerged across same-gender and mixed-gender

relationships, and effect sizes of these differences were small; indeed, a greater number of differences was observed across gender than orientation. Future research is needed to replicate these findings to provide further evidence against excluding same-gender oriented individuals from sexuality research based on assumed differences.

Chapter 4 explored how approach flexibility in response to sexual issues is related to greater sexual well-being. Findings suggest in addition to flexibility at the individual level, partner interactions (e.g., sexual communication and partner responses) are also required to navigate sexual issues and maintain sexual satisfaction. These findings build on previous research that has highlighted the importance of considering both members of the couple in research, and intervention planning. Although the study design was cross-sectional, the findings provide valuable information on how interpersonal processes relate to sexual well-being. Thus, these results pave the way for future research to examine these variables in longitudinal and treatment studies.

Collectively, the findings of this research program suggest that sexual scripts may be more similar than different between individuals in same-gender versus mixed-gender relationships. Furthermore, the findings suggest that individual and couple level sexual scripts interact when navigating sexual issues to maintain sexual well-being. As such, consideration of both individual and couple level sexual scripts is important in the conceptualization of sexuality research and couple and sex therapy.

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Appendix A

Research Ethics Board (REB) Approval

January 19, 2016

Ms. Stephanie Gauvin
Master's Student
Department of Psychology
Queen's University
Kingston, ON, K7L 3N6

GREB Ref #: GPSYC-739-15; Romeo # 6017112
Title: "A study of sexual communication, partner responding, and sexual well-being in same-sex and mixed-sex couples."

Dear Ms. Gauvin:

The General Research Ethics Board (GREB), by means of a delegated board review, has cleared your proposal entitled **"A study of sexual communication, partner responding, and sexual well-being in same-sex and mixed-sex couples."** for ethical compliance with the Tri-Council Guidelines (TCPS 2 (2014)) and Queen's ethics policies. In accordance with the Tri-Council Guidelines (Article 6.14) and Standard Operating Procedures (405.001), your project has been cleared for one year. At the end of each year, the GREB will ask if your project has been completed and if not, what changes have occurred or will occur in the next year.

You are reminded of your obligation to advise the GREB of any adverse event(s) that occur during this one year period (access this form by signing at http://www.queensu.ca/traq/signon.html/; click on "Events"; under "Create New Event" click on "General Research Ethics Board Adverse Event Form"). An adverse event includes, but is not limited to, a complaint, a change or unexpected event that alters the level of risk for the researcher or participants or situation that requires a substantial change in approach to a participant(s). You are also advised that all adverse events must be reported to the GREB within 48 hours.

You are also reminded that all changes that might affect human participants must be cleared by the GREB. For example you must report changes to the level of risk, applicant characteristics, and implementation of new procedures. To submit an amendment form, access the application by signing at http://www.queensu.ca/traq/signon.html; click on "Events"; under "Create New Event" click on "General Research Ethics Board Request for Amendment of Approved Studies". Once submitted, these changes will automatically be sent to the Ethics Coordinator, Ms. Gail Irving, at the Office of Research Services for further review and clearance by the GREB or GREB Chair.

On behalf of the General Research Ethics Board, I wish you continued success in your research.

Sincerely,

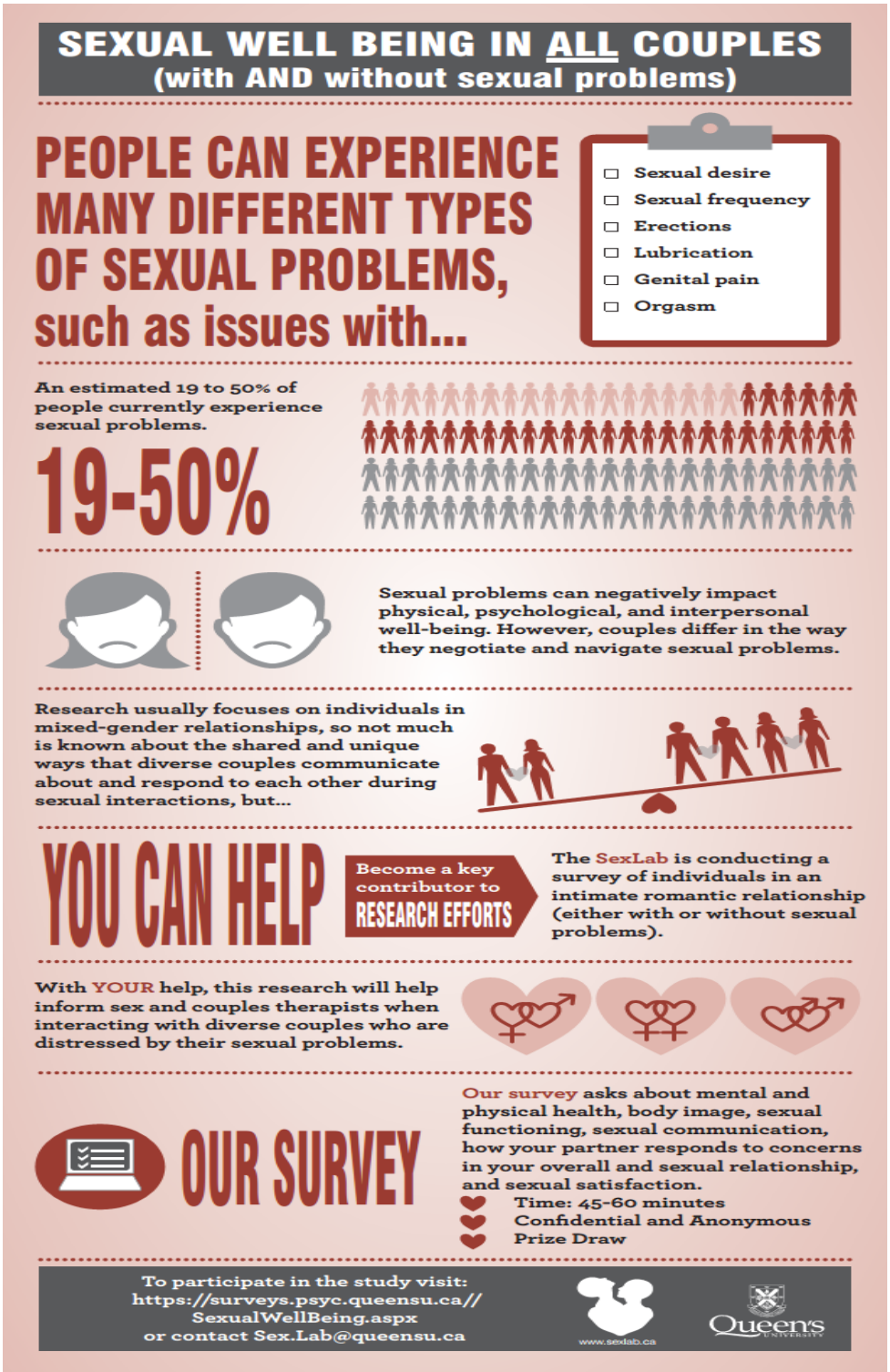
John B. Freeman

John Freeman, Ph.D.
Chair
General Research Ethics Board

c: Dr. Caroline Pukall, Faculty Supervisor
Dr. Stanka Fitneva, Chair, Unit REB
Ms. Marie Tooley, Dept. Admin.

Appendix B

Advertisements for Study One



www.sexlab.ca

ARE YOU CURRENTLY IN AN
INTIMATE ROMANTIC RELATIONSHIP?

Queen's UNIVERSITY

Seeking PARTICIPANTS for an ONLINE STUDY of
sexual problems and sexual well-being in relationships

PARTICIPANT CRITERIA

- ✓ 18 years of age or older
- ✓ Fluent in English
- ✓ Access to the Internet
- ✓ In an intimate relationship for a minimum of 3 months
- ✓ With or without experience of sexual problems or concerns

STUDY PROCEDURES

- ✓ Online questionnaires about sexual communication, partner responses, psychological well-being, and sexual and relationship function
- ✓ Participation will take 30 to 45 minutes

~Do you want a chance to win $50 to take your partner out on a date? Participants will be entered into a draw to win! ~

INTERESTED?

Visit www.[survey link].com

or contact us for more info

Investigators: Stéphanie Gauvin, BSc, & Caroline Pukall, PhD

***Different targeted versions of this ad will be posted if recruitment is needed for only specific populations (e.g., seeking: women who have sex with women, men who have sex with men, women who have sex with men, men who have sex with women) or specific sexual problems (e.g., women experiencing vulvar pain, men experiencing erectile difficulty, etc)

Website Listings/Social Media (e.g., Facebook, Twitter, Reddit)

Seeking participants in intimate romantic relationships who have been dating a minimum of three months for an online study on sexual problems and sexual well-being. We are looking for participants in diverse relationships with with or without sexual problems or concerns. Participants must be 18 years of age or older and able to read and write in English. Completion of online questionnaires to assess sexual communication, partner responses, psychological well-being, and sexual and relationship functioning will take 30 to 45 minutes. For more information about this study, contact the Sex Lab by telephone (613) 533-3276 or email sex.lab@queensu.ca. All inquiries are completely confidential.

Shorter versions of this ad will be posted if word limits dictate length of ad (e.g., 40 character limit for Twitter).

Email Scripts

Dear Colleague,

I am conducting an online study investigating how diverse couples experience and navigate sexual problems. My study is being conducted under the supervision Dr. Caroline Pukall in the Sexual Health Research Laboratory (SexLab) at Queen's University. The SexLab is dedicated to understanding human sexuality and sexual health, with a focus on women. If you are unfamiliar with the SexLab and would like to know a bit more about the research we do, please visit our website: www.sexlab.ca. You are also more than welcome to ask us any questions you may have about our research by contacting our research associate, Shannon Coyle (sex.lab@queensu.ca).

We are currently recruiting participants in intimate romantic relationships who have been dating a minimum of three months for an online study on sexual problems and sexual well-being. We are looking for participants in diverse relationships with any level of sexual satisfaction, with or without sexual problems or concerns. **Please forward the following poster to anyone you know who may be interested in participating, or to any relevant listservs.**

Please let us know if you would be willing to send along this advertisement on our behalf. If you have any questions or concerns, do not hesitate to contact our research associate, Shannon (sex.lab@queensu.ca).

Thanks for your help!

Stéphanie Gauvin, BSc | MSc Student
Primary Investigator

Caroline Pukall, PhD | Professor
Supervisor

……

ARE YOU CURRENTLY IN AN INTIMATE ROMANTIC RELATIONSHIP?

Seeking PARTICIPANTS to participate in an ONLINE STUDY of
sexual problems and sexual well-being in relationships

PARTICIPANT CRITERIA

- ✓ 18 years of age or older
- ✓ Fluent in English
- ✓ Access to the Internet
- ✓ In an intimate relationship for a minimum of 3 months
- ✓ With or without experience of sexual problems or concerns.

STUDY PROCEDURES

- ✓ Online questionnaires about sexual communication, partner responses, psychological wellbeing, and sexual and relationship function
- ✓ Participation will take 30 to 45 minutes

~Do you want a chance to win $50 to take your partner out on a date?
Participants will be entered into a draw to win! ~

INTERESTED?

For more information, please contact the
Sexual Health Research Laboratory
613.533.3276 | sex.lab@queensu.ca

Investigators: Stéphanie Gauvin, BSc, & Caroline Pukall, PhD

The Sexual Health Research Laboratory (SexLab) is dedicated to understanding human sexuality and sexual health, with a focus on women. If you are unfamiliar with our lab and would like to know a bit more about the research we do, please visit our website: www.sexlab.ca

Appendix C

Letter of Information and Consent Form for Study One

Letter of Information

Sexual Problems & Sexual Well-Being in Diverse Couples

PLEASE NOTE: To print a copy of this letter of information so that you may refer back to it throughout the survey, please select 'print' in your browser window now. You may also request a digital copy by emailing sex.lab@queensu.ca.

Investigators:

Caroline Pukall, Ph.D., Professor, Department of Psychology, Queen's University
Stéphanie Gauvin, B.Sc., M.Sc. Student, Department of Psychology, Queen's University

Introduction:

You are being invited to participate in a research study directed by researchers in the Department of Psychology at Queen's University in Kingston. This study seeks to understand more about common sexual concerns that individuals in diverse relationships experience, and how their partners respond to these concerns. As well, we are interested in how individuals communicate to their partner about their sexual likes and dislikes. Sexual problems can be distressing for individuals, and they can negatively impact physical, psychological, and interpersonal well-being. We are interested in learning more about the shared and unique ways that diverse couples communicate and respond to each other during sexual interactions. We hope this information will help inform sex and couples therapists when interacting with diverse couples who are distressed by their sexual problems.

Purpose of the Study:

The purpose of the study is to examine (1) communication between partners about sexual likes and dislikes, (2) how partners respond to sexual concerns, (3) relationship and sexual function, and (4) psychological and social well-being of men and women in diverse relationships. The anonymous data collected may also be re-analyzed in the future for alternative research questions by researchers in the SexLab or other researchers.

Eligibility:

In order to participate, you must be in a committed romantic relationship for at least three months. We invite men and women from diverse backgrounds with or without sexual concerns, to participate. For all participants, you must speak, read, and write English fluently, and be 18 years of age or older.

Study Procedures:

Your participation in this study is voluntary and you are free to withdraw at any time by simply closing your web browser. Should you choose to participate, you will complete a variety of questionnaires online. The questionnaires will take approximately 45-60 minutes to complete and will contain questionnaires asking for information on sociodemographic information (e.g., age, education), mental health, coping flexibility, sexual functioning and distress, how your partner responds to concerns in both your overall and sexual relationship, relationship and sexual communication with your partner, body image, sexual and relationship satisfaction, and use of sexual enhancers (e.g., sex toys). At the end of the survey you will be asked if you would like to enter your partners email address to invite your partner to participate in the partner version of the survey. If you say yes, your information will be linked to your partner using the unique 'partner code' that you will create. The unique 'partner code' contains no identifying information and will not be linked to you in any way, other than to connect your confidential responses to your partners' confidential responses. Members of the research team will be available by phone (613-533-3200) and e-mail (sex.lab@queensu.ca) to answer any questions that you may have about the questionnaires and/or the study.

You are able to go back to previously completed pages by pressing the Back button. If you cannot complete all of the survey in one sitting, you may click on the Save and Exit button. You will be given a URL to use when you wish to resume the survey. You may copy this link yourself, or you may choose to have the survey program e-mail you the link. If you Save and Exit, you MUST use this link to resume.

If you prefer to complete the survey on paper, please send us an e-mail at sex.lab@queensu.ca.
This study has been granted clearance according to the recommended principles of Canadian ethics guidelines and Queen's University ethics policies.

Compensation:

As a thank you for your time and effort, upon completing the survey you will be entered into a draw to win 1 of 4 $50 CAD cash prizes. If there are any parts of the survey you do not wish to complete, you can

select the 'decline response' option, and you will still be entered into the draw to win 1 of 4 $50 CAD cash prizes.

Advantages of Participating in this Study:

There are no direct benefits of participating in this study. The information gathered in the study may help increase our understanding of how sexual problems affect sexual well-being, and how diverse couples communicate and respond to each other during sexual interactions.

Disadvantages of Participating in this Study:

There are no known physical, psychological, economic, or social risks associated with participating in this study. However, some of the questions cover intimate topics, such as mental health, sexual functioning, and questions that will ask you to reflect on your sexual relationship with your partner. Due to the intimate nature of the survey items, you may come across questions that you find too personal, unpleasant to think about, or perhaps objectionable. Keep in mind that you can leave the items you do not wish to answer blank; there will be a decline response option for each question. You may also withdraw from the study at any time.

Confidential Nature of this Study:

Your participation in this study is strictly confidential. The investigators will take all reasonable measures to protect the confidentiality of your records. At no point during the questionnaire do we ask for personal information that can be identifying (e.g., name, address, city). You will not be identified in any publication or reports of this research; data will be aggregated in all reports of this study. All answers are strictly confidential and will be kept safe on a private and secure server located at Queen's University.

Discontinuation of this Study:

You are under no obligation to participate in this study, and your acceptance or refusal will not affect access to services. Furthermore, you may choose to withdraw at any time without penalty, and you may refuse to answer any of the questions that you are asked without providing an explanation for your refusal to answer. All of the questions have a "decline response" option that you may choose should you decide that you do not want to provide an answer. Should you wish to withdraw from the study you can do so at any time by either closing the browser window, or selecting 'decline response' for the remaining questions. If you discontinue your participation by closing the browser window, however you will not have access to the study's Debriefing Form, which provides more information about the study.

If you would like further information about the study, or have additional questions or concerns about the content of the survey, these may be directed to Stéphanie Gauvin at sex.lab@queensu.ca or her supervisor, Dr. Caroline Pukall, at caroline.pukall@queensu.ca. Any ethical concerns about the study may be directed to the Queen's University General Research Ethics Board, by phone: 613-533-6081, or email: GREB@queensu.ca

The questions included in this survey are for research purposes only, and will be kept completely confidential. They are not meant to diagnose a psychological disorder or be in any way meant to determine whether you need psychological treatment. That being said, some of the questions in this survey are sensitive in nature. If you are feeling distressed, please consult the following sources for help.

Telehealth Ontario: 1-866-797-0000
Canadian Mental Health Association: http://www.cmha.ca/mental-health/find-help/
National Alliance on Mental Illness: http://www.nami.org/Template.cfm?section=Find_Support
National Hopeline Network: 1-800-422-4673
IMAlive Online Crisis Center: http://www.hopeline.com/imaliveocc.html
Ottawa and Area Crisis Line (24-hour crisis line): 1-866-722-0991
Frontenac Community Mental Health Services (24-hour crisis line): (613) 544-4229
http://www.sexualityandu.com/index_e.aspx

Consent Form

Sexual Problems & Sexual Well-Being in Diverse Couples

Please read the following with regards to your participation in the study entitled '*Sexual Problems & Sexual Well-Being in Diverse Couples*'.

I consent to the information contained in the Letter of Information and understand what is required for participation in the study. I understand that I will complete a series of questions online. I also understand that research assistants are available by telephone or e-mail should I have any questions or require further information about any aspect of the study. I understand that some of the questions are quite personal in nature, and that some of them concern sensitive topics. I understand that my participation in the study is completely voluntary and that I am free to withdraw at any time. I understand that to withdraw from the study, I may select 'decline response' for any and all remaining questions. I also understand that my confidentiality will be protected throughout the study, and that the information I provide will be available only to researchers with relevant scholarly interests.

As a thank you for my time and effort, upon completing the survey I will be entered into a draw to win 1 of 4 $50 CAD cash prizes. If there are any parts of the survey I do not wish to complete, I can select the 'decline response' option, and I will still be entered into a draw to win 1 of 4 $50 CAD cash prizes.

Should I have further questions, I understand that I can contact any of the following individuals:

For questions related to the survey or the research goals:

- **Stéphanie Gauvin** (613-533-3276; sex.lab@queensu.ca), Master's Student, Department of Psychology, Queen's University
- **Dr. Caroline Pukall** (613-533-3200; caroline.pukall@queensu.ca), Professor, Department of Psychology, Queen's University

For questions related to ethical considerations:

- **General Research Ethics Board**, Queen's University, (613-533-6081; GREB@queensu.ca)

I have read the above statements and freely consent to participate in this research:

☐ Yes

☐ No

Appendix D

Questionnaire Study One

Demographic Questionnaire

Age

*Participants who are below the age of 18 are not eligible to participate
1. How old are you? _____

Gender Identity and Sex

2. What is your gender identification?
- Man
- Woman
- Cisgender: feel gender matches born sex (e.g., born male, identify as a man)
- Transgender: feel gender differs from born sex (e.g., born male, identify as a women)
- Other (please specify): _____
- Decline Response

3. We understand that individuals have diverse genitalia, and have different thoughts and feelings about their genitalia. However, for the current study, in order to direct you to the appropriate survey questions, we would require you to respond to the below question.

To be as inclusive as possible, we have also included a text box below for you to better describe your genitalia if you wish to do so.

Please indicate whether you currently have:
- Male-typical genitalia (penis, scrotum)
- Female-typical genitalia (vulva, vagina)
- Decline Response

Please use this space to elaborate if you feel the above options do not accurately represent your genitalia.

Sexual Orientation and Relationship Factors

*Participants who are not in a relationship are ineligible to participate
4. Are you currently in a romantic relationship? Yes No

*Participants must have been with their current partner for a minimum of three months to participate
5. How long have you been with your current partner? _____ (years) _____(months)

6. Which of the following best describes your current relationship status?

- o Casually dating
- o Dating partner (regularly)
- o Dating partner – long distance
- o Living with partner
- o Married/common law/bound by commitment ceremony
- o Decline Response
- o Other (please specify): _____

7. What is your sexual orientation?

- o Heterosexual
- o Gay/Lesbian
- o Bisexual
- o Pansexual
- o Queer
- o Asexual
- o Decline Response
- o Other (please specify): _____

8. What is the gender identification of your partner? Please check all that apply.

- ☐ Man
- ☐ Woman
- ☐ Cisgender: feel gender matches born sex (e.g., born male, identify as a man)
- ☐ Transgender: feel gender differs from born sex (e.g., born male, identify as a woman)
- ☐ Decline Response
- ☐ Other (please specify): _____

9. How comfortable are you with disclosing your sexual orientation to others?

Not at all comfortable						Extremely comfortable	Decline response
1	2	3	4	5	6	7	

10. When thinking about your sexual orientation do you feel:

A)	Unhappy						Happy	Decline response
	1	2	3	4	5	6	7	
B)	Ashamed						Proud	Decline response
	1	2	3	4	5	6	7	
C)	Rejected						Accepted	Decline response
	1	2	3	4	5	6	7	

Ethnicity

11. What is your place of birth?

- o Canada
- o United States
- o Eastern Europe
- o Western Europe
- o Africa
- o Asia
- o Australia
- o Middle East
- o Latin/South America
- o Caribbean
- o Decline Response
- o Other, please specify: _____

12. Where do you currently live?

- o Canada
- o United States
- o Eastern Europe
- o Western Europe
- o Africa
- o Asia
- o Australia
- o Middle East
- o Latin/South America
- o Caribbean
- o Decline Response
- o Other, please specify: _____

13. What ethnic origin or cultural group do you identify with? Please check all that apply.

- ☐ North American Aboriginal
- ☐ Canadian
- ☐ American
- ☐ French Canadian
- ☐ Québécois(e)
- ☐ Acadian
- ☐ Mexican
- ☐ British Isles
- ☐ French
- ☐ Western European (except France)
- ☐ Northern European (except British Isles)
- ☐ Eastern European
- ☐ Southern European
- ☐ Caribbean
- ☐ Latin American
- ☐ Central American
- ☐ South American
- ☐ Central African
- ☐ West African
- ☐ North African
- ☐ Southern African
- ☐ East African
- ☐ West Central Asian
- ☐ Middle Eastern Asian
- ☐ Russian
- ☐ South Asian
- ☐ East Asian
- ☐ Southeast Asian
- ☐ Australian
- ☐ New Zealander
- ☐ Pacific Islands
- ☐ Decline Response
- ☐ Other, please specify: _____

14. Do you self-identify as belonging to any of the following visible minority groups? Check all that apply.

- ☐ South Asian
- ☐ Chinese
- ☐ Black
- ☐ Filipino
- ☐ Latin American
- ☐ West Asian
- ☐ Korean
- ☐ Japanese
- ☐ Visible minority not included elsewhere
- ☐ None of the Above

- ☐ Arab
- ☐ Southeast Asian
- ☐ Decline Response
- ☐ Other, please specify: _____

15. What is your native language?

- French
- English
- Decline Response
- Other: _____

Religion

16. In what religion were you brought up? _____

17. How religious would you consider yourself?

Not at all religious			Somewhat religious			Very religious	Decline response
1	2	3	4	5	6	7	DR

Socioeconomic Status

18. What is your most advanced level of schooling?

- Some elementary school
- Elementary school
- Some high school/secondary school
- High school/secondary school degree
- Some college/university/vocational school
- College/university/vocational school degree
- Master's degree/professional school/ PhD
- Decline Response

19. What is the approximate total annual income of your household?

- $0 - 9,999
- $10,000 - 19,999
- $20,000 - 29,999
- $30,000 - 39,999
- $40,000 - 49,999
- $50,000 - 59,999
- $60,000 - 69,999
- $70,000 - 79,999
- $80,000 - 89,999
- $90,000 - 99,999
- $100,000 - 149,999
- $150,000 - 249,999
- $250,000 +
- Decline Response

Sexual History

20. How many sexual partners have you had in your lifetime? _____

21. How many of your sexual partners were female? _____

22. How many of your sexual partners were male? _____

Medical History

23. Please list all medical condition(s) that you are currently experiencing. For each condition, indicate whether it has been diagnosed by a health care professional, and the length of time that you have been experiencing symptoms.

If you have more than 5 medical conditions, please list all other conditions in the comment box below

Medical Condition	Diagnosed?	Duration
1.		
2.		
3.		
Medical Condition	**Diagnosed?**	**Duration**
4.		
5.		

If you have any additional medical conditions that you could not fit above, please list them below.

24. What is your serostatus?
Definitions:

HIV seropositive means that a person has detectable antibodies to HIV (i.e., HIV+)

HIV seronegative means that a person does not have detectable antibodies to HIV (i.e., HIV-)

- HIV seropositive
- HIV seronegative
- Don't know
- Decline Response

25. Is your serostatus discrepant from your partner's?

- No
- Yes
- Don't Know
- Decline Response

Symptom Check List – 27 (SCL-27; Hardt & Gerbershagen, 2001)

Following is a list of problems and complaints that people sometimes have. Please read each one carefully. After you have done so, please select the appropriate point that best describes how much discomfort that problem has caused you during **the last 7 days** including today.

There are no right or wrong answers. Do not spend too much time on any one statement but give the answer which seems to describe how you felt during the last week. You may choose only one number for each problem.

Example:
Headaches - If your headaches were extremely bad during the last 7 days, please select 'extremely'

1. Feeling very self-conscious with others

Not at all	A little	Moderately	Quite a bit	Extremely	Decline response
1	2	3	4	5	DR

2. Feeling blue

Not at all	A little	Moderately	Quite a bit	Extremely	Decline response
1	2	3	4	5	DR

3. Feeling afraid to go out of your house alone

Not at all	A little	Moderately	Quite a bit	Extremely	Decline response
1	2	3	4	5	DR

4. Feeling fearful

Not at all	A little	Moderately	Quite a bit	Extremely	Decline response
1	2	3	4	5	DR

5. Thoughts of death or dying

Not at all	A little	Moderately	Quite a bit	Extremely	Decline response
1	2	3	4	5	DR

6. Your mind going blank

Not at all	A little	Moderately	Quite a bit	Extremely	Decline response
1	2	3	4	5	DR

7. Trouble remembering things

Not at all	A little	Moderately	Quite a bit	Extremely	Decline response
1	2	3	4	5	DR

8. Feeling that people are unfriendly or dislike you

Not at all	A little	Moderately	Quite a bit	Extremely	Decline response
1	2	3	4	5	DR

9. Feeling low in energy or slowed down

Not at all	A little	Moderately	Quite a bit	Extremely	Decline response

1	2	3	4	5	DR

10. Nausea or upset stomach

Not at all	A little	Moderately	Quite a bit	Extremely	Decline response
1	2	3	4	5	DR

11. Hot or cold spells

Not at all	A little	Moderately	Quite a bit	Extremely	Decline response
1	2	3	4	5	DR

12. Others not giving you proper credit for your achievements

Not at all	A little	Moderately	Quite a bit	Extremely	Decline response
1	2	3	4	5	DR

13. Faintness or dizziness

Not at all	A little	Moderately	Quite a bit	Extremely	Decline response
1	2	3	4	5	DR

14. Feeling that people will take advantage of you if you let them

Not at all	A little	Moderately	Quite a bit	Extremely	Decline response
1	2	3	4	5	DR

15. Feeling hopeless about the future

Not at all	A little	Moderately	Quite a bit	Extremely	Decline response
1	2	3	4	5	DR

16. A lump in your throat

Not at all	A little	Moderately	Quite a bit	Extremely	Decline response
1	2	3	4	5	DR

17. Feeling that most people cannot be trusted

Not at all	A little	Moderately	Quite a bit	Extremely	Decline response
1	2	3	4	5	DR

18. Heart pounding or racing

Not at all	A little	Moderately	Quite a bit	Extremely	Decline response
1	2	3	4	5	DR

19. Having ideas or beliefs that others do not share

Not at all	A little	Moderately	Quite a bit	Extremely	Decline response
1	2	3	4	5	DR

20. Feeling afraid you will faint in public

Not at all	A little	Moderately	Quite a bit	Extremely	Decline response
1	2	3	4	5	DR

21. Feeling inferior to others

Not at all	A little	Moderately	Quite a bit	Extremely	Decline response
1	2	3	4	5	DR

22. Thoughts of ending your life

Not at all	A little	Moderately	Quite a bit	Extremely	Decline response
1	2	3	4	5	DR

23. Feeling uneasy when people are watching or talking about you

Not at all	A little	Moderately	Quite a bit	Extremely	Decline response
1	2	3	4	5	DR

24. Trouble concentrating

Not at all	A little	Moderately	Quite a bit	Extremely	Decline response
1	2	3	4	5	DR

25. Having to avoid certain things, places or activities that frighten you

Not at all	A little	Moderately	Quite a bit	Extremely	Decline response
1	2	3	4	5	DR

26. Trouble getting your breath

Not at all	A little	Moderately	Quite a bit	Extremely	Decline response
1	2	3	4	5	DR

27. Feeling afraid in open spaces or on the streets

Not at all	A little	Moderately	Quite a bit	Extremely	Decline response
1	2	3	4	5	DR

Coping Flexibility Scale (CFS; Kato, 2012)

When we feel stress, we try to cope using various actions and thoughts. The following items describe stress-coping situations. Please indicate how these situations apply to you by choosing one of the following for each situation: "Very applicable," "Applicable," "Somewhat applicable," and "Not applicable."

1. When a stressful situation has not improved, I try to think of other ways to cope with it.

Very applicable	Applicable	Somewhat applicable	Not applicable	Decline Response
1	2	3	4	DR

2. I only use certain ways to cope with stress.

Very applicable	Applicable	Somewhat applicable	Not applicable	Decline Response
1	2	3	4	DR

3. When stressed, I use several ways to cope and make the situation better.

Very applicable	Applicable	Somewhat applicable	Not applicable	Decline Response
1	2	3	4	DR

4. When I haven't coped with a stressful situation well, I use other ways to cope with that situation.

Very applicable	Applicable	Somewhat applicable	Not applicable	Decline Response
1	2	3	4	DR

5. If a stressful situation has not improved, I use other ways to cope with that situation.

Very applicable	Applicable	Somewhat applicable	Not applicable	Decline Response
1	2	3	4	DR

6. I am aware of how successful or unsuccessful my attempts to cope with stress have been.

Very applicable	Applicable	Somewhat applicable	Not applicable	Decline Response
1	2	3	4	DR

7. I fail to notice when I have been unable to cope with stress.

Very applicable	Applicable	Somewhat applicable	Not applicable	Decline Response
1	2	3	4	DR

8. If I feel that I have failed to cope with stress, I change the way in which I deal with stress.

Very applicable	Applicable	Somewhat applicable	Not applicable	Decline Response
1	2	3	4	DR

9. After coping with stress, I think about how well my ways of coping with stress worked or did not work.

Very applicable	Applicable	Somewhat applicable	Not applicable	Decline Response
1	2	3	4	DR

10. If I have failed to cope with stress, I think of other ways to cope.

Very applicable	Applicable	Somewhat applicable	Not applicable	Decline Response
1	2	3	4	DR

→ If you responded that you have female-typical genitalia (Demographic question 3) and a male partner (Demographic question 8) please complete the Female Sexual Function Index.

→ If you responded that you have female-typical genitalia (Demographic question 3) and a female partner (Demographic question 8) please complete the Female Sexual Function Index Revised for Sexual Minority Women.

→ If you responded that you have male-typical genitalia (Demographic question 3) and a female partner (Demographic question 8) please complete the International Index of Erectile Function and the Premature Ejaculation Diagnostic Tool.

→ If you responded that you have female-typical genitalia (Demographic question 3) and a male partner (Demographic question 8) please complete the International Index of Erectile Function for Men Who Have Sex with Men and the Premature Ejaculation Diagnostic Tool.

→ If you indicated that you have female-typical genitalia and a male partner please answer the following questions.

Female Sexual Function Index (FSFI; Rosen et al., 2000)

These questions ask about your sexual feelings and responses during the past 4 weeks. Please answer the following questions as honestly and clearly as possible. Your responses will be kept completely confidential. In answering these questions, the following definitions apply:

Sexual activity can include caressing, foreplay, masturbation and vaginal intercourse

Sexual intercourse is defined as penile penetration (entry) of the vagina.

Sexual stimulation includes situations like foreplay with a partner, self-stimulation

Sexual desire or interest is a feeling that includes wanting to have a sexual experience, feeling receptive to a partner's sexual initiation, and thinking or fantasizing about having sex.

1. Over the past 4 weeks, how often did you feel sexual desire or interest?

- ○ Almost always or always
- ○ Most times (more than half the time)
- ○ Sometimes (about half the time)
- ○ A few times (less than half the time)
- ○ Almost never or never
- ○ Decline response

2. Over the past 4 weeks, how would you rate your level (degree) of sexual desire or interest?

- ○ Very high
- ○ High
- ○ Moderate
- ○ Low
- ○ Very low or none at all
- ○ Decline response

3. Over the past 4 weeks, how often did you feel sexually aroused ("turned on") during sexual activity or intercourse?

- ○ No sexual activity
- ○ Almost always or always
- ○ Most times (more than half the time)
- ○ Sometimes (about half the time)
- ○ A few times (less than half the time)
- ○ Almost never or never
- ○ Decline response

4. Over the past 4 weeks, how confident were you about becoming sexually aroused during sexual activity or intercourse?

- ○ No sexual activity
- ○ Very high confidence

- High confidence
- Moderate confidence
- Low confidence
- Very low or no confidence
- Decline response

5. Over the past 4 weeks, how <u>often</u> have you been satisfied with your arousal (excitement) during sexual activity or intercourse?

- No sexual activity
- Almost always or always
- Most times (more than half the time)
- Sometimes (about half the time)
- A few times (less than half the time)
- Almost never or never
- Decline response

6. Over the past 4 weeks, how would you rate your <u>level</u> of sexual arousal ("turn on") during sexual activity or intercourse?

- No sexual activity
- Very high
- High
- Moderate
- Low
- Very low or none at all

7. Over the past 4 weeks, how <u>often</u> did you become lubricated ("wet") during sexual activity or intercourse?

- No sexual activity
- Almost always or always
- Most times (more than half the time)
- Sometimes (about half the time)
- A few times (less than half the time)
- Almost never or never
- Decline response

8. Over the past 4 weeks, how <u>difficult</u> was it to become lubricated ("wet") during sexual activity or intercourse?

- No sexual activity
- Extremely difficult or impossible
- Very difficult

- Difficult
- Slightly difficult
- Not difficult
- Decline response

9. Over the past 4 weeks, how often did you <u>maintain</u> your lubrication ("wetness") until completion of sexual activity or intercourse?

- No sexual activity
- Almost always or always
- Most times (more than half the time)
- Sometimes (about half the time)
- A few times (less than half the time)
- Almost never or never
- Decline response

10. Over the past 4 weeks, how <u>difficult</u> was it to maintain your lubrication ("wetness") <u>until completion</u> of sexual activity or intercourse?

- No sexual activity
- Extremely difficult or impossible
- Very difficult
- Difficult
- Slightly difficult
- Not difficult
- Decline response

11. Over the past 4 weeks, when you had sexual stimulation or intercourse, <u>how often</u> did you reach orgasm (climax)?

- No sexual activity
- Almost always or always
- Most times (more than half the time)
- Sometimes (about half the time)
- A few times (less than half the time)
- Almost never or never
- Decline Response

12. Over the past 4 weeks, when you had sexual stimulation or intercourse, <u>how difficult</u> was it for you to reach orgasm (climax)?

- No sexual activity
- Extremely difficult or impossible
- Very difficult
- Difficult

- Slightly difficult
- Not difficult
- Decline Response

13. Over the past 4 weeks, <u>how satisfied</u> were you with your ability to reach orgasm (climax) during sexual activity or intercourse?

- No sexual activity
- Very satisfied
- Moderately satisfied
- About equally satisfied and dissatisfied
- Moderately dissatisfied
- Very dissatisfied
- Decline Response

14. Over the past 4 weeks, <u>how satisfied</u> have you been with the amount of emotional closeness during sexual activity between you and your partner?

- No sexual activity
- Very satisfied
- Moderately satisfied
- About equally satisfied and dissatisfied
- Moderately dissatisfied
- Very dissatisfied
- Decline Response

15. Over the past 4 weeks, <u>how satisfied</u> have you been with your overall sexual life?

- Very satisfied
- Moderately satisfied
- About equally satisfied and dissatisfied
- Moderately satisfied
- Very dissatisfied
- Decline Response

16. Over the past 4 weeks, <u>how often</u> did you experience discomfort or pain during vaginal penetration?

- Did not attempt intercourse
- Almost always or always
- Most times (more than half the time)
- Sometimes (about half the time)
- A few times (less than half the time)

- Almost never or never
- Decline response

17. Over the past 4 weeks, <u>how often</u> did you experience discomfort or pain following vaginal penetration?

- Did not attempt intercourse
- Almost always or always
- Most times (more than half the time)
- Sometimes (about half the time)
- A few times (less than half the time)
- Almost never or never

18. Over the past 4 weeks, how would you rate <u>your level</u> (degree) of discomfort or pain during or following vaginal penetration?

- Did not attempt intercourse
- Very high
- High
- Moderate
- Low
- Very low or none at all
- Decline Response

→ If you indicated that you have female-typical genitalia and a female partner, please answer the following questions.

Female Sexual Function Index Revised for Sexual Minority Women (Boehmer, Timm, Ozonoff,

& Potter, 2012; FSFI; Rosen et al., 2000)

These questions ask about your sexual feelings and responses during the past 4 weeks. Please answer the following questions as honestly and clearly as possible. Your responses will be kept completely confidential. In answering these questions, the following definitions apply:

Sexual activity can include caressing, foreplay, masturbation and vaginal penetration.

Vaginal penetration is defined as penetration (entry) of the vagina with any object (fingers, sex toys)

Sexual stimulation includes situations like foreplay with a partner, self-stimulation

Sexual desire or interest is a feeling that includes wanting to have a sexual experience, feeling receptive to a partner's sexual initiation, and thinking or fantasizing about having sex.

1. Over the past 4 weeks, how often did you feel sexual desire or interest?
- ○ Almost always or always
- ○ Most times (more than half the time)
- ○ Sometimes (about half the time)
- ○ A few times (less than half the time)
- ○ Almost never or never
- ○ Decline response

2. Over the past 4 weeks, how would you rate your level (degree) of sexual desire or interest?
- ○ Very high
- ○ High
- ○ Moderate
- ○ Low
- ○ Very low or none at all
- ○ Decline response

3. Over the past 4 weeks, how often did you feel sexually aroused ("turned on") during sexual activity?
- ○ No sexual activity
- ○ Almost always or always
- ○ Most times (more than half the time)
- ○ Sometimes (about half the time)
- ○ A few times (less than half the time)
- ○ Almost never or never
- ○ Decline response

4. Over the past 4 weeks, how confident were you about becoming sexually aroused during sexual activity?
- ○ No sexual activity
- ○ Very high confidence
- ○ High confidence
- ○ Moderate confidence

- Low confidence
- Very low or no confidence
- Decline response

5. Over the past 4 weeks, how often have you been satisfied with your arousal (excitement) during sexual activity?

- No sexual activity
- Almost always or always
- Most times (more than half the time)
- Sometimes (about half the time)
- A few times (less than half the time)
- Almost never or never
- Decline response

6. Over the past 4 weeks, how would you rate your level of sexual arousal ("turn on") during sexual activity?

- No sexual activity
- Very high
- High
- Moderate
- Low
- Very low or none at all

7. Over the past 4 weeks, how often did you become lubricated ("wet") during sexual activity?

- No sexual activity
- Almost always or always
- Most times (more than half the time)
- Sometimes (about half the time)
- A few times (less than half the time)
- Almost never or never
- Decline response

8. Over the past 4 weeks, how difficult was it to become lubricated ("wet") during sexual activity?

- No sexual activity
- Extremely difficult or impossible
- Very difficult
- Difficult
- Slightly difficult
- Not difficult
- Decline response

9. Over the past 4 weeks, how often did you maintain your lubrication ("wetness") until completion of sexual activity?

- No sexual activity
- Almost always or always
- Most times (more than half the time)
- Sometimes (about half the time)

- A few times (less than half the time)
- Almost never or never
- Decline response

10. Over the past 4 weeks, how difficult was it to maintain your lubrication ("wetness") until completion of sexual activity?

- No sexual activity
- Extremely difficult or impossible
- Very difficult
- Difficult
- Slightly difficult
- Not difficult
- Decline response

11. Over the past 4 weeks, when you had sexual stimulation or vaginal penetration, how often did you reach orgasm (climax)?

- No sexual activity
- Almost always or always
- Most times (more than half the time)
- Sometimes (about half the time)
- A few times (less than half the time)
- Almost never or never
- Decline Response

12. Over the past 4 weeks, when you had sexual stimulation or vaginal penetration, how difficult was it for you to reach orgasm (climax)?

- No sexual activity
- Extremely difficult or impossible
- Very difficult
- Difficult
- Slightly difficult
- Not difficult
- Decline Response

13. Over the past 4 weeks, how satisfied were you with your ability to reach orgasm (climax) during sexual activity?

- No sexual activity
- Very satisfied
- Moderately satisfied
- About equally satisfied and dissatisfied

- Moderately dissatisfied
- Very dissatisfied
- Decline Response

14. Over the past 4 weeks, how satisfied have you been with the amount of emotional closeness during sexual activity between you and your partner?

- No sexual activity
- Very satisfied
- Moderately satisfied
- About equally satisfied and dissatisfied
- Moderately dissatisfied
- Very dissatisfied
- Decline Response

15. Over the past 4 weeks, how satisfied have you been with your overall sexual life?

- Very satisfied
- Moderately satisfied
- About equally satisfied and dissatisfied
- Moderately satisfied
- Very dissatisfied
- Decline Response

16. Over the past 4 weeks, how often did you experience discomfort or pain during vaginal penetration?

- Did not attempt vaginal penetration
- Almost always or always
- Most times (more than half the time)
- Sometimes (about half the time)
- A few times (less than half the time)
- Almost never or never
- Decline response

17. Over the past 4 weeks, how often did you experience discomfort or pain following vaginal penetration?

- Did not attempt vaginal penetration
- Most times (more than half the time)
- Sometimes (about half the time)
- A few times (less than half the time)
- Almost never or never
- Decline response

18. Over the past 4 weeks, how would you rate your level (degree) of discomfort or pain during or following vaginal penetration?

- Did not attempt vaginal penetration
- Very high
- High
- Moderate

- Low
- Very low or none at all
- Decline Response

→ If you indicated that you have male-typical genitalia and a female partner, please answer the following questions.

International Index of Erectile Function (IIEF; Rosen, Riley, Wagner, Osterloh, Kirkpatrick & Mishra, 1997)

We are now going to ask you to answer some questions about your sexual function.
In answering questions about your sexuality in this survey, the following definitions apply:

Sex, sexual activity, lovemaking, and foreplay refer to:

- caressing, kissing, manual stimulation of the genitals/anus/chest by yourself or your partner
- oral stimulation of the genitals/anus/chest
- vaginal or anal penetration with fingers, sex toys or penis

Sexual intercourse is defined as penetration of your partner's vagina (you entered your partner) with fingers, sex toys or penis. It is also defined as receiving anal penetration with fingers, sex toys or penis or penetration of your partner's anus with fingers, sex toys or penis.

Sexual stimulation refers to sexual situations such as the following:

- foreplay with your partner, stimulating your partner, receiving stimulation from your partner
- self-stimulation (masturbation), sexual fantasy
- viewing erotic films, pictures, or reading erotic material

Ejaculate is defined as the ejection of semen from the penis (or the feeling of this)

Instructions: These questions ask about the effects erection problems have had on your sex life, over the past 4 weeks.

Please answer the following questions as honestly and clearly as possible. Select only one answer per question.

1. Over the past 4 weeks, how often were you able to get an erection during sexual activity?

- ○ No sexual activity
- ○ Almost always or always
- ○ Most times (more than half the time)
- ○ Sometimes (about half the time)
- ○ A few times (less than half the time)
- ○ Almost never or never
- ○ Decline Response

2. Over the past 4 weeks, when you had erections with sexual stimulation, how often were your erections hard enough for penetration?

- ○ No sexual activity
- ○ Almost always or always
- ○ Most times (more than half the time)
- ○ Sometimes (about half the time)
- ○ A few times (less than half the time)
- ○ Almost never or never
- ○ Decline Response

3. Over the past 4 weeks, when you attempted sexual intercourse, how often were you able to penetrate (enter) your partner?

- ○ No sexual activity
- ○ Almost always or always
- ○ Most times (more than half the time)
- ○ Sometimes (about half the time)
- ○ A few times (less than half the time)

- Almost never or never
- Decline Response

4. Over the past 4 weeks, during sexual intercourse, how often were you able to maintain your erection after you had penetrated (entered) your partner?

- No sexual activity
- Almost always or always
- Most times (more than half the time)
- Sometimes (about half the time)
- A few times (less than half the time)
- Almost never or never
- Decline Response

5. Over the past 4 weeks, during sexual intercourse, how difficult was it to maintain your erection to completion of intercourse?

- Almost always or always
- Most times (more than half the time)
- Sometimes (about half the time)
- A few times (less than half the time)
- Almost never or never
- Decline Response

6. Over the past 4 weeks, how many times have you attempted sexual intercourse?

- No attempts
- One to two attempts
- Three to four attempts
- Five to six attempts
- Seven to ten attempts
- Eleven + attempts
- Decline Response

7. Over the past 4 weeks, when you attempted sexual intercourse, how often was it satisfactory for you?

- No sexual activity
- Almost always or always
- Most times (more than half the time)
- Sometimes (about half the time)
- A few times (less than half the time)
- Almost never or never

- Decline Response

8. Over the past 4 weeks, how much have you enjoyed sexual intercourse?

- No sexual activity
- No enjoyment
- Not very enjoyable
- Fairly enjoyable
- Highly enjoyable
- Very highly enjoyable
- Decline Response

9. Over the past 4 weeks, when you had sexual stimulation or intercourse, how often did you ejaculate?

- No sexual activity
- Almost always or always
- Most times (more than half the time)
- Sometimes (about half the time)
- A few times (less than half the time)
- Almost never or never
- Decline Response

10. Over the past 4 weeks, when you had sexual stimulation or intercourse, how often did you have the feeling of orgasm with or without ejaculation?

- No sexual activity
- Almost always or always
- Most times (more than half the time)
- Sometimes (about half the time)
- A few times (less than half the time)
- Almost never or never
- Decline Response

The next two questions ask about sexual desire. Let's define SEXUAL DESIRE as a feeling that may include wanting to have a sexual experience (for example, masturbation or intercourse), thinking about having sex, or feeling frustrated due to lack of sex.

11. Over the past 4 weeks, how often have you felt sexual desire?

- No sexual activity
- Almost always or always
- Most times (more than half the time)
- Sometimes (about half the time)
- A few times (less than half the time)
- Almost never or never
- Decline Response

12. Over the past 4 weeks, how would you rate your level of sexual desire?

- Very low or not at all
- Low
- Moderate
- High
- Very High
- Decline Response

13. Over the past 4 weeks, how satisfied have you been with your overall sex life?

- Very dissatisfied
- Moderately dissatisfied
- About equally satisfied and dissatisfied
- Moderately satisfied
- Very satisfied
- Decline Response

14. Over the past 4 weeks, how satisfied have you been with your sexual relationship with your partner?

- Very dissatisfied
- Moderately dissatisfied
- About equally satisfied and dissatisfied
- Moderately satisfied
- Very satisfied
- Decline Response

15. Over the past 4 weeks, how do you rate your confidence that you could get and keep an erection?

- Very low
- Low
- Moderate
- High
- Very high
- Decline Response

→ If you indicated that you have male-typical genitalia and a male partner please fill out the following questions.

International Index of Erectile Function for Men who have Sex with Men

These questions ask about your sexual feelings and responses, during the past 4 weeks.

Please answer the following questions as honestly and clearly as possible. Your responses will be kept completely confidential. In answering questions about your sexuality in this survey, the following definitions apply:

Sexual activity can include caressing, foreplay, masturbation and intercourse.

Sexual intercourse is defined as penile penetration (entry) of the anus.

Sexual stimulation includes situations like foreplay with a partner, self-stimulation (masturbation), or sexual fantasy.

Active anal intercourse is defined as taking the "top" role in anal intercourse (penetrating your partner)

Passive anal intercourse is defined as taking the receptive, or "bottom" role in anal intercourse (being penetrated by your partner)

1. Over the past 4 weeks, how often were you able to get an erection during sexual activity?

- ○ No sexual activity
- ○ Almost always or always
- ○ Most times (more than half the time)
- ○ Sometimes (about half the time)
- ○ A few times (less than half the time)
- ○ Almost never or never
- ○ Decline Response

2. Over the past 4 weeks, when you had erections with sexual stimulation, how often were your erections hard enough for penetration?

- ○ No sexual activity
- ○ Almost always or always
- ○ Most times (more than half the time)
- ○ Sometimes (about half the time)
- ○ A few times (less than half the time)
- ○ Almost never or never
- ○ Decline Response

3. Have you had or attempted to have, active anal intercourse?

- ○ Yes
- ○ No
- ○ Decline Response

→ If you responded, 'yes' to the question above (question 3), please answer the following two questions (4 and 5). If not, please skip to question 6.

4.When you attempted active anal intercourse, how often were you able to penetrate (enter) your partner?

- ○ No sexual activity
- ○ Almost always or always
- ○ Most times (more than half the time)
- ○ Sometimes (about half the time)
- ○ A few times (less than half the time)
- ○ Almost never or never
- ○ Decline Response

5. Over the past 4 weeks, during active anal intercourse, how often were you able to maintain your erection after you had penetrated (entered) your partner?

- ○ No sexual activity
- ○ Almost always or always
- ○ Most times (more than half the time)
- ○ Sometimes (about half the time)
- ○ A few times (less than half the time)
- ○ Almost never or never
- ○ Decline Response

6. Over the past 4 weeks, have you had, or attempted to have, passive anal intercourse?

- ○ Yes
- ○ No
- ○ Decline Response

→ If you responded, 'yes' to the above question, please answer question 7 if not skip to question 8.

7. Over the past 4 weeks, during passive anal intercourse, how often were you able to maintain your erection after you had been penetrated by your partner?

- ○ No sexual activity
- ○ Almost always or always
- ○ Most times (more than half the time)
- ○ Sometimes (about half the time)
- ○ A few times (less than half the time)
- ○ Almost never or never
- ○ Decline Response

8. Over the past 4 weeks, during non-intercourse sexual activity, e.g., masturbation/oral sex, how often were you able to maintain your erection until completion of sexual activity?

- ○ No sexual activity
- ○ Almost always or always
- ○ Most times (more than half the time)
- ○ Sometimes (about half the time)
- ○ A few times (less than half the time)
- ○ Almost never or never
- ○ Decline Response

9. Over the past 4 weeks, when you attempted sexual intercourse or other sexual activity, how often was it satisfactory for you?

- ○ No sexual activity
- ○ Almost always or always
- ○ Most times (more than half the time)
- ○ Sometimes (about half the time)
- ○ A few times (less than half the time)
- ○ Almost never or never
- ○ Decline Response

10. Over the past 4 weeks, how much have you enjoyed sexual intercourse or other sexual activity?

- ○ No sexual activity
- ○ No enjoyment
- ○ Not very enjoyable
- ○ Fairly enjoyable
- ○ Highly enjoyable
- ○ Very highly enjoyable
- ○ Decline Response

11. Over the past 4 weeks, when you had sexual stimulation or intercourse, how often did you ejaculate?

- ○ No sexual activity
- ○ Almost always or always
- ○ Most times (more than half the time)
- ○ Sometimes (about half the time)
- ○ A few times (less than half the time)
- ○ Almost never or never
- ○ Decline Response

12. Over the past 4 weeks, when you had sexual stimulation or intercourse, how often did you have the feeling of orgasm with or without ejaculation?

- ○ No sexual activity
- ○ Almost always or always
- ○ Most times (more than half the time)
- ○ Sometimes (about half the time)
- ○ A few times (less than half the time)
- ○ Almost never or never
- ○ Decline Response

The next two questions ask about sexual desire. Let's define SEXUAL DESIRE as a feeling that may include wanting to have a sexual experience (for example, masturbation or intercourse), thinking about having sex, or feeling frustrated due to lack of sex.

13. Over the past 4 weeks, how often have you felt sexual desire?

- ○ No sexual activity
- ○ Almost always or always
- ○ Most times (more than half the time)
- ○ Sometimes (about half the time)
- ○ A few times (less than half the time)
- ○ Almost never or never
- ○ Decline Response

14. Over the past 4 weeks, how would you rate your level of sexual desire?

- Very low or not at all
- Low
- Moderate
- High
- Very High
- Decline Response

15. Over the past 4 weeks, how satisfied have you been with your overall sex life?

- Very low or not at all
- Low
- Moderate
- High
- Very High
- Decline Response

16. Over the past 4 weeks, when you masturbated, how often could you get an erection?

- No masturbation
- Almost always or always
- Most times (more than half the time)
- Sometimes (about half the time)
- A few times (less than half the time)
- Almost never or never
- Decline Response

→ If you indicated that you do engage in active anal pain question IIEF-MSM (question 6) please answer the following questions

Anal Pain Questionnaire (adapted from the FSFI Rosen et al., 2000)

1. I experience pain/discomfort during receptive anal penetration

Never	Rarely	Sometimes	Often	Always	Decline Response
1	2	3	4	5	DR

2. How distressed do you feel about this sexual problem?

Not at all		Somewhat		Extremely	Decline Response
1	2	3	4	5	DR

3. Over the past 4 weeks, how often did you experience discomfort or pain during receptive anal penetration?

- ○ Did not attempt vaginal penetration
- ○ Almost always or always
- ○ Most times (more than half the time)
- ○ Sometimes (about half the time)
- ○ A few times (less than half the time)
- ○ Almost never or never
- ○ Decline response

4. Over the past 4 weeks, how often did you experience discomfort or pain following receptive anal penetration?

- ○ Did not attempt vaginal penetration
- ○ Most times (more than half the time)
- ○ Sometimes (about half the time)
- ○ A few times (less than half the time)
- ○ Almost never or never
- ○ Decline response

5. Over the past 4 weeks, how would you rate your level (degree) of discomfort or pain during or following receptive anal penetration?

- ○ Did not attempt vaginal penetration
- ○ Very high
- ○ High
- ○ Moderate
- ○ Low
- ○ Very low or none at all
- ○ Decline Response

→ If you indicated that you have male-typical genitalia please fill answer the following questions

Premature Ejaculation Diagnostic Tool (PEDT; Symonds et al., 2007)

This is a questionnaire to help identify men who may have a problem with ejaculating too soon during sexual activity. Even if you do not have difficulties, please answer all the questions.

- Please select the point that best represents your answer for each of the questions below
- Remember there are no right or wrong answers to these questions.
- While your experience may change from time to time, what we're interested in here is your general experience with intercourse.

Definition:
Ejaculation here refers to ejaculation (release of semen) after penetration (when your penis enters your partner)

1. How difficult is it for you to delay ejaculation?

Not difficult at all	Somewhat difficult	Moderately difficult	Very difficult	Extremely difficult	Decline Response
1	2	3	4	5	DR

2. Do you ejaculate before you want to?

Almost never or never	Less than half the time	About half the time	More than half the time	Almost always or always	Decline Response
0%	25%	50%	75%	100%	
1	2	3	4	5	DR

3. Do you ejaculate with very little stimulation?

Almost never or never	Less than half the time	About half the time	More than half the time	Almost always or always	Decline Response
0%	25%	50%	75%	100%	
1	2	3	4	5	DR

4. Do you feel frustrated because of ejaculating before you want to?

Not at all	Slightly	Moderately	Very	Extremely	Decline Response
1	2	3	4	5	DR

5. How concerned are you that your time to ejaculation leaves your partner sexually unfulfilled?

Not at all	Slightly	Moderately	Very	Extremely	Decline Response
1	2	3	4	5	DR

Sexual Functioning Questionnaire (SFQ; Byers & MacNeil, 1995)

How often have you experienced any of the following concerns or problems in your sexual relationship in general in the past **three months**? Select the response that best represents the frequency with which you have experienced the following problems.

1. I am unable to relax.

Never	Rarely	Sometimes	Often	Always	Decline Response

1	2	3	4	5	DR

→ If you responded, ‘never’ to the above question please answer the following question. If not, please skip to question 2.

1b. How distressed do you feel about this sexual problem?

Not at all		Somewhat		Extremely	Decline Response
1	2	3	4	5	DR

2. I feel "turned off."

Never	Rarely	Sometimes	Often	Always	Decline Response
1	2	3	4	5	DR

→ If you responded, ‘never’ to the above question please answer the following question. If not, please skip to question 3.

2b. How distressed do you feel about this sexual problem?

Not at all		Somewhat		Extremely	Decline Response
1	2	3	4	5	DR

3. A sexual partner did not want to do sexual things that I wanted to do.

Never	Rarely	Sometimes	Often	Always	Decline Response
1	2	3	4	5	DR

→ If you responded, ‘never’ to the above question please answer the following question. If not, please skip to question 4.

3b. How distressed do you feel about this sexual problem?

Not at all		Somewhat		Extremely	Decline Response
1	2	3	4	5	DR

4. A sexual partner asked me to do sexual things I do not like to do.

Never	Rarely	Sometimes	Often	Always	Decline Response
1	2	3	4	5	DR

→ If you responded, ‘never’ to the above question please answer the following question. If not, please skip to question 5.

4b. How distressed do you feel about this sexual problem?

Not at all		Somewhat		Extremely	Decline Response
1	2	3	4	5	DR

5. There was too little foreplay.

Never	Rarely	Sometimes	Often	Always	Decline Response
1	2	3	4	5	DR

→ If you responded, ‘never’ to the above question please answer the following question. If not, please skip to question 6.

5b. How distressed do you feel about this sexual problem?

Not at all		Somewhat		Extremely	Decline Response
1	2	3	4	5	DR

6. I feel self-conscious about my body during sex.

Never	Rarely	Sometimes	Often	Always	Decline Response
1	2	3	4	5	DR

→ If you responded, ‘never’ to the above question please answer the following question. If not, please skip to question 7.

6b. How distressed do you feel about this sexual problem?

Not at all		Somewhat		Extremely	Decline Response
1	2	3	4	5	DR

7. I am too worried about my sexual performance.

Never	Rarely	Sometimes	Often	Always	Decline Response
1	2	3	4	5	DR

→ If you responded, ‘never’ to the above question please answer the following question. If not, please skip to question 8.

7b. How distressed do you feel about this sexual problem?

Not at all		Somewhat		Extremely	Decline Response
1	2	3	4	5	DR

8. I worry that if I don't orgasm, my partner will feel bad about their ability

Never	Rarely	Sometimes	Often	Always	Decline Response
1	2	3	4	5	DR

→ If you responded, ‘never’ to the above question please answer the following question. If not, please skip to question 9.

8b. How distressed do you feel about this sexual problem?

Not at all		Somewhat		Extremely	Decline Response
1	2	3	4	5	DR

9. I worry that I will not be able to pleasure my partner.

Never	Rarely	Sometimes	Often	Always	Decline Response
1	2	3	4	5	DR

→ If you responded, ‘never’ to the above question please answer the following question. If not, please skip to question 10.

9b. How distressed do you feel about this sexual problem?

Not at all		Somewhat		Extremely	Decline Response

1	2	3	4	5	DR

10. I have premature orgasm (orgasm comes too quickly).

Never	Rarely	Sometimes	Often	Always	Decline Response
1	2	3	4	5	DR

→ If you responded, 'never' to the above question please answer the following question. If not, please skip to question 11.

10b. How distressed do you feel about this sexual problem?

Not at all		Somewhat		Extremely	Decline Response
1	2	3	4	5	DR

11. I have worried that my sexual concern or problem will impact my sexual satisfaction.

Never	Rarely	Sometimes	Often	Always	Decline Response
1	2	3	4	5	DR

→ If you responded, 'never' to the above question please answer the following question. If not, please skip to question 12.

11b. How distressed do you feel about this sexual problem?

Not at all		Somewhat		Extremely	Decline Response
1	2	3	4	5	DR

12. I worried that my sexual concern or problem will impact my partners' satisfaction.

Never	Rarely	Sometimes	Often	Always	Decline Response
1	2	3	4	5	DR

→ If you responded, 'never' to the above question please answer the following question.

12b. How distressed do you feel about this sexual problem?

Not at all		Somewhat		Extremely	Decline Response
1	2	3	4	5	DR

Single Item Sexual Distress Question (Ter Kuile, Brauer, & Laan, 2006; Derogatis, Rosen, Leiblum, Burnett, & Heiman, 2002)

1. How frequently are you distressed about your sex life?
   - ○ Never
   - ○ Rarely
   - ○ Occasionally
   - ○ Frequently
   - ○ Always

- Decline Response

Single Item Sexual Bother Question (Shindel, Rowen, Lin, Chin-Shang, Robertson, & Breyer, 2012)

1. How bothered are you by issues pertaining to your sexual functioning?
   - Not bothered
   - Only slightly bothered
   - Moderately bothered
   - Very bothered
   - Extremely bothered
   - Sexuality is not an important issue in my life
   - Decline Response

Penetration and Sexual Aid Attitudes

In order for your sexual experience to be **pleasurable**, how important are the following:

1. Being able to be penetrated by my partner

Not at all important						Extremely important	Not applicable	Decline response
1	2	3	4	5	6	7	N/A	DR

2. Being able to penetrate my partner.

Not at all important						Extremely important	Not applicable	Decline response
1	2	3	4	5	6	7	N/A	DR

3. Not having to use lubricants.

Not at all important						Extremely important	Not applicable	Decline response
1	2	3	4	5	6	7	N/A	DR

4. Not using sexual enhancers (i.e., sex toys).

Not at all important						Extremely important	Not applicable	Decline response
1	2	3	4	5	6	7	N/A	DR

5. Not using medications for sexual performance (e.g., Viagra).

Not at all important						Extremely important	Not applicable	Decline response
1	2	3	4	5	6	7	N/A	DR

Please indicate how much you agree with the following questions:

6. Penetration is the only real form of sexual activity that counts.

Completely disagree						Completely agree	Decline response
1	2	3	4	5	6	7	DR

7. If you can't engage in penetrative sex you should abstain from sexual activity.

Completely disagree						Completely agree	Decline response
1	2	3	4	5	6	7	DR

8. Penetration is only one way to be sexually intimate with my partner.

Completely disagree						Completely agree	Decline response
1	2	3	4	5	6	7	DR

9. Nothing could replace penetration in our relationship.

Completely disagree						Completely agree	Decline response
1	2	3	4	5	6	7	DR

10. Intimacy is a better focus for our relationship than penetration.

Completely disagree						Completely agree	Decline response
1	2	3	4	5	6	7	DR

11. Sexual pleasure is possible without penetration.

Completely disagree						Completely agree	Decline response
1	2	3	4	5	6	7	DR

The SexFlex Scale – Pilot Questions

Note. Questions that were retained for the final questionnaire are indicated with an asterisks

Thinking about when you experience a sexual challenge (which include different sexual preferences than your partner, sexual communication, sexual desire, sexual pain, performance anxiety, arousal difficulties, orgasming too slow or too quick, etc.) select the point that reflects how frequently you respond in the way indicated.

When confronted with my sexual difficulty:

***1. I can easily change my approach to sex if necessary because of my sexual problem(s).**

Seldom or never	Sometimes	Often	Almost always	Decline response
1	2	3	4	DR

***2. I think of different options for sex when my normal sexual routine is not successful because of my sexual problem(s).**

Seldom or never	Sometimes	Often	Almost always	Decline response
1	2	3	4	DR

***3. I immediately change my approach to sex if a certain approach doesn't work.**

Seldom or never	Sometimes	Often	Almost always	Decline response
1	2	3	4	DR

***4. I adjust my strategy for coping with my sexual problem as soon as I notice that my approach fails.**

Seldom or never	Sometimes	Often	Almost always	Decline response
1	2	3	4	DR

***5. I think about the effort that it will take to achieve pleasurable sex with my sexual problem(s).**

Seldom or never	Sometimes	Often	Almost always	Decline response
1	2	3	4	DR

6. I have enough strategies to deal with my sexual problem(s).

Seldom or never	Sometimes	Often	Almost always	Decline response
1	2	3	4	DR

***7. I am flexible in my approach towards sex.**

Seldom or never	Sometimes	Often	Almost always	Decline response
1	2	3	4	DR

***8. I question myself what aspects of sex are really important to me (e.g., penetration, oral sex, etc.).**

Seldom or never	Sometimes	Often	Almost always	Decline response
1	2	3	4	DR

9. I have enough different options for sexual activity to cope with my sexual problem(s).

Seldom or never	Sometimes	Often	Almost always	Decline response
1	2	3	4	DR

***10. I usually take some time to think about what I am going to do if my sexual problem(s) arise during sexual activities.**

Seldom or never	Sometimes	Often	Almost always	Decline response
1	2	3	4	DR

***11. I question myself whether my approach to my sexual problem(s) is the best solution.**

Seldom or never	Sometimes	Often	Almost always	Decline response
1	2	3	4	DR

12. I find it a challenge to adapt to changing circumstances due to my sexual problem(s).

Seldom or never	Sometimes	Often	Almost always	Decline response
1	2	3	4	DR

***13. I easily think of a different approach to my sex that suits my changing sexual situation.**

Seldom or never	Sometimes	Often	Almost always	Decline response
1	2	3	4	DR

Rubin's Love Scale (Rubin, 1970)

Select the best answer for each of the following.

1. If my partner was feeling badly, my first duty would be to cheer him (her/zir/them) up.

Not at all true/ Disagree completely						Definitely true/ Agree completely
1	2	3	4	5	6	7

2. I feel that I can confide in my partner about virtually everything.

Not at all true/ Disagree completely						Definitely true/ Agree completely
1	2	3	4	5	6	7

3. I find it easy to ignore my partner's faults.

Not at all true/ Disagree completely						Definitely true/ Agree completely
1	2	3	4	5	6	7

4. I would do almost anything for my partner.

Not at all true/ Disagree completely						Definitely true/ Agree completely
1	2	3	4	5	6	7

5. I feel very possessive toward my partner.

Not at all true/ Disagree completely						Definitely true/ Agree completely
1	2	3	4	5	6	7

6. If I could never be with my partner, I would feel miserable.

Not at all true/ Disagree completely						Definitely true/ Agree completely
1	2	3	4	5	6	7

7. If I were lonely, my first thought would be to seek out my partner.

Not at all true/ Disagree completely						Definitely true/ Agree completely
1	2	3	4	5	6	7

8. One of my primary concerns is my partner's welfare.

Not at all true/ Disagree completely						Definitely true/ Agree completely
1	2	3	4	5	6	7

9. I would forgive my partner for practically anything.

Not at all true/ Disagree completely						Definitely true/ Agree completely
1	2	3	4	5	6	7

10. I feel responsible for my partner's well-being

Not at all true/ Disagree completely						Definitely true/ Agree completely
1	2	3	4	5	6	7

11. When I am with my partner, I spend a good deal of time just looking at him (her/zir/them).

Not at all true/ Disagree completely						Definitely true/ Agree completely
1	2	3	4	5	6	7

12. I would greatly enjoy being confided in by my partner.

Not at all true/ Disagree completely						Definitely true/ Agree completely
1	2	3	4	5	6	7

13. It would be hard for me to get on without my partner.

Not at all true/ Disagree completely						Definitely true/ Agree completely
1	2	3	4	5	6	7

Interpersonal Reactivity Index for Couples (Péloquin & Lafontaine, 2010)

The following statements inquire about your thoughts and feelings in a variety of situations occurring in your relationship with your partner. For each item, indicate how well it describes you by circling the appropriate number.

1. My partner often shows tender, concerned feelings for me when I am less fortunate than him(her/zir/them).

Does not describe my partner				Describes my partner very well	Decline response
1	2	3	4	5	DR

2. Sometimes my partner doesn't act very sorry for me when I'm having a problem.

Does not describe my partner				Describes my partner very well	Decline response
1	2	3	4	5	DR

3. My partner tries to look at my side of a disagreement before making a decision.

Does not describe my partner				Describes my partner very well	Decline response
1	2	3	4	5	DR

4. When my partner sees me being taken advantage of, he (she/ze/they) acts protective towards me.

Does not describe my partner				Describes my partner very well	Decline response
1	2	3	4	5	DR

5. Sometimes my partner tries to understand me better by looking at things from my perspective.

Does not describe my partner				Describes my partner very well	Decline response
1	2	3	4	5	DR

6. My misfortunes do not usually disturb my partner a great deal.

Does not describe my partner				Describes my partner very well	Decline response
1	2	3	4	5	DR

7. My partner doesn't waste time listening to my arguments when he(she/ze/they) is sure he(she/ze/they) is right.

Does not describe my partner				Describes my partner very well	Decline response
1	2	3	4	5	DR

8. When my partner sees me being treated unfairly, he(she/ze/they) doesn't show much pity for me.

Does not describe my partner				Describes my partner very well	Decline response
1	2	3	4	5	DR

9. My partner seems quite touched by things he(she/ze/they) sees happen in our relationship.

Does not describe my partner				Describes my partner very well	Decline response
1	2	3	4	5	DR

10. In our relationship my partner believes there are two sides to every story and tries to look at them both.

Does not describe my partner				Describes my partner very well	Decline response
1	2	3	4	5	DR

11. In our relationship, I would describe my partner as a pretty soft-hearted person.

Does not describe my partner				Describes my partner very well	Decline response
1	2	3	4	5	DR

12. When my partner is upset with me, he(she/ze/they) usually tries to “put themself in my shoes" for a while.

Does not describe my partner				Describes my partner very well	Decline response
1	2	3	4	5	DR

13. Before criticizing me, my partner tries to imagine how he(she/ze/they) would feel in my place.

Does not describe my partner				Describes my partner very well	Decline response
1	2	3	4	5	DR

Perceived Partner Responses Adapted from the Significant Other Response Scale West Haven-Yale Multidimensional Pain Inventory and Spouse Response Inventory (Rosen, Bergeron, Leclerc, Lambert, & Steben, 2010; WHYMPI;Kerns, Turk, & Rudy, 1985; SRI; Schwartz et al., 2005)

Keeping in mind all of your sexual difficulties (which include different sexual preferences than your partner, sexual communication, sexual desire, sexual pain, performance anxiety, arousal difficulties, orgasming too slow or too quick, the length of the sexual interaction, etc.) for the past **three months**, in general, how does your significant other (partner) respond to your sexual difficulties during or after sexual activity?

1. Offers suggestions to reduce how my sexual difficulty/difficulties interfere with our sexual activities (e.g., using a lubricant, trying a different sexual position, setting a more romantic mood, etc.)

Never					Very Frequently	Decline response
1	2	3	4	5	6	DR

2. Asks me how he/she/ze/they can help with my sexual difficulty/difficulties

Never					Very Frequently	Decline response
1	2	3	4	5	6	DR

3. Suggests we stop engaging in current sexual activity

Never					Very Frequently	Decline response
1	2	3	4	5	6	DR

4. Comforts me

Never					Very Frequently	Decline response
1	2	3	4	5	6	DR

5. Suggests we stop having intercourse

Never					Very Frequently	Decline response
1	2	3	4	5	6	DR

6. Suggests we turn on the T.V. or sleep

Never					Very Frequently	Decline response
1	2	3	4	5	6	DR

7. Expresses irritation at me

Never					Very Frequently	Decline response
1	2	3	4	5	6	DR

8. Expresses frustration at me

Never					Very Frequently	Decline response
1	2	3	4	5	6	DR

9. Expresses anger at me

Never Very Frequently Decline response

1 2 3 4 5 6 DR

10. Ignores me

Never Very Frequently Decline response

1 2 3 4 5 6 DR

11. Tries to involve me in current sexual activities

Never Very Frequently Decline response

1 2 3 4 5 6 DR

12. Talks to me to take my mind off my sexual difficulty/difficulties

Never Very Frequently Decline response

1 2 3 4 5 6 DR

13. Encourages me to engage in non-distressing sexual activities

Never Very Frequently Decline response

1 2 3 4 5 6 DR

14. Does something to help me focus on the pleasurable sensation rather than my sexual difficulty/difficulties

Never Very Frequently Decline response

1 2 3 4 5 6 DR

15. Seems happy that I am engaging in sexual activities

Never Very Frequently Decline response

1 2 3 4 5 6 DR

16. Hug and/or kisses me

Never Very Frequently Decline response

1 2 3 4 5 6 DR

17. Tells me that he/she/ze/they loves me

Never Very Frequently Decline response

1 2 3 4 5 6 DR

18. Says nice things to me

Never Very Frequently Decline response

1 2 3 4 5 6 DR

19. Smiles at me

Never					Very Frequently	Decline response
1	2	3	4	5	6	DR

20. Tells me that I am pleasuring him/her/zir/them

Never					Very Frequently	Decline response
1	2	3	4	5	6	DR

21. Questions my ability to engage in sexual activities

Never					Very Frequently	Decline response
1	2	3	4	5	6	DR

22. Tells me to slow down

Never					Very Frequently	Decline response
1	2	3	4	5	6	DR

23. Warns me I might hurt or upset myself if I engage in sexual activities

Never					Very Frequently	Decline response
1	2	3	4	5	6	DR

24. Seems to worry about me because I am engaging in sexual activities

Never					Very Frequently	Decline response
1	2	3	4	5	6	DR

Response to Sexual Difficulties Scale (RSDS; Fallis, Purdon, & Rehman, 2013)

Please select the point on each scale that best describes how you expect your partner would respond in the moment if you were to experience a sexual difficulty [E.g. difficulties getting ‘in the mood’ difficulties becoming aroused or maintaining arousal, difficulties with climax (too soon, not soon enough), pain

during intercourse, etc.] If a word pair does not apply to you and/or in your relationship, please choose "Neutral".

1.	**Hostile**			**Neutral**			**Warm**	
	1	2	3	4	5	6	7	Decline Response
2.	**Rude**			**Neutral**			**Considerate**	
	1	2	3	4	5	6	7	Decline Response
3.	**Cold**			**Neutral**			**Loving**	
	1	2	3	4	5	6	7	Decline Response
4.	**Sad**			**Neutral**			**Hopeful**	
	1	2	3	4	5	6	7	Decline Response
6.	**Harsh**			**Neutral**			**Kind**	
	1	2	3	4	5	6	7	Decline Response
6.	**Indifferent**			**Neutral**			**Compassionate**	
	1	2	3	4	5	6	7	Decline Response
7.	**Suspicious**			**Neutral**			**Trusting**	
	1	2	3	4	5	6	7	Decline Response
8.	**Helpless**			**Neutral**			**Strong**	
	1	2	3	4	5	6	7	Decline Response
9.	**Scornful**			**Neutral**			**Respectful**	
	1	2	3	4	5	6	7	Decline Response
10.	**Baffled**			**Neutral**			**Insightful**	
	1	2	3	4	5	6	7	Decline Response
11.	**Worried**			**Neutral**			**Unconcerned**	
	1	2	3	4	5	6	7	Decline Response
12.	**Pessimistic**			**Neutral**			**Optimistic**	
	1	2	3	4	5	6	7	Decline Response
13.	**Ashamed**			**Neutral**			**Unashamed**	
	1	2	3	4	5	6	7	Decline Response
14.	**Guilty**			**Neutral**			**Blameless**	
	1	2	3	4	5	6	7	Decline Response
15.	**Turned off**			**Neutral**			**Still aroused**	
	1	2	3	4	5	6	7	Decline Response
16.	**Impatient**			**Neutral**			**Patient**	

	1	2	3	4	5	6	7	Decline Response
17.	**Judgmental**			**Neutral**			**Understanding**	
	1	2	3	4	5	6	7	Decline Response
18.	**Uncaring**			**Neutral**			**Caring**	
	1	2	3	4	5	6	7	Decline Response
19.	**Unsupportive**			**Neutral**			**Supportive**	
	1	2	3	4	5	6	7	Decline Response
20.	**Distant**			**Neutral**			**Close**	
	1	2	3	4	5	6	7	Decline Response
21.	**Angry**			**Neutral**			**Calm**	
	1	2	3	4	5	6	7	Decline Response
22.	**Insensitive**			**Neutral**			**Sensitive**	
	1	2	3	4	5	6	7	Decline Response
23.	**Withdrawn**			**Neutral**			**Forthcoming**	
	1	2	3	4	5	6	7	Decline Response

Dyadic Sexual Communication Scale (DSCS; Catania, 2013)

Instructions: Please read the list of statements below that different people have made about discussing sex with their primary partner. As you read each one, please indicate how much you agree or disagree with it.

1. My partner rarely responds when I want to talk about our sex life.

Strongly disagree	Disagree	Somewhat disagree	Somewhat agree	Agree	Strongly agree	Decline response
1	2	3	4	5	6	DR

2. Some sexual matters are too upsetting to discuss with my sexual partner.

Strongly disagree	Disagree	Somewhat disagree	Somewhat agree	Agree	Strongly agree	Decline response
1	2	3	4	5	6	DR

3. There are sexual issues or problems in our sexual relationship that we have never discussed.

Strongly disagree	Disagree	Somewhat disagree	Somewhat agree	Agree	Strongly agree	Decline response
1	2	3	4	5	6	DR

4. My partner and I never seem to resolve our disagreements about sexual matters.

Strongly disagree	Disagree	Somewhat disagree	Somewhat agree	Agree	Strongly agree	Decline response
1	2	3	4	5	6	DR

5. Whenever my partner and I talk about sex, I feel like she or he is lecturing me.

Strongly disagree	Disagree	Somewhat disagree	Somewhat agree	Agree	Strongly agree	Decline response
1	2	3	4	5	6	DR

6. My partner often complains that I am not very clear about what I want sexually.

Strongly disagree	Disagree	Somewhat disagree	Somewhat agree	Agree	Strongly agree	Decline response
1	2	3	4	5	6	DR

7. My partner and I have never had a heart-to-heart talk about our sex life together.

Strongly disagree	Disagree	Somewhat disagree	Somewhat agree	Agree	Strongly agree	Decline response
1	2	3	4	5	6	DR

8. My partner has no difficulty in talking to me about his or her sexual feelings and desires

Strongly disagree	Disagree	Somewhat disagree	Somewhat agree	Agree	Strongly agree	Decline response
1	2	3	4	5	6	DR

9. Even when angry with me, my partner is able to appreciate my views on sexuality.

Strongly disagree	Disagree	Somewhat disagree	Somewhat agree	Agree	Strongly agree	Decline response
1	2	3	4	5	6	DR

10. Talking about sex is a satisfying experience for both of us.

Strongly disagree	Disagree	Somewhat disagree	Somewhat agree	Agree	Strongly agree	Decline response
1	2	3	4	5	6	DR

11. My partner and I can usually talk calmly about our sex life.

Strongly disagree	Disagree	Somewhat disagree	Somewhat agree	Agree	Strongly agree	Decline response
1	2	3	4	5	6	DR

12. I have little difficulty in telling my partner what I do or don't do sexually.

Strongly disagree	Disagree	Somewhat disagree	Somewhat agree	Agree	Strongly agree	Decline response
1	2	3	4	5	6	DR

13. I seldom feel embarrassed when talking about the details of our sex life with my partner.

Strongly disagree	Disagree	Somewhat disagree	Somewhat agree	Agree	Strongly agree	Decline response
1	2	3	4	5	6	DR

Sexual Self-Disclosure Scale Revised for the Current Study (SSD; Byers & Demmons, 1999)

In a relationship, partners may communicate with each other about what they like and dislike about their sexual interactions.

Think about your sexual relationship with your partner. For each question listed below indicate whether you or not you have engaged in the listed sexual activity, and then circle the number that best describes how much you communicated to your partner about your sexual likes and dislikes.

1. Kissing

1a. Do you and your partner engage in this activity?

- o Yes -- and I like to
- o Yes – but I don't like to
- o No – but I'd like to
- o No – and I wouldn't like to
- o Decline Response

→ If you engage in the above noted activity, please answer the following two questions (1b and 1c). If you do not engage in this activity and wouldn't like to, please respond to questions 1d and 1e. If you do not engage in this activity and would like to, please respond to questions 1g, 1h, 1i.

How much have you told your partner about:

1b. The way(s) you like to be kissed?

Nothing at all						Everything	Decline response
1	2	3	4	5	6	7	DR

1c. The way(s) you don't like being kissed?

Nothing at all						Everything	Decline response
1	2	3	4	5	6	7	DR

1d. Does your partner want to engage in this sexual activity?

- o Yes
- o No
- o I don't know
- o Decline response

→ If your answer to 1d is 'yes' or 'I don't know' please answer the following two questions (1e, 1f).

1e. How much have you told your partner about what you don't like about this sexual activity?

Nothing at all						Everything	Decline response
1	2	3	4	5	6	7	DR

1f. How much has your partner told you about what they like about this sexual activity?

Nothing at all	Everything	Decline response

1	2	3	4	5	6	7	DR

1g. How much have you discussed what you like about this sexual activity with your partner?

Nothing at all						Everything	Decline response
1	2	3	4	5	6	7	DR

→ If your answer to 1g is 1 please answer the following two questions (1h, 1i).

1h. Why haven't you discussed your preferences to engage in this sexual activity with your partner? (check all that apply)

- ☐ I know my partner doesn't want to engage in this sexual activity
- ☐ I worry that my partner will think my preference is abnormal
- ☐ My partner and I don't talk about what we like sexually
- ☐ Decline response
- ☐ None of the above

1i. Please describe any other reasons why you have not disclosed to your partner your preferences to engage in the above listed sexual activity.

2. <u>Receptive Penetration (your partner penetrating you)</u>

2a. Do you and your partner engage in this activity?

- o Yes -- and I like to
- o Yes – but I don't like to
- o No – but I'd like to
- o No – and I wouldn't like to
- o Decline Response

→ If you engage in the above noted activity, please answer the following two questions (2b and 2c). If you do not engage in this activity and wouldn't like to, please respond to questions 2d and 2e. If you do not engage in this activity and would like to, please respond to questions 2g, 2h, 2i.

How much have you told your partner about:

2b. The way(s) you <u>like</u> to be penetrated?

Nothing at all						Everything	Decline response
1	2	3	4	5	6	7	DR

2c. The way(s) you <u>don't like</u> being penetrated?

Nothing at all						Everything	Decline response
1	2	3	4	5	6	7	DR

2d. Does your partner want to engage in this sexual activity?

- o Yes
- o No
- o I don't know
- o Decline response

→ If your answer to 2d is 'yes' or 'I don't know' please answer the following two questions (2e, 2f).

2e. How much have <u>you</u> told your partner about what you don't like about this sexual activity?

Nothing at all						Everything	Decline response
1	2	3	4	5	6	7	DR

2f. How much has <u>your partner</u> told you about what they like about this sexual activity?

Nothing at all						Everything	Decline response
1	2	3	4	5	6	7	DR

2g. How much have you discussed what you like about this sexual activity with your partner?

Nothing at all						Everything	Decline response
1	2	3	4	5	6	7	DR

→ If your answer to 2g is 1 please answer the following two questions (2h, 2i).

2h. Why haven't you discussed your preferences to engage in this sexual activity with your partner? (check all that apply)

- ☐ I know my partner doesn't want to engage in this sexual activity
- ☐ I worry that my partner will think my preference is abnormal
- ☐ My partner and I don't talk about what we like sexually
- ☐ Decline response
- ☐ None of the above

2i. Please describe any other reasons why you have not disclosed to your partner your preferences to engage in the above listed sexual activity.

3. <u>Active Penetration (you penetrating your partner)</u>

3a. Do you and your partner engage in this activity?

- o Yes -- and I like to
- o Yes – but I don't like to
- o No – but I'd like to
- o No – and I wouldn't like to
- o Decline Response

→ If you engage in the above noted activity, please answer the following two questions (3b and 3c). If you do not engage in this activity and wouldn't like to, please respond to questions 3d and 3e. If you do not engage in this activity and would like to, please respond to questions 3g, 3h, 3i.
How much have you told your partner about:

3b. The way(s) you <u>like</u> to penetrate your partner?

Nothing at all						Everything	Decline response
1	2	3	4	5	6	7	DR

3c. The way(s) you <u>don't like</u> to penetrate your partner?

Nothing at all						Everything	Decline response
1	2	3	4	5	6	7	DR

3d. Does your partner want to engage in this sexual activity?

- o Yes
- o No
- o I don't know
- o Decline response

→ If your answer to 3d is 'yes' or 'I don't know' please answer the following two questions (3e, 3f).

3e. How much have <u>you</u> told your partner about what you don't like about this sexual activity?

Nothing at all						Everything	Decline response
1	2	3	4	5	6	7	DR

3f. How much has <u>your partner</u> told you about what they like about this sexual activity?

Nothing at all						Everything	Decline response
1	2	3	4	5	6	7	DR

3g. How much have you discussed what you like about this sexual activity with your partner?

Nothing at all						Everything	Decline response
1	2	3	4	5	6	7	DR

→ If your answer to 3g is 1 please answer the following two questions (3h, 3i).

3h. Why haven't you discussed your preferences to engage in this sexual activity with your partner? (check all that apply)

- ☐ I know my partner doesn't want to engage in this sexual activity
- ☐ I worry that my partner will think my preference is abnormal
- ☐ My partner and I don't talk about what we like sexually
- ☐ Decline response
- ☐ None of the above

3i. Please describe any other reasons why you have not disclosed to your partner your preferences to engage in the above listed sexual activity.

4. <u>Active Oral Sex (You performing oral sex on your partner)</u>

4a. Do you and your partner engage in this activity?

- o Yes -- and I like to
- o Yes – but I don't like to
- o No – but I'd like to
- o No – and I wouldn't like to
- o Decline Response

→ If you engage in the above noted activity, please answer the following two questions (4b and 4c). If you do not engage in this activity and wouldn't like to, please respond to questions 4d and 4e. If you do not engage in this activity and would like to, please respond to questions 4g, 4h, 4i.

How much have you told your partner about:

4b. The way(s) you <u>like</u> performing oral sex?

Nothing at all						Everything	Decline response
1	2	3	4	5	6	7	DR

4c. The way(s) you <u>don't like</u> performing oral sex?

Nothing at all						Everything	Decline response
1	2	3	4	5	6	7	DR

4d. Does your partner want to engage in this sexual activity?

- o Yes
- o No
- o I don't know
- o Decline response

→ If your answer to 4d is 'yes' or 'I don't know' please answer the following two questions (4e, 4f).

4e. How much have <u>you</u> told your partner about what you don't like about this sexual activity?

Nothing at all						Everything	Decline response
1	2	3	4	5	6	7	DR

4f. How much has <u>your partner</u> told you about what they like about this sexual activity?

Nothing at all						Everything	Decline response
1	2	3	4	5	6	7	DR

4g. How much have you discussed what you like about this sexual activity with your partner?

Nothing at all						Everything	Decline response
1	2	3	4	5	6	7	DR

→ If your answer to 4g is 1 please answer the following two questions (4h, 4i).

4h. Why haven't you discussed your preferences to engage in this sexual activity with your partner? (check all that apply)

- ☐ I know my partner doesn't want to engage in this sexual activity
- ☐ I worry that my partner will think my preference is abnormal
- ☐ My partner and I don't talk about what we like sexually
- ☐ Decline response
- ☐ None of the above

4i. Please describe any other reasons why you have not disclosed to your partner your preferences to engage in the above listed sexual activity.

5. <u>Receptive Oral Sex (Your partner performing oral sex on you)</u>

5a. Do you and your partner engage in this activity?

- o Yes -- and I like to
- o Yes – but I don't like to
- o No – but I'd like to
- o No – and I wouldn't like to
- o Decline Response

→ If you engage in the above noted activity, please answer the following two questions (5b and 5c). If you do not engage in this activity and wouldn't like to, please respond to questions 5d and 5e. If you do not engage in this activity and would like to, please respond to questions 5g, 5h, 5i.

How much have you told your partner about:

5b. The way(s) you <u>like</u> receiving oral sex?

Nothing at all						Everything	Decline response
1	2	3	4	5	6	7	DR

5c. The way(s) you <u>don't like</u> receiving oral sex?

Nothing at all						Everything	Decline response
1	2	3	4	5	6	7	DR

5d. Does your partner want to engage in this sexual activity?

- o Yes
- o No
- o I don't know
- o Decline response

→ If your answer to 5d is 'yes' or 'I don't know' please answer the following two questions (5e, 5f).

5e. How much have <u>you</u> told your partner about what you don't like about this sexual activity?

Nothing at all						Everything	Decline response
1	2	3	4	5	6	7	DR

5f. How much has <u>your partner</u> told you about what they like about this sexual activity?

Nothing at all						Everything	Decline response
1	2	3	4	5	6	7	DR

5g. How much have you discussed what you like about this sexual activity with your partner?

Nothing at all						Everything	Decline response
1	2	3	4	5	6	7	DR

→ If your answer to 5g is 1 please answer the following two questions (5h, 5i).

5h. Why haven't you discussed your preferences to engage in this sexual activity with your partner? (check all that apply)

- ☐ I know my partner doesn't want to engage in this sexual activity
- ☐ I worry that my partner will think my preference is abnormal
- ☐ My partner and I don't talk about what we like sexually
- ☐ Decline response
- ☐ None of the above

5i. Please describe any other reasons why you have not disclosed to your partner your preferences to engage in the above listed sexual activity.

6. <u>Receptive Annilingus (Your partner performing annilingus on you)</u>

6a. Do you and your partner engage in this activity?

- o Yes -- and I like to
- o Yes – but I don't like to
- o No – but I'd like to
- o No – and I wouldn't like to
- o Decline Response

→ If you engage in the above noted activity, please answer the following two questions (6b and 6c). If you do not engage in this activity and wouldn't like to, please respond to questions 6d and 6e. If you do not engage in this activity and would like to, please respond to questions 6g, 6h, 6i.

How much have you told your partner about:

6b. The way(s) you <u>like</u> to receive annilingus?

Nothing at all						Everything	Decline response
1	2	3	4	5	6	7	DR

6c. The way(s) you <u>don't like</u> to receive annilingus?

Nothing at all						Everything	Decline response
1	2	3	4	5	6	7	DR

6d. Does your partner want to engage in this sexual activity?

- o Yes
- o No
- o I don't know
- o Decline response

→ If your answer to 6d is 'yes' or 'I don't know' please answer the following two questions (6e, 6f).

6e. How much have <u>you</u> told your partner about what you don't like about this sexual activity?

Nothing at all						Everything	Decline response
1	2	3	4	5	6	7	DR

6f. How much has <u>your partner</u> told you about what they like about this sexual activity?

Nothing at all						Everything	Decline response
1	2	3	4	5	6	7	DR

6g. How much have you discussed what you like about this sexual activity with your partner?

Nothing at all						Everything	Decline response
1	2	3	4	5	6	7	DR

→ If your answer to 6g is 1 please answer the following two questions (6h, 6i).

6h. Why haven't you discussed your preferences to engage in this sexual activity with your partner? (check all that apply)

- ☐ I know my partner doesn't want to engage in this sexual activity
- ☐ I worry that my partner will think my preference is abnormal
- ☐ My partner and I don't talk about what we like sexually
- ☐ Decline response
- ☐ None of the above

6i. Please describe any other reasons why you have not disclosed to your partner your preferences to engage in the above listed sexual activity.

7. <u>Active Annilingus (You performing annilingus on your partner)</u>

7a. Do you and your partner engage in this activity?

- o Yes -- and I like to
- o Yes – but I don't like to
- o No – but I'd like to
- o No – and I wouldn't like to
- o Decline Response

→ If you engage in the above noted activity, please answer the following two questions (7b and 7c). If you do not engage in this activity and wouldn't like to, please respond to questions 7d and 7e. If you do not engage in this activity and would like to, please respond to questions 7g, 7h, 7i.

How much have you told your partner about:

7b. The way(s) you <u>like</u> to perform annilingus on your partner?

Nothing at all						Everything	Decline response
1	2	3	4	5	6	7	DR

7c. The way(s) you <u>don't like</u> to perform annilingus on your partner?

Nothing at all						Everything	Decline response
1	2	3	4	5	6	7	DR

7d. Does your partner want to engage in this sexual activity?

- o Yes
- o No
- o I don't know
- o Decline response

→ If your answer to 7d is 'yes' or 'I don't know' please answer the following two questions (7e, 7f).

7e. How much have <u>you</u> told your partner about what you don't like about this sexual activity?

Nothing at all						Everything	Decline response
1	2	3	4	5	6	7	DR

7f. How much has <u>your partner</u> told you about what they like about this sexual activity?

Nothing at all						Everything	Decline response
1	2	3	4	5	6	7	DR

7g. How much have you discussed what you like about this sexual activity with your partner?

Nothing at all						Everything	Decline response
1	2	3	4	5	6	7	DR

→ If your answer to 7g is 1 please answer the following two questions (7h, 7i).

7h. Why haven't you discussed your preferences to engage in this sexual activity with your partner? (check all that apply)

- ☐ I know my partner doesn't want to engage in this sexual activity
- ☐ I worry that my partner will think my preference is abnormal
- ☐ My partner and I don't talk about what we like sexually
- ☐ Decline response
- ☐ None of the above

7i. Please describe any other reasons why you have not disclosed to your partner your preferences to engage in the above listed sexual activity.

8. <u>Rubbing Your Genitals With Your Partners' Genitals</u>

8a. Do you and your partner engage in this activity?

- Yes -- and I like to
- Yes – but I don't like to
- No – but I'd like to
- No – and I wouldn't like to
- Decline Response

→ If you engage in the above noted activity, please answer the following two questions (8b and 8c). If you do not engage in this activity and wouldn't like to, please respond to questions 8d and 8e. If you do not engage in this activity and would like to, please respond to questions 8g, 8h, 8i.

How much have you told your partner about:

8b. The way(s) you <u>like</u> to rub your genitals with your partners?

Nothing at all						Everything	Decline response
1	2	3	4	5	6	7	DR

8c. The way(s) you <u>don't like</u> to rub your genitals with your partners?

Nothing at all						Everything	Decline response
1	2	3	4	5	6	7	DR

8d. Does your partner want to engage in this sexual activity?

- Yes
- No
- I don't know
- Decline response

→ If your answer to 8d is 'yes' or 'I don't know' please answer the following two questions (8e, 8f).

8e. How much have <u>you</u> told your partner about what you don't like about this sexual activity?

Nothing at all						Everything	Decline response
1	2	3	4	5	6	7	DR

8f. How much has <u>your partner</u> told you about what they like about this sexual activity?

Nothing at all						Everything	Decline response
1	2	3	4	5	6	7	DR

8g. How much have you discussed what you like about this sexual activity with your partner?

Nothing at all						Everything	Decline response
1	2	3	4	5	6	7	DR

→ If your answer to 8g is 1 please answer the following two questions (8h, 8i).

8h. Why haven't you discussed your preferences to engage in this sexual activity with your partner? (check all that apply)

- ☐ I know my partner doesn't want to engage in this sexual activity
- ☐ I worry that my partner will think my preference is abnormal
- ☐ My partner and I don't talk about what we like sexually
- ☐ Decline response
- ☐ None of the above

8i. Please describe any other reasons why you have not disclosed to your partner your preferences to engage in the above listed sexual activity.

9. <u>Rubbing Your Genitals Against Non-Genital (e.g., thigh) Parts of Your Partner</u>

9a. Do you and your partner engage in this activity?

- o Yes -- and I like to
- o Yes – but I don't like to
- o No – but I'd like to
- o No – and I wouldn't like to
- o Decline Response

→ If you engage in the above noted activity, please answer the following two questions (9b and 9c). If you do not engage in this activity and wouldn't like to, please respond to questions 9d and 9e. If you do not engage in this activity and would like to, please respond to questions 9g, 9h, 9i.

How much have you told your partner about:

9b. The way(s) you <u>like</u> rubbing your genitals with non-genital parts of your partner?

Nothing at all						Everything	Decline response
1	2	3	4	5	6	7	DR

9c. The way(s) you <u>don't like</u> rubbing your genitals with non-genital parts of your partner?

Nothing at all						Everything	Decline response
1	2	3	4	5	6	7	DR

9d. Does your partner want to engage in this sexual activity?

- o Yes
- o No
- o I don't know
- o Decline response

→ If your answer to 9d is 'yes' or 'I don't know' please answer the following two questions (9e, 9f).

9e. How much have <u>you</u> told your partner about what you don't like about this sexual activity?

Nothing at all						Everything	Decline response
1	2	3	4	5	6	7	DR

9f. How much has <u>your partner</u> told you about what they like about this sexual activity?

Nothing at all						Everything	Decline response
1	2	3	4	5	6	7	DR

9g. How much have you discussed what you like about this sexual activity with your partner?

Nothing at all						Everything	Decline response
1	2	3	4	5	6	7	DR

→ If your answer to 9g is 1 please answer the following two questions (9h, 9i).

9h. Why haven't you discussed your preferences to engage in this sexual activity with your partner? (check all that apply)

- ☐ I know my partner doesn't want to engage in this sexual activity
- ☐ I worry that my partner will think my preference is abnormal
- ☐ My partner and I don't talk about what we like sexually
- ☐ Decline response
- ☐ None of the above

9i. Please describe any other reasons why you have not disclosed to your partner your preferences to engage in the above listed sexual activity.

10. <u>Your Partner Rubbing Their Genitals Against Non-Genital (e.g., thigh) Parts of You</u>

10a. Do you and your partner engage in this activity?

- o Yes -- and I like to
- o Yes – but I don't like to
- o No – but I'd like to
- o No – and I wouldn't like to
- o Decline Response

→ If you engage in the above noted activity, please answer the following two questions (10b and 10c). If you do not engage in this activity and wouldn't like to, please respond to questions 10d and 10e. If you do not engage in this activity and would like to, please respond to questions 10g, 10h, 10i.

How much have you told your partner about:

10b. The way(s) you <u>like</u> your partner rubbing their genitals with non-genital parts of you?

Nothing at all						Everything	Decline response
1	2	3	4	5	6	7	DR

10c. The way(s) you <u>don't like</u> your partner rubbing their genitals with non-genital parts of you?

Nothing at all						Everything	Decline response
1	2	3	4	5	6	7	DR

10d. Does your partner want to engage in this sexual activity?

- o Yes
- o No
- o I don't know
- o Decline response

→ If your answer to 10d is 'yes' or 'I don't know' please answer the following two questions (10e, 10f).

10e. How much have <u>you</u> told your partner about what you don't like about this sexual activity?

Nothing at all						Everything	Decline response
1	2	3	4	5	6	7	DR

10f. How much has <u>your partner</u> told you about what they like about this sexual activity?

Nothing at all						Everything	Decline response
1	2	3	4	5	6	7	DR

10g. How much have you discussed what you like about this sexual activity with your partner?

Nothing at all						Everything	Decline response
1	2	3	4	5	6	7	DR

→ If your answer to 10g is 1 please answer the following two questions (10h, 10i).

10h. Why haven't you discussed your preferences to engage in this sexual activity with your partner?

(check all that apply)

- ☐ I know my partner doesn't want to engage in this sexual activity
- ☐ I worry that my partner will think my preference is abnormal
- ☐ My partner and I don't talk about what we like sexually
- ☐ Decline response
- ☐ None of the above

10i. Please describe any other reasons why you have not disclosed to your partner your preferences to engage in the above listed sexual activity.

11. <u>Your Partner Using Sex Toys on You</u>

11a. Do you and your partner engage in this activity?

- o Yes -- and I like to
- o Yes – but I don't like to
- o No – but I'd like to
- o No – and I wouldn't like to

- Decline Response

→ If you engage in the above noted activity, please answer the following two questions (11b and 11c). If you do not engage in this activity and wouldn't like to, please respond to questions 11d and 11e. If you do not engage in this activity and would like to, please respond to questions 11g, 11h, 11i.

How much have you told your partner about:

11b. The way(s) you <u>like</u> them using sex toys on you?

Nothing at all						Everything	Decline response
1	2	3	4	5	6	7	DR

11c. The way(s) you <u>don't like</u> them using sex toys on you?

Nothing at all						Everything	Decline response
1	2	3	4	5	6	7	DR

11d. Does your partner want to engage in this sexual activity?

- Yes
- No
- I don't know
- Decline response

→ If your answer to 11d is 'yes' or 'I don't know' please answer the following two questions (11e, 11f).

11e. How much have <u>you</u> told your partner about what you don't like about this sexual activity?

Nothing at all						Everything	Decline response
1	2	3	4	5	6	7	DR

11f. How much has <u>your partner</u> told you about what they like about this sexual activity?

Nothing at all						Everything	Decline response
1	2	3	4	5	6	7	DR

11g. How much have you discussed what you like about this sexual activity with your partner?

Nothing at all						Everything	Decline response
1	2	3	4	5	6	7	DR

→ If your answer to 11g is 1 please answer the following two questions (11h, 11i).

11h. Why haven't you discussed your preferences to engage in this sexual activity with your partner?

(check all that apply)

- ☐ I know my partner doesn't want to engage in this sexual activity
- ☐ I worry that my partner will think my preference is abnormal
- ☐ My partner and I don't talk about what we like sexually
- ☐ Decline response
- ☐ None of the above

11i. Please describe any other reasons why you have not disclosed to your partner your preferences to engage in the above listed sexual activity.

12. <u>You Using Sex Toys on Your Partner</u>

12a. Do you and your partner engage in this activity?

- o Yes -- and I like to
- o Yes – but I don't like to
- o No – but I'd like to
- o No – and I wouldn't like to
- o Decline Response

→ If you engage in the above noted activity, please answer the following two questions (12b and 12c). If you do not engage in this activity and wouldn't like to, please respond to questions 12d and 12e. If you do not engage in this activity and would like to, please respond to questions 12g, 12h, 12i.

How much have you told your partner about:

12b. The way(s) you <u>like</u> using sex toys on your partner?

Nothing at all						Everything	Decline response
1	2	3	4	5	6	7	DR

12c. The way(s) you <u>don't like</u> using sex toys on your partner?

Nothing at all						Everything	Decline response
1	2	3	4	5	6	7	DR

12d. Does your partner want to engage in this sexual activity?

- o Yes
- o No
- o I don't know
- o Decline response

→ If your answer to 12d is 'yes' or 'I don't know' please answer the following two questions (12e, 12f).

12e. How much have <u>you</u> told your partner about what you don't like about this sexual activity?

Nothing at all						Everything	Decline response
1	2	3	4	5	6	7	DR

12f. How much has <u>your partner</u> told you about what they like about this sexual activity?

Nothing at all						Everything	Decline response
1	2	3	4	5	6	7	DR

12g. How much have you discussed what you like about this sexual activity with your partner?

Nothing at all	Everything	Decline response

1	2	3	4	5	6	7	DR

→ If your answer to 12g is 1 please answer the following two questions (12h, 12i).

12h. Why haven't you discussed your preferences to engage in this sexual activity with your partner?

(check all that apply)

- ☐ I know my partner doesn't want to engage in this sexual activity
- ☐ I worry that my partner will think my preference is abnormal
- ☐ My partner and I don't talk about what we like sexually
- ☐ Decline response
- ☐ None of the above

12i. Please describe any other reasons why you have not disclosed to your partner your preferences to engage in the above listed sexual activity.

13. <u>Using Lubricants and Gels</u>

13a. Do you and your partner engage in this activity?

- o Yes -- and I like to
- o Yes – but I don't like to
- o No – but I'd like to
- o No – and I wouldn't like to
- o Decline Response

→ If you engage in the above noted activity, please answer the following two questions (13b and 13c). If you do not engage in this activity and wouldn't like to, please respond to questions 13d and 13e. If you do not engage in this activity and would like to, please respond to questions 13g, 13h, 13i.

How much have you told your partner about:

13b. The way(s) you <u>like</u> using lubricants and gels?

Nothing at all						Everything	Decline response
1	2	3	4	5	6	7	DR

13c. The way(s) you <u>don't like</u> using lubricants and gels?

Nothing at all						Everything	Decline response
1	2	3	4	5	6	7	DR

13d. Does your partner want to engage in this sexual activity?

- o Yes
- o No

- o I don't know
- o Decline response

→ If your answer to 13d is 'yes' or 'I don't know' please answer the following two questions (13e, 13f).

13e. How much have <u>you</u> told your partner about what you don't like about this sexual activity?

Nothing at all						Everything	Decline response
1	2	3	4	5	6	7	DR

13f. How much has <u>your partner</u> told you about what they like about this sexual activity?

Nothing at all						Everything	Decline response
1	2	3	4	5	6	7	DR

13g. How much have you discussed what you like about this sexual activity with your partner?

Nothing at all						Everything	Decline response
1	2	3	4	5	6	7	DR

→ If your answer to 13g is 1 please answer the following two questions (13h, 13i).

13h. Why haven't you discussed your preferences to engage in this sexual activity with your partner?

(check all that apply)

- ☐ I know my partner doesn't want to engage in this sexual activity
- ☐ I worry that my partner will think my preference is abnormal
- ☐ My partner and I don't talk about what we like sexually
- ☐ Decline response
- ☐ None of the above

13i. Please describe any other reasons why you have not disclosed to your partner your preferences to engage in the above listed sexual activity.

14. <u>Sexting and/or Phone Sex</u>

14a. Do you and your partner engage in this activity?

- o Yes -- and I like to
- o Yes – but I don't like to
- o No – but I'd like to
- o No – and I wouldn't like to
- o Decline Response

→ If you engage in the above noted activity, please answer the following two questions (14b and 14c). If you do not engage in this activity and wouldn't like to, please respond to questions 14d and 14e. If you do not engage in this activity and would like to, please respond to questions 14g, 14h, 14i.

How much have you told your partner about:

14b. The way(s) you <u>like</u> to sext or engage in phone sex?

Nothing at all						Everything	Decline response
1	2	3	4	5	6	7	DR

14c. The way(s) you <u>don't like</u> to sext or engage in phone sex?

Nothing at all						Everything	Decline response
1	2	3	4	5	6	7	DR

14d. Does your partner want to engage in this sexual activity?

- o Yes
- o No
- o I don't know
- o Decline response

→ If your answer to 14d is 'yes' or 'I don't know' please answer the following two questions (14e, 14f).

14e. How much have <u>you</u> told your partner about what you don't like about this sexual activity?

Nothing at all						Everything	Decline response
1	2	3	4	5	6	7	DR

14f. How much has <u>your partner</u> told you about what they like about this sexual activity?

Nothing at all						Everything	Decline response
1	2	3	4	5	6	7	DR

14g. How much have you discussed what you like about this sexual activity with your partner?

Nothing at all						Everything	Decline response
1	2	3	4	5	6	7	DR

→ If your answer to 14g is 1 please answer the following two questions (14h, 14i).

14h. Why haven't you discussed your preferences to engage in this sexual activity with your partner?

(check all that apply)

- ☐ I know my partner doesn't want to engage in this sexual activity
- ☐ I worry that my partner will think my preference is abnormal
- ☐ My partner and I don't talk about what we like sexually
- ☐ Decline response
- ☐ None of the above

14i. Please describe any other reasons why you have not disclosed to your partner your preferences to engage in the above listed sexual activity.

15. <u>Engaging in Threesomes or Group Sex With Partner</u>

15a. Do you and your partner engage in this activity?

- o Yes -- and I like to
- o Yes – but I don't like to
- o No – but I'd like to
- o No – and I wouldn't like to
- o Decline Response

→ If you engage in the above noted activity, please answer the following two questions (15b and 15c). If you do not engage in this activity and wouldn't like to, please respond to questions 15d and 15e. If you do not engage in this activity and would like to, please respond to questions 15g, 15h, 15i.

How much have you told your partner about:

15b. The way(s) you <u>like</u> to engage in threesomes and group sex?

Nothing at all						Everything	Decline response
1	2	3	4	5	6	7	DR

15c. The way(s) you <u>don't like</u> to engage in threesomes and group sex?

Nothing at all						Everything	Decline response
1	2	3	4	5	6	7	DR

15d. Does your partner want to engage in this sexual activity?

- o Yes
- o No
- o I don't know
- o Decline response

→ If your answer to 15d is 'yes' or 'I don't know' please answer the following two questions (15e, 15f).

15e. How much have <u>you</u> told your partner about what you don't like about this sexual activity?

Nothing at all						Everything	Decline response
1	2	3	4	5	6	7	DR

15f. How much has <u>your partner</u> told you about what they like about this sexual activity?

Nothing at all						Everything	Decline response
1	2	3	4	5	6	7	DR

15g. How much have you discussed what you like about this sexual activity with your partner?

Nothing at all						Everything	Decline response
1	2	3	4	5	6	7	DR

→ If your answer to 15g is 1 please answer the following two questions (15h, 15i).

15h. Why haven't you discussed your preferences to engage in this sexual activity with your partner?

(check all that apply)

- □ I know my partner doesn't want to engage in this sexual activity

- ☐ I worry that my partner will think my preference is abnormal
- ☐ My partner and I don't talk about what we like sexually
- ☐ Decline response
- ☐ None of the above

15i. Please describe any other reasons why you have not disclosed to your partner your preferences to engage in the above listed sexual activity.

16. <u>Sex With Other People (without your partner present)</u>

16a. Do you and your partner engage in this activity?

- o Yes -- and I like to
- o Yes – but I don't like to
- o No – but I'd like to
- o No – and I wouldn't like to
- o Decline Response

→ If you engage in the above noted activity, please answer the following two questions (16b and 16c). If you do not engage in this activity and wouldn't like to, please respond to questions 16d and 16e. If you do not engage in this activity and would like to, please respond to questions 16g, 16h, 16i.

How much have you told your partner about:

16b. Your interest in having sex with other people?

Nothing at all						Everything	Decline response
1	2	3	4	5	6	7	DR

16c. Your disinterest in having sex with other people?

Nothing at all						Everything	Decline response
1	2	3	4	5	6	7	DR

16d. Does your partner want to engage in this sexual activity?

- o Yes
- o No
- o I don't know
- o Decline response

→ If your answer to 16d is 'yes' or 'I don't know' please answer the following two questions (16e, 16f).

16e. How much have <u>you</u> told your partner about what you don't like about this sexual activity?

Nothing at all						Everything	Decline response
1	2	3	4	5	6	7	DR

16f. How much has <u>your partner</u> told you about what they like about this sexual activity?

Nothing at all						Everything	Decline response
1	2	3	4	5	6	7	DR

16g. How much have you discussed what you like about this sexual activity with your partner?

Nothing at all						Everything	Decline response
1	2	3	4	5	6	7	DR

→ If your answer to 16g is 1 please answer the following two questions (16h, 16i).

16h. Why haven't you discussed your preferences to engage in this sexual activity with your partner?

(check all that apply)

- ☐ I know my partner doesn't want to engage in this sexual activity
- ☐ I worry that my partner will think my preference is abnormal
- ☐ My partner and I don't talk about what we like sexually
- ☐ Decline response
- ☐ None of the above

16i. Please describe any other reasons why you have not disclosed to your partner your preferences to engage in the above listed sexual activity.

17. <u>Being Tied Up and/or Restrained by Your Partner</u>

17a. Do you and your partner engage in this activity?

- o Yes -- and I like to
- o Yes – but I don't like to
- o No – but I'd like to
- o No – and I wouldn't like to
- o Decline Response

→ If you engage in the above noted activity, please answer the following two questions (17b and 17c). If you do not engage in this activity and wouldn't like to, please respond to questions 17d and 17e. If you do not engage in this activity and would like to, please respond to questions 17g, 17h, 17i.

How much have you told your partner about:

17b. The way(s) you <u>like</u> being tied up and/or restrained?

Nothing at all						Everything	Decline response
1	2	3	4	5	6	7	DR

17c. The way(s) you <u>don't like</u> being tied up and/or restrained?

Nothing at all						Everything	Decline response
1	2	3	4	5	6	7	DR

17d. Does your partner want to engage in this sexual activity?

- o Yes
- o No
- o I don't know
- o Decline response

→ If your answer to 17d is 'yes' or 'I don't know' please answer the following two questions (17e, 17f).

17e. How much have <u>you</u> told your partner about what you don't like about this sexual activity?

Nothing at all						Everything	Decline response
1	2	3	4	5	6	7	DR

17f. How much has <u>your partner</u> told you about what they like about this sexual activity?

Nothing at all						Everything	Decline response
1	2	3	4	5	6	7	DR

17g. How much have you discussed what you like about this sexual activity with your partner?

Nothing at all						Everything	Decline response
1	2	3	4	5	6	7	DR

→ If your answer to 17g is 1 please answer the following two questions (17h, 17i).

17h. Why haven't you discussed your preferences to engage in this sexual activity with your partner?

(check all that apply)

- ☐ I know my partner doesn't want to engage in this sexual activity
- ☐ I worry that my partner will think my preference is abnormal
- ☐ My partner and I don't talk about what we like sexually
- ☐ Decline response
- ☐ None of the above

17i. Please describe any other reasons why you have not disclosed to your partner your preferences to engage in the above listed sexual activity.

18. <u>Tying up or Restraining Your Partner</u>

18a. Do you and your partner engage in this activity?

- o Yes -- and I like to
- o Yes – but I don't like to
- o No – but I'd like to
- o No – and I wouldn't like to

- Decline Response

→ If you engage in the above noted activity, please answer the following two questions (18b and 18c). If you do not engage in this activity and wouldn't like to, please respond to questions 18d and 18e. If you do not engage in this activity and would like to, please respond to questions 18g, 18h, 18i.

How much have you told your partner about:

18b. The way(s) you <u>like</u> tying up and/or restraining your partner?

Nothing at all						Everything	Decline response
1	2	3	4	5	6	7	DR

18c. The way(s) you <u>don't like</u> tying up and/or restraining your partner?

Nothing at all						Everything	Decline response
1	2	3	4	5	6	7	DR

18d. Does your partner want to engage in this sexual activity?

- Yes
- No
- I don't know
- Decline response

→ If your answer to 18d is 'yes' or 'I don't know' please answer the following two questions (18e, 18f).

18e. How much have <u>you</u> told your partner about what you don't like about this sexual activity?

Nothing at all						Everything	Decline response
1	2	3	4	5	6	7	DR

18f. How much has <u>your partner</u> told you about what they like about this sexual activity?

Nothing at all						Everything	Decline response
1	2	3	4	5	6	7	DR

18g. How much have you discussed what you like about this sexual activity with your partner?

Nothing at all						Everything	Decline response
1	2	3	4	5	6	7	DR

→ If your answer to 18g is 1 please answer the following two questions (18h, 18i).

18h. Why haven't you discussed your preferences to engage in this sexual activity with your partner?

(check all that apply)

- ☐ I know my partner doesn't want to engage in this sexual activity
- ☐ I worry that my partner will think my preference is abnormal
- ☐ My partner and I don't talk about what we like sexually
- ☐ Decline response
- ☐ None of the above

18i. Please describe any other reasons why you have not disclosed to your partner your preferences to engage in the above listed sexual activity.

19. <u>Being Spanked by Your Partner</u>

19a. Do you and your partner engage in this activity?

- o Yes -- and I like to
- o Yes – but I don't like to
- o No – but I'd like to
- o No – and I wouldn't like to
- o Decline Response

→ If you engage in the above noted activity, please answer the following two questions (19b and 19c). If you do not engage in this activity and wouldn't like to, please respond to questions 19d and 19e. If you do not engage in this activity and would like to, please respond to questions 19g, 19h, 19i.

How much have you told your partner about:

19b. The way(s) you <u>like</u> being spanked?

Nothing at all						Everything	Decline response
1	2	3	4	5	6	7	DR

19c. The way(s) you <u>don't like</u> being spanked?

Nothing at all						Everything	Decline response
1	2	3	4	5	6	7	DR

19d. Does your partner want to engage in this sexual activity?

- o Yes
- o No
- o I don't know
- o Decline response

→ If your answer to 19d is 'yes' or 'I don't know' please answer the following two questions (19e, 19f).

19e. How much have <u>you</u> told your partner about what you don't like about this sexual activity?

Nothing at all						Everything	Decline response
1	2	3	4	5	6	7	DR

19f. How much has <u>your partner</u> told you about what they like about this sexual activity?

Nothing at all						Everything	Decline response
1	2	3	4	5	6	7	DR

19g. How much have you discussed what you like about this sexual activity with your partner?

Nothing at all						Everything	Decline response
1	2	3	4	5	6	7	DR

→ If your answer to 19g is 1 please answer the following two questions (19h, 19i).

19h. Why haven't you discussed your preferences to engage in this sexual activity with your partner?

(check all that apply)

- ☐ I know my partner doesn't want to engage in this sexual activity
- ☐ I worry that my partner will think my preference is abnormal
- ☐ My partner and I don't talk about what we like sexually
- ☐ Decline response
- ☐ None of the above

19i. Please describe any other reasons why you have not disclosed to your partner your preferences to engage in the above listed sexual activity.

20. <u>Spanking Your Partner</u>

20a. Do you and your partner engage in this activity?

- o Yes -- and I like to
- o Yes – but I don't like to
- o No – but I'd like to
- o No – and I wouldn't like to
- o Decline Response

→ If you engage in the above noted activity, please answer the following two questions (20b and 20c). If you do not engage in this activity and wouldn't like to, please respond to questions 20d and 20e. If you do not engage in this activity and would like to, please respond to questions 20g, 20h, 20i.

How much have you told your partner about:

20b. The way(s) you <u>like</u> spanking your partner?

Nothing at all						Everything	Decline response
1	2	3	4	5	6	7	DR

20c. The way(s) you <u>don't like</u> spanking your partner?

Nothing at all						Everything	Decline response
1	2	3	4	5	6	7	DR

20d. Does your partner want to engage in this sexual activity?

- o Yes
- o No
- o I don't know
- o Decline response

→ If your answer to 20d is 'yes' or 'I don't know' please answer the following two questions (20e, 20f).

20e. How much have <u>you</u> told your partner about what you don't like about this sexual activity?

Nothing at all						Everything	Decline response
1	2	3	4	5	6	7	DR

20f. How much has <u>your partner</u> told you about what they like about this sexual activity?

Nothing at all						Everything	Decline response
1	2	3	4	5	6	7	DR

20g. How much have you discussed what you like about this sexual activity with your partner?

Nothing at all						Everything	Decline response
1	2	3	4	5	6	7	DR

→ If your answer to 20g is 1 please answer the following two questions (20h, 20i).

20h. Why haven't you discussed your preferences to engage in this sexual activity with your partner?

(check all that apply)

- ☐ I know my partner doesn't want to engage in this sexual activity
- ☐ I worry that my partner will think my preference is abnormal
- ☐ My partner and I don't talk about what we like sexually
- ☐ Decline response
- ☐ None of the above

20i. Please describe any other reasons why you have not disclosed to your partner your preferences to engage in the above listed sexual activity.

Think about your sexual relationship with your partner. For each question listed below click the number that best describes how much you communicated to your partner about the listed topic.

21a. The way(s) you <u>like</u> to be touched sexually

Nothing at all						Everything	Decline response
1	2	3	4	5	6	7	DR

21b. The way(s) you <u>don't like</u> to be touched sexually?

Nothing at all						Everything	Decline response
1	2	3	4	5	6	7	DR

22a. What you <u>like</u> about the amount of variety in your sex life?

Nothing at all						Everything	Decline response
1	2	3	4	5	6	7	DR

22b. What you <u>don't like</u> about the amount of variety in your sex life?

Nothing at all						Everything	Decline response
1	2	3	4	5	6	7	DR

23a. The sexual position(s) that you <u>like</u>?

Nothing at all						Everything	Decline response
1	2	3	4	5	6	7	DR

23b. The sexual position(s) that you <u>don't like</u>?

Nothing at all						Everything	Decline response
1	2	3	4	5	6	7	DR

24a. The way(s) that turn you on and <u>increase</u> your desire for sexual activity?

Nothing at all						Everything	Decline response
1	2	3	4	5	6	7	DR

24b. The way(s) that turn you off and <u>decrease</u> your desire for sexual activity?

Nothing at all						Everything	Decline response
1	2	3	4	5	6	7	DR

25a. The way(s) that turn you on and arouse you <u>during</u> sexual activity?

Nothing at all						Everything	Decline response
1	2	3	4	5	6	7	DR

25b. The way(s) that turn you off and decrease your arousal <u>during</u> sexual activity?

Nothing at all						Everything	Decline response
1	2	3	4	5	6	7	DR

26a. The amount of affection you like <u>after</u> sex?

Nothing at all						Everything	Decline response

1	2	3	4	5	6	7	DR

26b. The location(s) where you like to engage in sexual activity?

Nothing at all						Everything	Decline response
1	2	3	4	5	6	7	DR

27a. The way(s) your sexual difficulties negatively impact you?

Nothing at all						Everything	Decline response
1	2	3	4	5	6	7	DR

27b. The way(s) your partner can help reduce the impact of your sexual difficulties on you?

Nothing at all						Everything	Decline response
1	2	3	4	5	6	7	DR

Non-Verbal Sexual Communication

In a relationship, partners may communicate NON-VERBALLY with each other about what they like and dislike about their sexual interactions.

Think about your sexual relationship with your partner. For each question below, circle the number that best describes how much **you** communicated **non-verbally** to your partner about **your** sexual likes and dislikes.

How much have **you:**

1. Shown the way(s) you like to be touched?

Never						Very Frequently	Decline response
1	2	3	4	5	6	7	DR

2a. Moved your partners hand to **increase pleasure?**

Never						Very Frequently	Decline response
1	2	3	4	5	6	7	DR

2b. Moved your partners hand to **decrease discomfort**?

Never						Very Frequently	Decline response
1	2	3	4	5	6	7	DR

3a. Moved your body to **increase pleasure**?

Never						Very Frequently	Decline response
1	2	3	4	5	6	7	DR

3b. Moved your body to **decrease discomfort?**

Never						Very Frequently	Decline response
1	2	3	4	5	6	7	DR

4a. Moved to change positions to **increase pleasure?**

Never						Very Frequently	Decline response
1	2	3	4	5	6	7	DR

4b, Moved to change positions to **decrease discomfort**?

Never						Very Frequently	Decline response
1	2	3	4	5	6	7	DR

Body Exposure During Sexual Activities Questionnaire (Cash, 2004a; Hangen & Cash, 1991)

Below is a list of statements regarding thoughts and behaviors that an individual may experience or engage in during sexual relations. Read each statement carefully and identify how characteristic it is of you and your experiences during sexual activity. Indicate your honest answers by selecting the statement that is most applicable to you from "Never" to "Always or almost always".

1. During sexual activity I am thinking that my partner will notice something about my body that is a turn-off.

Never	Rarely	Sometimes	Often	Almost always or always	Decline Response
1	2	3	4	5	DR

2. During sex I worry that my partner will find aspects of my physique unappealing

Never	Rarely	Sometimes	Often	Almost always or always	Decline Response
1	2	3	4	5	DR

3. During sexual activity I am unaware of how my body looks.

Never	Rarely	Sometimes	Often	Almost always or always	Decline Response
1	2	3	4	5	DR

4. During sexual activity something about the way my body looks makes me feel inhibited.

Never	Rarely	Sometimes	Often	Almost always or always	Decline Response
1	2	3	4	5	DR

5. I am comfortable while being undressed by my partner.

Never	Rarely	Sometimes	Often	Almost always or always	Decline Response
1	2	3	4	5	DR

6. I prefer to keep my body hidden under a sheet or blanket during sex.

Never	Rarely	Sometimes	Often	Almost always or always	Decline Response
1	2	3	4	5	DR

7. I am comfortable with my partner looking at my genitals during sexual activity.

Never	Rarely	Sometimes	Often	Almost always or always	Decline Response
1	2	3	4	5	DR

8. When we're having sex, I worry that my partner will find my body repulsive.

Never	Rarely	Sometimes	Often	Almost always or always	Decline Response
1	2	3	4	5	DR

9. During sexual activity I worry that my partner will think the size or appearance of my sex organs is inadequate or unattractive.

Never	Rarely	Sometimes	Often	Almost always or always	Decline Response
1	2	3	4	5	DR

10. When it comes to my partner seeing me naked, I have nothing to hide.

Never	Rarely	Sometimes	Often	Almost always or always	Decline Response
1	2	3	4	5	DR

11. During sexual activity I have thoughts that my body looks sexy.

Never	Rarely	Sometimes	Often	Almost always or always	Decline Response
1	2	3	4	5	DR

12. I don't like my partner to see me completely naked during sexual activity.

Never	Rarely	Sometimes	Often	Almost always or always	Decline Response
1	2	3	4	5	DR

13. I expect my partner to be excited by seeing me without my clothes.

Never	Rarely	Sometimes	Often	Almost always or always	Decline Response
1	2	3	4	5	DR

14. I prefer to keep certain articles of clothing on during sex.

Never	Rarely	Sometimes	Often	Almost always or always	Decline Response
1	2	3	4	5	DR

15. I am self-conscious about my body during sexual activity.

Never	Rarely	Sometimes	Often	Almost always or always	Decline Response

1	2	3	4	5	DR

16. During sex I worry that my partner will find the appearance or odor of my genitals repulsive.

Never	Rarely	Sometimes	Often	Almost always or always	Decline Response
1	2	3	4	5	DR

17. During sexual activity I try to hide certain areas of my body.

Never	Rarely	Sometimes	Often	Almost always or always	Decline Response
1	2	3	4	5	DR

18. During sexual activity I keep thinking that parts of my body are too unattractive to be sexy.

Never	Rarely	Sometimes	Often	Almost always or always	Decline Response
1	2	3	4	5	DR

19. There are parts of my body I don't want my partner to see when we are having sex.

Never	Rarely	Sometimes	Often	Almost always or always	Decline Response
1	2	3	4	5	DR

20. During sexual activity I worry about what my partner thinks about how my body looks.

Never	Rarely	Sometimes	Often	Almost always or always	Decline Response
1	2	3	4	5	DR

21. During sexual activity I worry that my partner could be turned-off by how parts of my body feel to his/her touch.

Never	Rarely	Sometimes	Often	Almost always or always	Decline Response
1	2	3	4	5	DR

22. During sexual activity it's hard for me not to think about my weight.

Never	Rarely	Sometimes	Often	Almost always or always	Decline Response
1	2	3	4	5	DR

23. I feel self-conscious if the room is too well lit when I am having sex.

Never	Rarely	Sometimes	Often	Almost always or always	Decline Response

1	2	3	4	5	DR

24. I am generally comfortable having parts of my body exposed to my partner during sexual activity.

Never	Rarely	Sometimes	Often	Almost always or always	Decline Response
1	2	3	4	5	DR

25. During sex I enjoy having my partner look at my body.

Never	Rarely	Sometimes	Often	Almost always or always	Decline Response
1	2	3	4	5	DR

26. During sex there are certain poses or positions I avoid, because of the way my body would look at my partner.

Never	Rarely	Sometimes	Often	Almost always or always	Decline Response
1	2	3	4	5	DR

27. During sexual activity I am distracted by thoughts of how certain parts of my body look.

Never	Rarely	Sometimes	Often	Almost always or always	Decline Response
1	2	3	4	5	DR

28. Prior to or following sex, I am comfortable walking naked in my partner's view.

Never	Rarely	Sometimes	Often	Almost always or always	Decline Response
1	2	3	4	5	DR

Pubic Hair Removal Questions

1. Do you currently remove your pubic hair?

- Yes
- No
- Decline Response

2. Have you ever removed your pubic hair?

- Yes
- No
- Decline Response

3. How much of your pubic hair do you remove?

- A small amount
- Most
- All
- Decline Response

→ If you indicated that you have female-typical genitalia please fill answer the following questions

Female Genital Self-Image Scale (Herbernick & Reece, 2010)

Please rate how satisfied you are with the physical appearance of the following genital areas.

1. Colour of my vulva (i.e., external genitals)

Very dissatisfied	Dissatisfied	Neutral	Satisfied	Very satisfied	Decline Response
1	2	3	4	5	DR

2. Attractiveness of my vulva

Very dissatisfied	Dissatisfied	Neutral	Satisfied	Very satisfied	Decline Response
1	2	3	4	5	DR

3. The texture of my pubic hair

Very dissatisfied	Dissatisfied	Neutral	Satisfied	Very satisfied	Decline Response
1	2	3	4	5	DR

4. Amount of pubic hair

Very dissatisfied	Dissatisfied	Neutral	Satisfied	Very satisfied	Decline Response
1	2	3	4	5	DR

5. The tightness of my vagina

Very dissatisfied	Dissatisfied	Neutral	Satisfied	Very satisfied	Decline Response
1	2	3	4	5	DR

6. The attractiveness of my clitoris

Very dissatisfied	Dissatisfied	Neutral	Satisfied	Very satisfied	Decline Response
1	2	3	4	5	DR

7. Shape of my outer lips (i.e., labia majora)

Very dissatisfied	Dissatisfied	Neutral	Satisfied	Very satisfied	Decline Response
1	2	3	4	5	DR

8. Size of my outer lips (i.e., labia majora)

Very dissatisfied	Dissatisfied	Neutral	Satisfied	Very satisfied	Decline Response
1	2	3	4	5	DR

9. Shape of my inner lips (i.e., labia minora)

Very dissatisfied	Dissatisfied	Neutral	Satisfied	Very satisfied	Decline Response
1	2	3	4	5	DR

10. Size of my inner lips (i.e., labia minora)

Very dissatisfied	Dissatisfied	Neutral	Satisfied	Very satisfied	Decline Response
1	2	3	4	5	DR

11. Smell of my genitals

Very dissatisfied	Dissatisfied	Neutral	Satisfied	Very satisfied	Decline Response
1	2	3	4	5	DR

12. Overall appearance of my genitals

Very dissatisfied	Dissatisfied	Neutral	Satisfied	Very satisfied	Decline Response

→ If you indicated that you have male-typical genitalia please fill answer the following questions

Male Genital Self-Image Scale (Herbernick, Schick, Reece, Sanders & Fortenberry, 2013)

Please rate how satisfied you are with the physical appearance of the following genital areas.

1. Length of my non-erect penis

Very dissatisfied	Dissatisfied	Neutral	Satisfied	Very satisfied	Decline Response
1	2	3	4	5	DR

2. Length of my erect penis

Very dissatisfied	Dissatisfied	Neutral	Satisfied	Very satisfied	Decline Response
1	2	3	4	5	DR

3. Circumference of my non-erect penis

Very dissatisfied	Dissatisfied	Neutral	Satisfied	Very satisfied	Decline Response
1	2	3	4	5	DR

4. Circumference of my erect penis

Very dissatisfied	Dissatisfied	Neutral	Satisfied	Very satisfied	Decline Response
1	2	3	4	5	DR

5. Appearance of my non-erect penis

Very dissatisfied	Dissatisfied	Neutral	Satisfied	Very satisfied	Decline Response
1	2	3	4	5	DR

6. Appearance of my erect penis

Very dissatisfied	Dissatisfied	Neutral	Satisfied	Very satisfied	Decline Response
1	2	3	4	5	DR

7. Size of my testicles

Very dissatisfied	Dissatisfied	Neutral	Satisfied	Very satisfied	Decline Response
1	2	3	4	5	DR

8. Way my testicles "hang"

Very dissatisfied	Dissatisfied	Neutral	Satisfied	Very satisfied	Decline Response
1	2	3	4	5	DR

9. Appearance of my scrotum (i.e. sac)

Very dissatisfied	Dissatisfied	Neutral	Satisfied	Very satisfied	Decline Response
1	2	3	4	5	DR

10. Texture of my pubic hair

Very dissatisfied	Dissatisfied	Neutral	Satisfied	Very satisfied	Decline Response
1	2	3	4	5	DR

11. Appearance of my pubic hair

Very dissatisfied	Dissatisfied	Neutral	Satisfied	Very satisfied	Decline Response
1	2	3	4	5	DR

12. Smell of my genitals

Very dissatisfied	Dissatisfied	Neutral	Satisfied	Very satisfied	Decline Response
1	2	3	4	5	DR

13. Overall appearance of my genitals

Very dissatisfied	Dissatisfied	Neutral	Satisfied	Very satisfied	Decline Response
1	2	3	4	5	DR

14. Overall size of my penis

Very dissatisfied	Dissatisfied	Neutral	Satisfied	Very satisfied	Decline Response
1	2	3	4	5	DR

15. Do you have intact foreskin (i.e., you are not circumcised)?

- Yes
- No
- Decline Response

→ If you responded 'yes' to the above question, please answer the following two questions (16, 17).

16. My foreskin when my penis is erect

Very dissatisfied	Dissatisfied	Neutral	Satisfied	Very satisfied	Decline Response
1	2	3	4	5	DR

17. My foreskin when my penis is not erect

Very dissatisfied	Dissatisfied	Neutral	Satisfied	Very satisfied	Decline Response
1	2	3	4	5	DR

Interpersonal Exchange Model of Sexual Satisfaction (Lawrance, Byers, & Cohen, 2011)

Global Measure of Relationship Satisfaction

For the following questions think about how in general you describe your ***overall*** relationship with your partner?

1.	Very bad					Very good	Decline response
	1	2	3	4	5	6	DR
2.	Very Unpleasant					Very Pleasant	Decline response
	1	2	3	4	5	6	DR
3.	Very Negative					Very Positive	Decline response
	1	2	3	4	5	6	DR
4.	Very Unsatisfying					Very Satisfying	Decline response
	1	2	3	4	5	6	DR
5.	Worthless					Very Valuable	Decline response
	1	2	3	4	5	6	DR

Global Measure of Sexual Satisfaction

For the following questions think about how in general you describe your overall ***sexual relationship*** with your partner.

1.	Very bad					Very good	Decline response
	1	2	3	4	5	6	DR
2.	Very Unpleasant					Very Pleasant	Decline response
	1	2	3	4	5	6	DR

3.	Very Negative					Very Positive	Decline response
	1	2	3	4	5	6	DR
4.	Very Unsatisfying					Very Satisfying	Decline response
	1	2	3	4	5	6	DR
5.	Worthless					Very Valuable	Decline response
	1	2	3	4	5	6	DR

Sexual Exchanges Questions

When people think about their sexual relationship with their partner, most can think of both rewards and costs about their sexual relationship.

Rewards are things that are positive or pleasing: things they like about their sexual relationship
Costs are things that are negative or displeasing: things they don't like about their sexual relationship.

1. Think about the *rewards* that you have received in your *sexual relationship* with your partner within the past three months. How rewarding is your sexual relationship with your partner?

Not at all rewarding						Extremely rewarding	Decline response
0	1	2	3	4	5	6	DR

2. Think about the *costs* that you have received in your *sexual relationship* with your partner within the past three months. How costly is your sexual relationship with your partner?

Not at all rewarding						Extremely rewarding	Decline response
0	1	2	3	4	5	6	DR

Hurlberts Index of Sexual Compatibility (Hurlbert, White, Powell, & Apt, 1993)

1. My sexual beliefs are similar to those of my partner.

All of the time	Most of the time	Some of the time	Rarely	Never	Decline response
1	2	3	4	5	DR

2. I think my partner understands me sexually.

All of the time	Most of the time	Some of the time	Rarely	Never	Decline response
1	2	3	4	5	DR

3. My partner and I share the same sexual likes and dislikes.

All of the time	Most of the time	Some of the time	Rarely	Never	Decline response
1	2	3	4	5	DR

4. I think my partner desires too much sex.

All of the time	Most of the time	Some of the time	Rarely	Never	Decline response
1	2	3	4	5	DR

5. My partner is unwilling to do certain sexual things for me that I would like to experience.

All of the time	Most of the time	Some of the time	Rarely	Never	Decline response
1	2	3	4	5	DR

6. I feel comfortable during sex with my partner.

All of the time	Most of the time	Some of the time	Rarely	Never	Decline response
1	2	3	4	5	DR

7. I am sexually attracted to my partner.

All of the time	Most of the time	Some of the time	Rarely	Never	Decline response
1	2	3	4	5	DR

8. My partner sexually pleases me.

All of the time	Most of the time	Some of the time	Rarely	Never	Decline response
1	2	3	4	5	DR

9. My partner and I argue about the sexual aspects of our relationship.

All of the time	Most of the time	Some of the time	Rarely	Never	Decline response
1	2	3	4	5	DR

10. My partner and I share the same level of interest in sex.

All of the time	Most of the time	Some of the time	Rarely	Never	Decline response
1	2	3	4	5	DR

11. I feel uncomfortable engaging in some of the sexual activities that my partner desires.

All of the time	Most of the time	Some of the time	Rarely	Never	Decline response
1	2	3	4	5	DR

12. When it comes to sex, my ideas and values are different from those of my partner.

All of the time	Most of the time	Some of the time	Rarely	Never	Decline response
1	2	3	4	5	DR

13. I do not think I meet my partner's sexual needs.

All of the time	Most of the time	Some of the time	Rarely	Never	Decline response
1	2	3	4	5	DR

14. My partner and I enjoy the same sexual activities.

All of the time	Most of the time	Some of the time	Rarely	Never	Decline response
1	2	3	4	5	DR

15. When it comes to sex, my partner and I get along well.

All of the time	Most of the time	Some of the time	Rarely	Never	Decline response
1	2	3	4	5	DR

16. I think my partner is sexually attracted to me.

All of the time	Most of the time	Some of the time	Rarely	Never	Decline response
1	2	3	4	5	DR

17. My partner enjoys doing certain sexual things that I dislike.

All of the time	Most of the time	Some of the time	Rarely	Never	Decline response
1	2	3	4	5	DR

18. It is hard for me to accept my partners' views on sex.

All of the time	Most of the time	Some of the time	Rarely	Never	Decline response
1	2	3	4	5	DR

19. In our relationship, my partner places too much importance on sex.

All of the time	Most of the time	Some of the time	Rarely	Never	Decline response
1	2	3	4	5	DR

20. My partner and I disagree over the frequency in which we should have sex.

All of the time	Most of the time	Some of the time	Rarely	Never	Decline response
1	2	3	4	5	DR

21. I have the same sexual values as my partner.

All of the time	Most of the time	Some of the time	Rarely	Never	Decline response
1	2	3	4	5	DR

22. My partner and I share similar sexual fantasies.

All of the time	Most of the time	Some of the time	Rarely	Never	Decline response
1	2	3	4	5	DR

23. When it comes to sex, my partner is unwilling to do certain things that I would like to experience.

All of the time	Most of the time	Some of the time	Rarely	Never	Decline response
1	2	3	4	5	DR

24. I think I sexually satisfy my partner.

All of the time	Most of the time	Some of the time	Rarely	Never	Decline response
1	2	3	4	5	DR

25. My partner and I share about the same level of sexual desire.

All of the time	Most of the time	Some of the time	Rarely	Never	Decline response
1	2	3	4	5	DR

Use of Sexual Enhancers

Below is a list of sexual enhancers that individuals may use during solo (i.e., masturbation) or coupled (with a partner) sexual activities.

Please check all boxes that apply.

For example, if you use an external vibrator when you are engaging in solo sexual actives AND your partner uses it on you during coupled activities, you would check both "Solo Activity" and "My Partner Uses on Me"

1. External Vibrator

- ☐ Solo Use
- ☐ My partner uses on me
- ☐ Decline Response
- ☐ I use on my partner
- ☐ I don't use this

2. Internal Vibrator

- ☐ Solo Use
- ☐ My partner uses on me
- ☐ Decline Response
- ☐ I use on my partner
- ☐ I don't use this

3. Dildo (or other penetrative item)

- ☐ Solo Use
- ☐ My partner uses on me
- ☐ Decline Response
- ☐ I use on my partner
- ☐ I don't use this

4. Anal Beads or Butt Plugs

- ☐ Solo Use
- ☐ My partner uses on me
- ☐ Decline Response
- ☐ I use on my partner
- ☐ I don't use this

5. Artificial Vagina or Anus (e.g., pocket pussies)

- ☐ Solo Use
- ☐ My partner uses on me
- ☐ Decline Response
- ☐ I use on my partner
- ☐ I don't use this

6. Cock Ring

- ☐ Solo Use
- ☐ My partner uses on me
- ☐ Decline Response
- ☐ I use on my partner
- ☐ I don't use this

7. Lubricant

- ☐ Solo Use
- ☐ My partner uses on me
- ☐ Decline Response
- ☐ I use on my partner
- ☐ I don't use this

8. Erotic Material (e.g., videos, audio, stories)

- ☐ Solo Use
- ☐ My partner uses on me
- ☐ Decline Response
- ☐ I use on my partner
- ☐ I don't use this

9. Nipple Clamps or Suction Device

- ☐ Solo Use
- ☐ My partner uses on me
- ☐ Decline Response
- ☐ I use on my partner
- ☐ I don't use this

10. Kink toys (e.g., restraints, floggers)

- ☐ Solo Use
- ☐ My partner uses on me
- ☐ Decline Response
- ☐ I use on my partner
- ☐ I don't use this

→ If you indicated that you have experience vulvar pain on the Female Sexual Function Index, please fill answer the following questions

Vaginal Penetration Cognitions Questionnaire (Klaassen & Ter Kuile, 2009)

Women have various thoughts and feelings about vaginal penetration. Vaginal penetration means insertion of a penis, finger (yours or your partner's), tampon, and/or another object into the vagina. This questionnaire asks about your thoughts concerning vaginal penetration. The questionnaire consists of statements about vaginal penetration. You will be asked to indicate the extent to which each is applicable to you. Your thoughts about vaginal penetration are important and you can fill in this questionnaire completely regardless of whether or not penetration is possible or has ever been possible for you. There are no "good" or "bad" answers to the questions or statements. Your answer is the best when it reflects your own thoughts and feelings with regard to vaginal penetration.

Please select the answer that is most applicable to you. The possible answers range from '1 = not at all applicable' to '7 = very strongly applicable.'

The following is an example for clarification.

Example:

I have the following thoughts about vaginal penetration:

Thought

1. I am afraid that my vagina will not get moist (wet)

Not at all Applicable						Very Applicable	Decline response
1	2	3	4	5	6	7	DR

Suppose that you never have this thought, then you would select "1".

I have the following thoughts about vaginal penetration:

1. I am afraid that my vagina is too narrow for penetration.

Not at all Applicable						Very Applicable	Decline response
1	2	3	4	5	6	7	DR

2. I am afraid that I will lose control over the situation with penetration.

Not at all Applicable						Very Applicable	Decline response
1	2	3	4	5	6	7	DR

3. Penetration will give a good feeling.

Not at all Applicable						Very Applicable	Decline response
1	2	3	4	5	6	7	DR

4. Thinking about pain with penetration makes me very anxious.

Not at all Applicable						Very Applicable	Decline response
1	2	3	4	5	6	7	DR

5. Penetration is a moment of intimacy with my partner.

Not at all Applicable	Very Applicable	Decline response

1	2	3	4	5	6	7	DR

6. I am afraid I cannot do anything to change the pain from penetration.

Not at all Applicable						Very Applicable	Decline response
1	2	3	4	5	6	7	DR

7. I think about everything that can go wrong and fail with penetration.

Not at all Applicable						Very Applicable	Decline response
1	2	3	4	5	6	7	DR

8. I am afraid that I will panic during penetration.

Not at all Applicable						Very Applicable	Decline response
1	2	3	4	5	6	7	DR

9. If I had no pain, penetration would be possible.

Not at all Applicable						Very Applicable	Decline response
1	2	3	4	5	6	7	DR

10. I am afraid that penetration will become increasingly more difficult in the future.

Not at all Applicable						Very Applicable	Decline response
1	2	3	4	5	6	7	DR

11. I am only a complete woman when penetration is successful.

Not at all Applicable						Very Applicable	Decline response
1	2	3	4	5	6	7	DR

12. Penetration is a part of love.

Not at all Applicable						Very Applicable	Decline response
1	2	3	4	5	6	7	DR

13. I am afraid that pain with penetration will become more terrible in the future.

Not at all Applicable						Very Applicable	Decline response
1	2	3	4	5	6	7	DR

14. I feel "dirty" with penetration.

Not at all Applicable						Very Applicable	Decline response
1	2	3	4	5	6	7	DR

15. I am a poor partner when penetration fails.

Not at all Applicable						Very Applicable	Decline response
1	2	3	4	5	6	7	DR

16. Penetration surely won't succeed.

Not at all Applicable						Very Applicable	Decline response
1	2	3	4	5	6	7	DR

17. I am afraid that the inside of my vagina will be damaged by penetration.

Not at all Applicable						Very Applicable	Decline response
1	2	3	4	5	6	7	DR

18. I will become sexually aroused with penetration.

Not at all Applicable						Very Applicable	Decline response
1	2	3	4	5	6	7	DR

19. Penetration gives an "unpleasant" feeling in my vagina.

Not at all Applicable						Very Applicable	Decline response
1	2	3	4	5	6	7	DR

20. I will be able to have a sex life with penetration in the future.

Not at all Applicable						Very Applicable	Decline response
1	2	3	4	5	6	7	DR

21. Feeling my vagina with my own finger is scary.

Not at all Applicable						Very Applicable	Decline response
1	2	3	4	5	6	7	DR

22. My partner's penis is too big for my vagina.

Not at all Applicable						Very Applicable	Decline response
1	2	3	4	5	6	7	DR

23. I can easily let go of any unpleasant thoughts about penetration.

Not at all Applicable						Very Applicable	Decline response
1	2	3	4	5	6	7	DR

24. Penetration will give a feeling of pleasure.

Not at all Applicable						Very Applicable	Decline response
1	2	3	4	5	6	7	DR

25. I am afraid that what goes into my vagina possibly cannot come out.

Not at all Applicable						Very Applicable	Decline response
1	2	3	4	5	6	7	DR

26. I am the only one in the world for whom penetration is unsuccessful.

Not at all Applicable						Very Applicable	Decline response
1	2	3	4	5	6	7	DR

27. During penetration I experience a sense of control.

Not at all Applicable						Very Applicable	Decline response
1	2	3	4	5	6	7	DR

28. My vagina is abnormally shaped.

Not at all Applicable						Very Applicable	Decline response
1	2	3	4	5	6	7	DR

29. I am afraid of cramping up with penetration.

Not at all Applicable						Very Applicable	Decline response
1	2	3	4	5	6	7	DR

30. I feel guilty when penetration is not possible.

Not at all Applicable						Very Applicable	Decline response
1	2	3	4	5	6	7	DR

31. I can control the pain with penetration.

Not at all Applicable						Very Applicable	Decline response
1	2	3	4	5	6	7	DR

32. The pain with penetration is caused by an illness, infection or inflammation.

Not at all Applicable						Very Applicable	Decline response
1	2	3	4	5	6	7	DR

33. Penetration will result in an orgasm.

Not at all Applicable						Very Applicable	Decline response
1	2	3	4	5	6	7	DR

34. I am afraid that when penetration does not succeed, my partner will leave me/I will never have a partner.

Not at all Applicable						Very Applicable	Decline response
1	2	3	4	5	6	7	DR

35. My mind says "yes," but my body says "no" to penetration.

Not at all Applicable						Very Applicable	Decline response
1	2	3	4	5	6	7	DR

36. I am afraid that I can have no influence on what happens with penetration.

Not at all Applicable						Very Applicable	Decline response
1	2	3	4	5	6	7	DR

37. Penetration will not give me pain.

Not at all Applicable						Very Applicable	Decline response
1	2	3	4	5	6	7	DR

38. It feels frightening that I do not know what happens in my body with penetration.

Not at all Applicable						Very Applicable	Decline response
1	2	3	4	5	6	7	DR

40. I have concerns about penetration that I cannot get off my mind.

Not at all Applicable						Very Applicable	Decline response
1	2	3	4	5	6	7	DR

41. Even if penetration does not succeed, I am still a good sexual partner.

Not at all Applicable						Very Applicable	Decline response
1	2	3	4	5	6	7	DR

→ If you indicated that you have experience anal pain on the anal pain questionnaire, please fill answer the following questions

Anal Penetration Cognitions Questionnaire (adapted from the VPCQ; Klaassen & Ter Kuile, 2009)

Individuals have various thoughts and feelings about anal penetration. Anal penetration means insertion of a penis, finger (yours or your partner's), and/or another object into the anus. This questionnaire asks about your thoughts concerning anal penetration. The questionnaire consists of statements about anal penetration. You will be asked to indicate the extent to which each is applicable to you. Your thoughts about anal penetration are important and you can fill in this questionnaire completely regardless of whether or not penetration is possible or has ever been possible for you. There are no "good" or "bad" answers to the questions or statements. Your answer is the best when it reflects your own thoughts and feelings with regard to anal penetration.

Please select the answer that is most applicable to you. The possible answers range from '1 = not at all applicable' to '7 = very strongly applicable.'

The following is an example for clarification.

Example:

I have the following thoughts about anal penetration:

Thought

1. I am afraid that my anus will be too tight

Not at all Applicable						Very Applicable	Decline response
1	2	3	4	5	6	7	DR

Suppose that you never have this thought, then you would select "1".

I have the following thoughts about anal penetration:

1. I am afraid that my anus is too narrow for penetration.

Not at all Applicable						Very Applicable	Decline response
1	2	3	4	5	6	7	DR

2. I am afraid that I will lose control over the situation with penetration.

Not at all Applicable						Very Applicable	Decline response
1	2	3	4	5	6	7	DR

3. Penetration will give a good feeling.

Not at all Applicable						Very Applicable	Decline response
1	2	3	4	5	6	7	DR

4. Thinking about pain with penetration makes me very anxious.

Not at all Applicable						Very Applicable	Decline response
1	2	3	4	5	6	7	DR

5. Penetration is a moment of intimacy with my partner.

Not at all Applicable						Very Applicable	Decline response
1	2	3	4	5	6	7	DR

6. I am afraid I cannot do anything to change the pain from penetration.

Not at all Applicable						Very Applicable	Decline response
1	2	3	4	5	6	7	DR

7. I think about everything that can go wrong and fail with penetration.

Not at all Applicable						Very Applicable	Decline response
1	2	3	4	5	6	7	DR

8. I am afraid that I will panic during penetration.

Not at all Applicable						Very Applicable	Decline response
1	2	3	4	5	6	7	DR

9. If I had no pain, penetration would be possible.

Not at all Applicable						Very Applicable	Decline response
1	2	3	4	5	6	7	DR

10. I am afraid that penetration will become increasingly more difficult in the future.

Not at all Applicable						Very Applicable	Decline response
1	2	3	4	5	6	7	DR

11. I am only a complete woman when penetration is successful.

Not at all Applicable						Very Applicable	Decline response
1	2	3	4	5	6	7	DR

12. Penetration is a part of love.

Not at all Applicable						Very Applicable	Decline response
1	2	3	4	5	6	7	DR

13. I am afraid that pain with penetration will become more terrible in the future.

Not at all Applicable						Very Applicable	Decline response
1	2	3	4	5	6	7	DR

14. I feel "dirty" with penetration.

Not at all Applicable						Very Applicable	Decline response
1	2	3	4	5	6	7	DR

15. I am a poor partner when penetration fails.

Not at all Applicable						Very Applicable	Decline response
1	2	3	4	5	6	7	DR

16. Penetration surely won't succeed.

Not at all Applicable						Very Applicable	Decline response
1	2	3	4	5	6	7	DR

17. I am afraid that the inside of my anus will be damaged by penetration.

Not at all Applicable Very Applicable Decline response
1 2 3 4 5 6 7 DR

18. I will become sexually aroused with penetration.
Not at all Applicable Very Applicable Decline response
1 2 3 4 5 6 7 DR

19. Penetration gives an "unpleasant" feeling in my anus.
Not at all Applicable Very Applicable Decline response
1 2 3 4 5 6 7 DR

20. I will be able to have a sex life with penetration in the future.
Not at all Applicable Very Applicable Decline response
1 2 3 4 5 6 7 DR

21. Feeling my anus with my own finger is scary.
Not at all Applicable Very Applicable Decline response
1 2 3 4 5 6 7 DR

22. My partner's penis is too big for my anus.
Not at all Applicable Very Applicable Decline response
1 2 3 4 5 6 7 DR

23. I can easily let go of any unpleasant thoughts about penetration.
Not at all Applicable Very Applicable Decline response
1 2 3 4 5 6 7 DR

24. Penetration will give a feeling of pleasure.
Not at all Applicable Very Applicable Decline response
1 2 3 4 5 6 7 DR

25. I am afraid that what goes into my anus possibly cannot come out.
Not at all Applicable Very Applicable Decline response
1 2 3 4 5 6 7 DR

26. I am the only one in the world for whom penetration is unsuccessful.
Not at all Applicable Very Applicable Decline response
1 2 3 4 5 6 7 DR

27. During penetration I experience a sense of control.
Not at all Applicable Very Applicable Decline response
1 2 3 4 5 6 7 DR

28. My anus is abnormally shaped.
Not at all Applicable Very Applicable Decline response
1 2 3 4 5 6 7 DR

29. I am afraid of cramping up with penetration.

Not at all Applicable						Very Applicable	Decline response
1	2	3	4	5	6	7	DR

30. I feel guilty when penetration is not possible.

Not at all Applicable						Very Applicable	Decline response
1	2	3	4	5	6	7	DR

31. I can control the pain with penetration.

Not at all Applicable						Very Applicable	Decline response
1	2	3	4	5	6	7	DR

32. The pain with penetration is caused by an illness, infection or inflammation.

Not at all Applicable						Very Applicable	Decline response
1	2	3	4	5	6	7	DR

33. Penetration will result in an orgasm.

Not at all Applicable						Very Applicable	Decline response
1	2	3	4	5	6	7	DR

34. I am afraid that when penetration does not succeed, my partner will leave me/I will never have a partner.

Not at all Applicable						Very Applicable	Decline response
1	2	3	4	5	6	7	DR

35. My mind says "yes," but my body says "no" to penetration.

Not at all Applicable						Very Applicable	Decline response
1	2	3	4	5	6	7	DR

36. I am afraid that I can have no influence on what happens with penetration.

Not at all Applicable						Very Applicable	Decline response
1	2	3	4	5	6	7	DR

37. Penetration will not give me pain.

Not at all Applicable						Very Applicable	Decline response
1	2	3	4	5	6	7	DR

38. It feels frightening that I do not know what happens in my body with penetration.

Not at all Applicable						Very Applicable	Decline response
1	2	3	4	5	6	7	DR

40. I have concerns about penetration that I cannot get off my mind.

Not at all Applicable						Very Applicable	Decline response
1	2	3	4	5	6	7	DR

41. Even if penetration does not succeed, I am still a good sexual partner.

Not at all Applicable						Very Applicable	Decline response
1	2	3	4	5	6	7	DR

Feedback and Contact Information

Is there anything else that you and/or your partner do to help cope with your sexual concern(s).

Thank you for your participation!

1. Would you like to be entered into a draw to win $50?

If you select yes, you will be redirected on the next page to a webpage (that is not linked to your survey responses) where you can enter your email address.

- Yes
- No
- Decline Response

2. We are also interested in how sexual problems and sexual well-being change over time, would you like to sign up for Part 2 (a shortened follow-up survey) that will take place in approximately 12-weeks?

If you select yes, you will be asked to create a unique identifier below to link your responses together, this will allow us to protect your anonymity. You will be directed to a separate webpage on the next page where you can enter an email address for us to contact you regarding future studies. This separate webpage will not be linked to your survey responses.

- Yes
- No
- Decline Response

Unique Identifier:

1. First two letters of your mothers' maiden name: _____
2. What day were you born (e.g., if you were born Sept 22 then select 22): _____
3. First two letters of the city you were born in: _____

3. Would you like to invite your partner to participate in this study?

If your partner is interested in filling out the partner portion of the survey, your information will be linked to your partner using a unique "partner code" consisting of information about you and your partner that you are both likely to know. Please remember that this information contains no identifying information and will not be linked to you in any way, other than to connect your confidential responses to your partner's confidential responses.

After you create your unique code and click next at the bottom of the page you will be redirected to a separate webpage that is not linked to your survey responses. On the separate webpage, you will be asked to enter your partners' email.

- Yes
- No
- Decline Response

Your information will be linked to the responses you made on the previous survey (during Time 1) using the following unique code. Please remember that this information contains no identifying information and will not be linked to you in any way, other than to connect your confidential responses together.

Unique Partner Identifier: _____
1. What are the first two letters of your first name: _____
2. What is the month of your birthday: _____
3. What are the first two letters of your partners' first name: _____
4. What is the month of your partners' birthday: _____

Thank you for answering these questions, your time is greatly appreciated. If there were questions that you had problems with, language you felt was not inclusive, or areas that we did not ask enough questions about, please let us know in the space below

If you have any feedback about our survey that can help us for future surveys, please comment below.

Appendix E

Debriefing Form Study One

SEXUAL PROBLEMS & SEXUAL WELL-BEING IN DIVERSE COUPLES

The purpose of this study was to investigate sexual communication between partners about sexual likes and dislikes, how partners respond to sexual concerns, body image, sexual enhancer use, relationship and sexual functioning, and psychological and social well-being in men and women in same-sex and mixed-sex relationships. The information gathered from this study could potentially have implications for the future of sex therapy by informing sex therapists about helping diverse who are distressed by their sexual problems.

This study was conducted for educational purposes. We recruited two main groups of participants: same-sex and other-sex oriented individuals. All participants were over the age of 18 and were fluent in English.

As stated previously, all information that you provided throughout the study is confidential. The research team members working directly on this project are the only individuals who have access to your responses, and they will not link your name with your responses. If you provide your email address in the prize draw, your email address will not be linked to the data you provided. Your data and email address are saved in two different databases. If you provide your email address, it will only be used to contact you in the case that you win a prize draw. If have any questions, please contact the Sexual Health Research Laboratory at (613) 533-3276 or sex.lab@queensu.ca.

Thank you for your participation in this study – it is greatly appreciated. Should you have any further questions, comments or concerns, or wish to obtain more information, please do not hesitate to contact Stephanie Gauvin (e-mail: sexlab.ca), or Dr. Caroline Pukall (phone: (613) 533-3200; e-mail: caroline.pukall@queensu.ca). Any ethical concerns about the study may be directed to the Chair of the General Research Ethics Board at chair.GREB@queensu.ca or 613-533-6081. If you would like more information about sexual health or sexual functioning, please visit the following websites or contact our research team.

- **www.sexlab.ca**
- **http://www.sexualityandu.com/index_e.aspx**

Some of the questions in this survey were sensitive in nature. If you are feeling distressed, please consult the following sources for help:

- **Telehealth Ontario**: 1-866-797-0000
- **Frontenac Community Mental Health Services:** (24-hour crisis line): (613) 544-4229
- **Lanark Leeds and Grenville Mental Health Crisis Line:** 1-866-281-2911
- **Lennox & Addington Community Crisis Centre:** (613) 354-7388
- **Telephone Aid Line Kingston (TALK):** (613) 544-1771
- **Sexual Health Resource Centre:** (613) 533-2959

Appendix F

The SexFlex Scale

Thinking about when you experience a sexual challenge (which include different sexual preferences than your partner, sexual communication, sexual desire, sexual pain, performance anxiety, arousal difficulties, orgasming too slow or too quick, etc.) select the point that reflects how frequently you respond in the way indicated.

When confronted with my sexual difficulty:

1. I can easily change my approach to sex if necessary because of my sexual problem(s).

Seldom or never	Sometimes	Often	Almost always	Decline response
1	2	3	4	DR

2. I think of different options for sex when my normal sexual routine is not successful because of my sexual problem(s).

Seldom or never	Sometimes	Often	Almost always	Decline response
1	2	3	4	DR

3. I immediately change my approach to sex if a certain approach doesn't work.

Seldom or never	Sometimes	Often	Almost always	Decline response
1	2	3	4	DR

4. I adjust my strategy for coping with my sexual problem as soon as I notice that my approach fails.

Seldom or never	Sometimes	Often	Almost always	Decline response
1	2	3	4	DR

5. I think about the effort that it will take to achieve pleasurable sex with my sexual problem(s).

Seldom or never	Sometimes	Often	Almost always	Decline response
1	2	3	4	DR

6. I am flexible in my approach towards sex.

Seldom or never	Sometimes	Often	Almost always	Decline response
1	2	3	4	DR

7. I question myself what aspects of sex are really important to me (e.g., penetration, oral sex, etc).

Seldom or never	Sometimes	Often	Almost always	Decline response
1	2	3	4	DR

8. I usually take some time to think about what I am going to do if my sexual problem(s) arise during sexual activities.

Seldom or never	Sometimes	Often	Almost always	Decline response
1	2	3	4	DR

9. I question myself whether my approach to my sexual problem(s) is the best solution.

Seldom or never	Sometimes	Often	Almost always	Decline response
1	2	3	4	DR

10. I easily think of a different approach to my sex that suits my changing sexual situation.

Seldom or never	Sometimes	Often	Almost always	Decline response
1	2	3	4	DR

Appendix G

Alternate Analyses Chapter Two

SexFlex Alternate Analyses

Exploratory Factor Analysis with Subsample B.

Table AG-1

Varimax Rotation Factor Loadings for the SexFlex Scale

	Item	Factor	
		1	**2**
1.	I can easily change my approach to sex if necessary because of my sexual problem(s)	**.822**	
2.	I think of different options for sex when my normal sexual routine is not successful because of my sexual problem(s)	**.760**	
3.	I immediately change my approach to sex if a certain approach doesn't work	**.743**	
4.	I adjust my strategy for coping with my sexual problem as soon as I notice that my approach fails	**.791**	
5.	I think about the effort that it will take to achieve pleasurable sex with my sexual problem(s)		**.489**
7.	I am flexible in my approach towards sex	**.650**	
8.	I question myself what aspects of sex are really important to me (e.g., penetration, oral sex, etc.)		**.520**
10.	I usually take some time to think about what I am going to do if my sexual problem(s) arise during sexual activities		**.658**
11.	I question myself whether my approach to my sexual problem(s) is the best solution		**.777**
13.	I easily think of a different approach to sex that suits my changing sexual situation	**.744**	

Confirmatory Factor Analysis with Subsample A.

Table AG-2

Model Fit Indices for the SexFlex Scale

χ^2	*Df*	χ^2/df	RMSEA	SRMR	CFI
137.07	34	4.03	.081	.052	.95

Note. RMSEA = Root Mean Square Error Approximation; SRMR = Standardized Root Mean Square Residual; CFI = Comparative Fit Index

Partner Response Scale Alternate Analyses

Exploratory Factor Analysis with Subsample B.

Table AG-3

Varimax Rotation Factor Loadings for the Partner Response Scale

Item	**Current Study Factor Loadings**				
	1	**2**	**3**	**4**	**5**
Tries to involve me in current sexual activities	.92				
Asks me how he/she/ze/they can help with my sexual difficulty/difficulties	.79				
Encourages me to engage in non-distressing sexual activities	.77				
Does something to help me focus on the pleasurable sensation rather than my sexual difficulty/difficulties	.74				
Offers suggestions to reduce how my sexual difficulty/difficulties interfere with our sexual activities (e.g., using a lubricant, trying a different sexual position, setting a more romantic mood, etc.)	.77				
Seems happy that I am engaging in sexual activities	.67				
Talks to me to take my mind off my sexual difficulty/difficulties	.61				
Comforts me	.47				
Expresses frustration at me		.95			
Expresses irritation at me		.94			
Expresses anger at me		.93			

Ignores me	.76				
Says nice things to me		.92			
Smiles at me		.91			
Tells me that he/she/ze/they loves me		.92			
Hug and/or kisses me		.77			
Suggests we stop having intercourse			.89		
Suggests we stop engaging in current sexual activity			.87		
Suggests we turn on the T.V. or sleep			.73		
Warns me I might hurt or upset myself if I engage in sexual activities				.87	
Seems to worry about me because I am engaging in sexual activities				.94	

Confirmatory Factor Analysis with Subsample A.

Table AG-4

Model Fit Indices for the Partner Response Scale

χ^2	*Df*	χ^2/df	RMSEA	SRMR	CFI
705.24	179	3.93	.078	.061	.92

Note. RMSEA = Root Mean Square Error Approximation; SRMR = Standardized Root Mean Square Residual; CFI = Comparative Fit Index

Appendix H

Advertisements Study Two

Website Listings/Social Media (e.g., Facebook, Twitter, Reddit)

Seeking participants in intimate romantic relationships who have been dating a minimum of three months for an online study on sexual problems and sexual well-being. We are looking for participants in diverse relationships with or without sexual problems or concerns. Participants must be 18 years of age or older and able to read and write in English. Completion of online questionnaires to assess sexual communication, psychological well-being, and sexual and relationship functioning will take 15 to 20 minutes. For more information about this study, contact the Sex Lab by telephone (613) 533-3276 or email sex.lab@queensu.ca. All inquiries are completely confidential.

Shorter versions of this ad will be posted if word limits dictate length of ad (e.g., 40 character limit for Twitter).

Appendix I

Letter of Information and Consent Form Study Two

Letter of Information

Sexual Problems & Sexual Well-Being in Diverse Couples

PLEASE NOTE: To print a copy of this letter of information so that you may refer back to it throughout the survey, please select 'print' in your browser window now. You may also request a digital copy by emailing sex.lab@queensu.ca.

Investigators:

Caroline Pukall, Ph.D., Professor, Department of Psychology, Queen's University
Stéphanie Gauvin, B.Sc., M.Sc. Student, Department of Psychology, Queen's University

Introduction:

You are being invited to participate in a research study directed by researchers in the Department of Psychology at Queen's University in Kingston. This study seeks to understand more about common sexual concerns that individuals in diverse relationships experience, and how individuals copes with these concerns. As well, we are interested in how individuals communicate to their partner about their sexual likes and dislikes. Sexual problems can be distressing for individuals, and they can negatively impact physical, psychological, and interpersonal well-being. We are interested in learning more about the shared and unique ways that diverse couples communicate about sexual interactions. We hope this information will help inform sex and couples therapists when interacting with diverse couples who are distressed by their sexual problems.

Purpose of the Study:

The purpose of the study is to examine (1) communication between partners about sexual likes and dislikes, (2) how individuals cope with sexual concerns, (3) relationship and sexual function, and (4) psychological and social well-being of men and women in diverse relationships.

Eligibility:

In order to participate, you must be in a committed romantic relationship for at least three months. We invite men and women from diverse backgrounds with or without sexual concerns, to participate. For all participants, you must speak, read, and write English fluently, and be 18 years of age or older.

Study Procedures:

Your participation in this study is voluntary and you are free to withdraw at any time by simply closing your web browser. Should you choose to participate, you will complete a variety of questionnaires online. The questionnaires will take approximately 15-20 minutes to complete and will contain questionnaires asking for information on sociodemographic information (e.g., age, education), mental health, coping flexibility, sexual functioning and distress, sexual communication with your partner, sexual and relationship satisfaction, and use of sexual enhancers (e.g., sex toys). Members of the research team will be available by phone and e-mail to answer any questions that you may have about the questionnaires and/or the study.

You are able to go back to previously completed pages by pressing the Back button. If you cannot complete all of the survey in one sitting, you may click on the Save and Exit button. You will be given a URL to use when you wish to resume the survey. You may copy this link yourself, or you may choose to have the survey program e-mail you the link. If you Save and Exit, you MUST use this link to resume.

This study has been granted clearance according to the recommended principles of Canadian ethics guidelines and Queen's University ethics policies.

Compensation:

As a thank you for your time and effort, upon completing the survey you will be entered into a draw to win 1 of 4 $50 CAD cash prizes. If there are any parts of the survey you do not wish to complete, you can select the 'decline response' option, and you will still be entered into the draw to win 1 of 4 $50 CAD cash prizes.

Advantages of Participating in this Study:

There are no direct benefits of participating in this study. The information gathered in the study may help increase our understanding of how sexual problems affect sexual well-being, and how diverse couples communicate and respond to each other during sexual interactions.

Disadvantages of Participating in this Study:

There are no known physical, psychological, economic, or social risks associated with participating in this study. However, some of the questions cover intimate topics, such as mental health, sexual functioning, and questions that will ask you to reflect on your sexual relationship with your partner. Due to the intimate nature of the survey items, you may come across questions that you find too personal, unpleasant to think about, or perhaps objectionable. Keep in mind that you can leave the items you do not wish to answer blank; there will be a decline response option for each question. You may also withdraw from the study at any time.

Confidential Nature of this Study:

Your participation in this study is strictly confidential. The investigators will take all reasonable measures to protect the confidentiality of your records. At no point during the questionnaire do we ask for personal information that can be identifying (e.g., name, address, city). You will not be identified in any publication or reports of this research; data will be aggregated in all reports of this study. All answers are strictly confidential and will be kept safe on a private and secure server located at Queen's University.

Discontinuation of this Study:

You are under no obligation to participate in this study, and your acceptance or refusal will not affect access to services. Furthermore, you may choose to withdraw at any time without penalty, and you may refuse to answer any of the questions that you are asked without providing an explanation for your refusal to answer. All of the questions have a "decline response" option that you may choose should you decide that you do not want to provide an answer. Should you wish to withdraw from the study you can do so at any time by either closing the browser window, or selecting 'decline response' for the remaining questions. If you discontinue your participation by closing the browser window, however you will not have access to the study's Debriefing Form, which provides more information about the study.

If you would like further information about the study, or have additional questions or concerns about the content of the survey, these may be directed to Stéphanie Gauvin at sex.lab@queensu.ca or her supervisor, Dr. Caroline Pukall, at caroline.pukall@queensu.ca. Any ethical concerns about the study may be directed to the Queen's University General Research Ethics Board, by phone: 613-533-6081, or email: GREB@queensu.ca

The questions included in this survey are for research purposes only, and will be kept completely confidential. They are not meant to diagnose a psychological disorder or be in any way meant to

determine whether you need psychological treatment. That being said, some of the questions in this survey are sensitive in nature. If you are feeling distressed, please consult the following sources for help.

Telehealth Ontario: 1-866-797-0000

Canadian Mental Health Association: http://www.cmha.ca/mental-health/find-help/

National Alliance on Mental Illness: http://www.nami.org/Template.cfm?section=Find_Support

National Hopeline Network: 1-800-422-4673

IMAlive Online Crisis Center: http://www.hopeline.com/imaliveocc.html

Ottawa and Area Crisis Line (24 hour crisis line): 1-866-722-0991

Frontenac Community Mental Health Services (24-hour crisis line): (613) 544-4229

http://www.sexualityandu.com/index_e.aspx

Consent Form

Sexual Problems & Sexual Well-Being in Diverse Couples

Please read the following with regards to your participation in the study entitled 'Sexual Problems & Sexual Well-Being in Diverse Couples'.

I consent to the information contained in the Letter of Information and understand what is required for participation in the study. I understand that I will complete a series of questions online. I also understand that research assistants are available by telephone or e-mail should I have any questions or require further information about any aspect of the study. I understand that some of the questions are quite personal in nature, and that some of them concern sensitive topics. I understand that my participation in the study is completely voluntary and that I am free to withdraw at any time. I understand that to withdraw from the study, I may select 'decline response' for any and all remaining questions. I also understand that my confidentiality will be protected throughout the study, and that the information I provide will be available only to researchers with relevant scholarly interests.

As a thank you for my time and effort, upon completing the survey I will be entered into a draw to win 1 of 4 $50 CAD cash prizes. If there are any parts of the survey I do not wish to complete, I can select the 'decline response' option, and I will still be entered into a draw to win 1 of 4 $50 CAD cash prizes.

Should I have further questions, I understand that I can contact any of the following individuals:

For questions related to the survey or the research goals:

- **Stéphanie Gauvin** (613-533-3276; **sex.lab@queensu.ca**), Master's Student, Department of Psychology, Queen's University
- **Dr. Caroline Pukall** (613-533-3200; **caroline.pukall@queensu.ca**), Professor, Department of Psychology, Queen's University

For questions related to ethical considerations:

- **General Research Ethics Board**, Queen's University, (613-533-6081; **GREB@queensu.ca**)

I have read the above statements and freely consent to participate in this research:

☐ Yes

☐ No

Appendix J

Questionnaire Study Two

Demographic Questionnaire

Age

*Participants who are below the age of 18 are not eligible to participate

1. How old are you? _____

Gender Identity and Sex

2. What is your gender identification?

- Man
- Woman
- Cisgender: feel gender matches born sex (e.g., born male, identify as a man)
- Transgender: feel gender differs from born sex (e.g., born male, identify as a women)
- Other (please specify): _____
- Decline Response
- **Sexual Orientation and Relationship Factors**

*Participants who are not in a relationship are ineligible to participate

3. Are you currently in a romantic relationship? Yes No

*Participants must have been with their current partner for a minimum of three months to participate

4. How long have you been with your current partner? _____ (years) _____(months)

5. Which of the following best describes your current relationship status?

- Casually dating
- Dating partner (regularly)
- Dating partner – long distance
- Living with partner
- Married/common law/bound by commitment ceremony
- Decline Response
- Other (please specify): _____

6. What is your sexual orientation?

- Heterosexual
- Gay/Lesbian
- Bisexual
- Pansexual
- Queer
- Asexual
- Decline Response
- Other (please specify): _____

7. What is the gender identification of your partner? Please check all that apply.

- ☐ Man
- ☐ Woman
- ☐ Cisgender: feel gender matches born sex (e.g., born male, identify as a man)
- ☐ Transgender: feel gender differs from born sex (e.g., born male, identify as a woman)
- ☐ Decline Response
- ☐ Other (please specify): _____

8. What sexual orientation does your partner identify with?

- o Heterosexual
- o Gay/Lesbian
- o Bisexual
- o Pansexual
- o Queer
- o Asexual
- o Decline Response
- o Other (please specify): _____

Ethnicity

9. What is your place of birth?

- o Canada
- o United States
- o Eastern Europe
- o Western Europe
- o Africa
- o Asia
- o Australia
- o Middle East
- o Latin/South America
- o Caribbean
- o Decline Response
- o Other, please specify: _____

10. Where do you currently live?

- o Canada
- o United States
- o Eastern Europe
- o Western Europe
- o Africa
- o Asia
- o Australia
- o Middle East
- o Latin/South America
- o Caribbean
- o Decline Response
- o Other, please specify: _____

11. What ethnic origin or cultural group do you identify with? Please check all that apply.

- ☐ North American Aboriginal
- ☐ Canadian
- ☐ American
- ☐ French Canadian
- ☐ Québécois(e)
- ☐ Acadian
- ☐ Mexican
- ☐ British Isles
- ☐ French
- ☐ Western European (except France)
- ☐ Northern European (except British Isles)
- ☐ Eastern European
- ☐ Southern European
- ☐ Caribbean
- ☐ Latin American
- ☐ Central American
- ☐ South American
- ☐ Central African
- ☐ West African
- ☐ North African
- ☐ Southern African
- ☐ East African
- ☐ West Central Asian
- ☐ Middle Eastern Asian
- ☐ Russian
- ☐ South Asian
- ☐ East Asian
- ☐ Southeast Asian
- ☐ Australian
- ☐ New Zealander
- ☐ Pacific Islands
- ☐ Decline Response
- ☐ Other, please specify: _____

12. Do you self-identify as belonging to any of the following visible minority groups? Check all that apply.

- ☐ South Asian
- ☐ Chinese
- ☐ Black
- ☐ Filipino
- ☐ Latin American
- ☐ Arab
- ☐ Southeast Asian
- ☐ West Asian
- ☐ Korean
- ☐ Japanese
- ☐ Visible minority not included elsewhere
- ☐ None of the Above
- ☐ Decline Response
- ☐ Other, please specify: _____

Socioeconomic Status

13. What is your most advanced level of schooling?

- ○ Some elementary school
- ○ Elementary school
- ○ Some high school/secondary school
- ○ High school/secondary school degree
- ○ Some college/university/vocational school
- ○ College/university/vocational school degree
- ○ Master's degree/professional school/ PhD
- ○ Decline Response

14. What is the approximate total annual income of your household?

- ○ $0 - 9,999
- ○ $10,000 - 19,999
- ○ $20,000 - 29,999
- ○ $30,000 - 39,999
- ○ $40,000 - 49,999
- ○ $50,000 - 59,999
- ○ $60,000 - 69,999
- ○ $70,000 - 79,999
- ○ $80,000 - 89,999
- ○ $90,000 - 99,999
- ○ $100,000 - 149,999
- ○ $150,000 - 249,999
- ○ $250,000 +
- ○ Decline Response

Balanced Inventory of Desirable Responding (Paulhus, 1998)

Using the scale below as a guide, write a number beside each statement to indicate how much you agree with it.

1. My first impressions of people usually turn out to be right.

Not True		Somewhat		Very True		True	Decline Response
1	2	3	4	5	6	7	DR

2. It would be hard for me to break any of my bad habits.

Not True		Somewhat		Very True		True	Decline Response
1	2	3	4	5	6	7	DR

3. I don't care to know what other people really think of me.

Not True		Somewhat		Very True		True	Decline Response
1	2	3	4	5	6	7	DR

4. I have not always been honest with myself

Not True		Somewhat		Very True		True	Decline Response
1	2	3	4	5	6	7	DR

5. I always know why I like things.

Not True		Somewhat		Very True		True	Decline Response
1	2	3	4	5	6	7	DR

6. When my emotions are aroused, it biases my thinking.

Not True		Somewhat		Very True		True	Decline Response
1	2	3	4	5	6	7	DR

7. Once I've made up my mind, other people can seldom change my opinion.

Not True		Somewhat		Very True		True	Decline Response
1	2	3	4	5	6	7	DR

8. I am not a safe driver when I exceed the speed limit.

Not True		Somewhat		Very True		True	Decline Response
1	2	3	4	5	6	7	DR

9. I am fully in control of my own fate.

Not True		Somewhat		Very True		True	Decline Response
1	2	3	4	5	6	7	DR

10. It's hard for me to shut off a disturbing thought.

Not True		Somewhat		Very True		True	Decline Response
1	2	3	4	5	6	7	DR

11. I never regret my decisions.

Not True		Somewhat		Very True		True	Decline Response
1	2	3	4	5	6	7	DR

12. I sometimes lose out on things because I can't make up my mind soon enough.

Not True		Somewhat		Very True		True	Decline Response
1	2	3	4	5	6	7	DR

13. The reason I vote is because my vote can make a difference.

Not True		Somewhat		Very True		True	Decline Response
1	2	3	4	5	6	7	DR

14. My parents were not always fair when they punished me.

Not True		Somewhat		Very True		True	Decline Response
1	2	3	4	5	6	7	DR

15. I am a completely rational person.

Not True		Somewhat		Very True		True	Decline Response
1	2	3	4	5	6	7	DR

16. I rarely appreciate criticism.

Not True		Somewhat		Very True		True	Decline Response
1	2	3	4	5	6	7	DR

17. I am very confident of my judgments.

Not True		Somewhat		Very True		True	Decline Response
1	2	3	4	5	6	7	DR

18. I have sometimes doubted my ability as a lover.

Not True		Somewhat		Very True		True	Decline Response
1	2	3	4	5	6	7	DR

19. It's all right with me if some people happen to dislike me.

Not True		Somewhat		Very True		True	Decline Response
1	2	3	4	5	6	7	DR

20. I don't always know the reasons why I do the things I do.

Not True		Somewhat		Very True		True	Decline Response
1	2	3	4	5	6	7	DR

21. I sometimes tell lies if I have to.

Not True		Somewhat		Very True		True	Decline Response
1	2	3	4	5	6	7	DR

22. I never cover up my mistakes.

Not True		Somewhat		Very True		True	Decline Response
1	2	3	4	5	6	7	DR

23. There have been occasions when I have taken advantage of someone.

Not True		Somewhat		Very True		True	Decline Response
1	2	3	4	5	6	7	DR

24. I never swear.

Not True		Somewhat		Very True		True	Decline Response
1	2	3	4	5	6	7	DR

25. I sometimes try to get even rather than forgive and forget.

Not True		Somewhat		Very True		True	Decline Response
1	2	3	4	5	6	7	DR

26. I always obey laws, even if I'm unlikely to get caught.

Not True		Somewhat		Very True		True	Decline Response
1	2	3	4	5	6	7	DR

27. I have said something bad about a friend behind his or her back.

Not True		Somewhat		Very True		True	Decline Response
1	2	3	4	5	6	7	DR

28. When I hear people talking privately, I avoid listening.

Not True		Somewhat		Very True		True	Decline Response
1	2	3	4	5	6	7	DR

29. I have received too much change from a salesperson without telling him or her.

Not True		Somewhat		Very True		True	Decline Response
1	2	3	4	5	6	7	DR

30. I always declare everything at customs.

Not True		Somewhat		Very True		True	Decline Response
1	2	3	4	5	6	7	DR

31. When I was young I sometimes stole things.

Not True		Somewhat		Very True		True	Decline Response
1	2	3	4	5	6	7	DR

32. I have never dropped litter on the street

Not True		Somewhat		Very True		True	Decline Response
1	2	3	4	5	6	7	DR

33. I sometimes drive faster than the speed limit

Not True		Somewhat		Very True		True	Decline Response
1	2	3	4	5	6	7	DR

34. I never read sexy books or magazines.

Not True		Somewhat		Very True		True	Decline Response
1	2	3	4	5	6	7	DR

35. I have done things that I don't tell other people about.

Not True		Somewhat		Very True		True	Decline Response
1	2	3	4	5	6	7	DR

36. I never take things that don't belong to me.

Not True		Somewhat		Very True		True	Decline Response
1	2	3	4	5	6	7	DR

37. I have taken sick-leave from work or school even though I wasn't really sick.

Not True		Somewhat		Very True		True	Decline Response
1	2	3	4	5	6	7	DR

38. I have never damaged a library book or store merchandise without reporting it.

Not True		Somewhat		Very True		True	Decline Response
1	2	3	4	5	6	7	DR

39. I have some pretty awful habits.

Not True		Somewhat		Very True		True	Decline Response
1	2	3	4	5	6	7	DR

40. I don't gossip about other people's business.

Not True		Somewhat		Very True		True	Decline Response
1	2	3	4	5	6	7	DR

Perceived Stress Scale (Hewitt, Flett, & Mosher, 1992)

The questions in this scale ask you about your feelings and thoughts during the last month. In each case, you will be asked to indicate by circling how often you felt or thought a certain way.

1. In the last month, how often have you been upset because of something that happened unexpectedly?

Never	Almost Never	Sometimes	Fairly Often	Very Often	Decline Response
0	1	2	3	4	DR

2. In the last month, how often have you felt that you were unable to control the important things in your life?

Never	Almost Never	Sometimes	Fairly Often	Very Often	Decline Response
0	1	2	3	4	DR

3. In the last month, how often have you felt nervous and "stressed"?

Never	Almost Never	Sometimes	Fairly Often	Very Often	Decline Response
0	1	2	3	4	DR

4. In the last month, how often have you felt confident about your ability to handle your personal problems?

Never	Almost Never	Sometimes	Fairly Often	Very Often	Decline Response
0	1	2	3	4	DR

5. In the last month, how often have you felt that things were going your way?

Never	Almost Never	Sometimes	Fairly Often	Very Often	Decline Response
0	1	2	3	4	DR

6. In the last month, how often have you found that you could not cope with all the things that you had to do?

Never	Almost Never	Sometimes	Fairly Often	Very Often	Decline Response
0	1	2	3	4	DR

7. In the last month, how often have you been able to control irritations in your life?

Never	Almost Never	Sometimes	Fairly Often	Very Often	Decline Response
0	1	2	3	4	DR

8. In the last month, how often have you felt that you were on top of things?

Never	Almost Never	Sometimes	Fairly Often	Very Often	Decline Response
0	1	2	3	4	DR

9. In the last month, how often have you been angered because of things that were outside of your control?

Never	Almost Never	Sometimes	Fairly Often	Very Often	Decline Response
0	1	2	3	4	DR

10. In the last month, how often have you felt difficulties were piling up so high that you could not overcome them?

Never	Almost Never	Sometimes	Fairly Often	Very Often	Decline Response
0	1	2	3	4	DR

Pittsburg Sleep Quality Index (Carpenter & Andrykowski, 1998)

The following questions relate to your usual sleep habits during the past month only. Your answers should indicate the most accurate reply for the majority of days and nights in the past month. Please answer all questions.

1. During the past month, when have you usually gone to bed? _____

2. During the past month, how long (in minutes) has it taken you to fall asleep each night? _____

3. During the past month, what time have you usually gotten up in the morning? _____

4a. During the past month, how many hours of actual sleep did you get at night? _____

4b. How many hours were you in bed? _____

5. During the past month, how often have you had trouble sleeping because you…

A. Cannot get to sleep within 30 minutes	Not during the last month 0	Less than once a week 1	Once or twice a week 2	Three or more times a week 3
B. Wake up in the middle of the night or early morning	Not during the last month 0	Less than once a week 1	Once or twice a week 2	Three or more times a week 3
C. Have to get up to use the bathroom	Not during the last month 0	Less than once a week 1	Once or twice a week 2	Three or more times a week 3
D. Cannot breathe comfortably	Not during the last month 0	Less than once a week 1	Once or twice a week 2	Three or more times a week 3
E. Cough or snore loudly	Not during the last month 0	Less than once a week 1	Once or twice a week 2	Three or more times a week 3
F. Feel too cold	Not during the last month 0	Less than once a week 1	Once or twice a week 2	Three or more times a week 3
G. Feel too hot	Not during the last month 0	Less than once a week 1	Once or twice a week 2	Three or more times a week 3

H. Have bad dreams	Not during the last month 0	Less than once a week 1	Once or twice a week 2	Three or more times a week 3
I. Have pain	Not during the last month 0	Less than once a week 1	Once or twice a week 2	Three or more times a week 3
J. Other reason(s), please describe, including how often you have had trouble sleeping because of this reason(s):	Not during the last month 0	Less than once a week 1	Once or twice a week 2	Three or more times a week 3
6. During the past month, how often have you taken medicine (prescribed or "over the counter") to help you sleep?	Not during the last month 0	Less than once a week 1	Once or twice a week 2	Three or more times a week 3
7. During the past month, how often have you had trouble staying awake while driving, eating meals, or engaging in social activity?	Not during the last month 0	Less than once a week 1	Once or twice a week 2	Three or more times a week 3
8. During the past month, how much of a problem has it been for you to keep up enthusiasm to get things done?	No problem at All 0	Only a very slight problem 1	Somewhat a problem 2	A very big problem 3
9. During the past month, how would you rate your sleep quality overall?	Very Good 0	Fairly Good 1	Fairly Bad 2	Very Bad 3

Sexual Rewards and Costs Checklist

Instructions: We will be asking you some questions about your sexual relationship with your partner. Before answering them, it is **important** that you read the following information carefully.

When people think about their sexual relationship with their partner, most can give concrete examples of positive/pleasing things they like about their sexual relationship. These are **rewards**. Most people can also give concrete examples of negative/displeasing things they don't like about their sexual relationship. These are **costs.**

For example, take *oral sex.*

Oral sex would be a **reward** if you feel that you engage in this sexual activity "just the right amount" and you enjoy it.
Oral sex would be a **cost** if you would like to engage in oral sex more often or less often than you do, or you do not enjoy it.

Note that things can be both rewards and costs. For example, oral sex would be both a reward and a cost if you enjoy oral sex but want it more or less frequently, in this case select both responses. For example:

	Cost	Reward	Neither Cost nor Reward
Oral sex	X	X	

Further, some items may be neither costs nor rewards, in this case select the response "Neither Cost nor Reward"

	Cost	Reward	Neither Cost Nor Reward
1) Level of affection you and your partner express during sexual activities			
2) Degree of emotional intimacy (feeling close, sharing feelings)			
3) Extent to which you and your partner communicate about sex			
4) Variety in sexual activities, locations, times			
5) Extent to which you and your partner use sex toys			
6) Sexual activities you and your partner engage in to arouse each other			
7) How often you experience orgasm (climax)			
8) How often your partner experiences orgasm (climax)			
9) Extent to which you and your partner engage in intimate activities (e.g., talking, cuddling) after sex			

	Cost	Reward	Neither Cost Nor Reward
10) Frequency of sexual activities			
11) How much privacy you and your partner have for sex			
12) Oral sex: extent to which your partner stimulates you			
13) Oral sex: extent to which you stimulate your partner			
14) Physical sensations from touching, caressing, hugging			
15) Feelings of physical discomfort or pain during/after sex			
16) How much fun you and your partner experience during sexual interactions			
17) Who initiates sexual activities			
18) Extent to which you feel stressed/relaxed during sexual activities			
19) Extent to which you and your partner express enjoyment about your sexual interactions			
20) Extent to which you and your partner communicate your sexual likes and dislikes to each other			
21) Ability/inability to conceive a child			
22) Extent to which you and your partner engage in role-playing or act out fantasies			
23) How you feel about yourself during/after engaging in sexual activity with your partner			
24) Extent to which your partner shows consideration for your wants/needs/feelings			
25) How your partner treats you (verbally and physically) when you have sex			
26) Having sex when you're not in the mood			
27) Having sex when your partner is not in the mood			
28) Extent to which you let your guard down with your partner			
29) Extent to which your partner lets their guard down with you			
30) Method of protection (from sexually transmitted infections and/or pregnancy) used by you and your partner			
31) Extent to which you and your partner discuss and use protection (from sexually transmitted infections and/or pregnancy)			
32) How comfortable you and your partner are with each other			
33) Extent to which/way in which your partner influences you to engage in sexual activity			
34) Extent to which you and your partner argue after engaging in sexual activity			
35) Extent to which you and your partner are/are not sexually exclusive (i.e., have sex only with each other)			

	Cost	Reward	Neither Cost Nor Reward
36) How much time you and your partner spend engaging in sexual activities			
37) How easy is it for you to have an orgasm (climax)			
38) How easy it is for your partner to have an orgasm (climax)			
39) Extent to which your sexual relationship with your partner reflects or breaks down stereotypical gender roles (the way women and men are expected to behave sexually)			
40) How your partner responds to your initiation of sexual activity			
41) Being naked in front of your partner			
42) Your partner being naked in front of you			
43) Extent to which your partner talks to other people about your sex life			
44) Extent to which you and your partner read/watch sexually explicit material (e.g., erotic stories, pornographic videos)			
45) Pleasing/trying to please your partner sexually			
46) Extent to which sexual interactions with your partner make you feel secure in the relationship			
47) Extent to which you get sexually aroused			
48) Amount of spontaneity in your sex life			
49) Extent of control you feel during/after sexual activity			
50) Extent to which you engage in sexual activities that you dislike but your partner enjoys			
51) Extent to which you engage in sexual activities that you enjoy but your partner dislikes			
52) Worry that you or your partner will get a sexually transmitted infection from each other			
53) How confident you feel in terms of your ability to please your partner sexually			
54) Extent to which you and your partner engage in anal sex/anal play			
55) Your partner's ability to please you sexually			
56) Extent to which you think your partner is physically attracted to/sexually desires you			
57) Extent to which you are physically attracted to/sexually desire your partner			
58) Extent to which you and your partner are sexually compatible (i.e., well matched in terms of your sexual likes/dislikes)			
59) Other Please Specify: _____			

Single Item Sexual Distress Question (Ter Kuile, Brauer, & Laan, 2006; Derogatis, Rosen, Leiblum, Burnett, & Heiman, 2002)

1. How frequently are you distressed about your sex life?
    - Never
    - Rarely
    - Occasionally
    - Frequently
    - Always
    - Decline Response

Single Item Sexual Bother Question (Shindel, Rowen, Lin, Chin-Shang, Robertson, & Breyer, 2012)

1. How bothered are you by issues pertaining to your sexual functioning?
    - Not bothered
    - Only slightly bothered
    - Moderately bothered
    - Very bothered
    - Extremely bothered
    - Sexuality is not an important issue in my life
    - Decline Response

The SexFlex Scale

*Questions that were retained for the final questionnaire are indicated with an asterisks

Thinking about when you experience a sexual challenge (which include different sexual preferences than your partner, sexual communication, sexual desire, sexual pain, performance anxiety, arousal difficulties, orgasming too slow or too quick, etc.) select the point that reflects how frequently you respond in the way indicated.

When confronted with my sexual difficulty:

***1. I can easily change my approach to sex if necessary because of my sexual problem(s).**

Seldom or never	Sometimes	Often	Almost always	Decline response
1	2	3	4	DR

***2. I think of different options for sex when my normal sexual routine is not successful because of my sexual problem(s).**

Seldom or never	Sometimes	Often	Almost always	Decline response
1	2	3	4	DR

***3. I immediately change my approach to sex if a certain approach doesn't work.**

Seldom or never	Sometimes	Often	Almost always	Decline response
1	2	3	4	DR

***4. I adjust my strategy for coping with my sexual problem as soon as I notice that my approach fails.**

Seldom or never	Sometimes	Often	Almost always	Decline response
1	2	3	4	DR

***5. I think about the effort that it will take to achieve pleasurable sex with my sexual problem(s).**

Seldom or never	Sometimes	Often	Almost always	Decline response
1	2	3	4	DR

6. I have enough strategies to deal with my sexual problem(s).

Seldom or never	Sometimes	Often	Almost always	Decline response
1	2	3	4	DR

***7. I am flexible in my approach towards sex.**

Seldom or never	Sometimes	Often	Almost always	Decline response
1	2	3	4	DR

***8. I question myself what aspects of sex are really important to me (e.g., penetration, oral sex, etc).**

Seldom or never	Sometimes	Often	Almost always	Decline response
1	2	3	4	DR

9. I have enough different options for sexual activity to cope with my sexual problem(s).

Seldom or never	Sometimes	Often	Almost always	Decline response
1	2	3	4	DR

***10. I usually take some time to think about what I am going to do if my sexual problem(s) arise during sexual activities.**

Seldom or never	Sometimes	Often	Almost always	Decline response
1	2	3	4	DR

***11. I question myself whether my approach to my sexual problem(s) is the best solution.**

Seldom or never	Sometimes	Often	Almost always	Decline response
1	2	3	4	DR

12. I find it a challenge to adapt to changing circumstances due to my sexual problem(s).

Seldom or never	Sometimes	Often	Almost always	Decline response
1	2	3	4	DR

***13. I easily think of a different approach to my sex that suits my changing sexual situation.**

Seldom or never	Sometimes	Often	Almost always	Decline response
1	2	3	4	DR

Measures from the Interpersonal Exchange Model of Sexual Satisfaction (Lawrance, Byers, & Cohen, 2011)

Global Measure of Relationship Satisfaction

For the following questions think about how in general you describe your ***overall*** relationship with your partner?

1.	Very bad					Very good	Decline response
	1	2	3	4	5	6	DR
2.	Very Unpleasant					Very Pleasant	Decline response
	1	2	3	4	5	6	DR
3.	Very Negative					Very Positive	Decline response
	1	2	3	4	5	6	DR
4.	Very Unsatisfying					Very Satisfying	Decline response
	1	2	3	4	5	6	DR
5.	Worthless					Very Valuable	Decline response
	1	2	3	4	5	6	DR

Global Measure of Sexual Satisfaction

For the following questions think about how in general you describe your overall ***sexual relationship*** with your partner.

1.	Very bad					Very good	Decline response
	1	2	3	4	5	6	DR
2.	Very Unpleasant					Very Pleasant	Decline response
	1	2	3	4	5	6	DR
3.	Very Negative					Very Positive	Decline response
	1	2	3	4	5	6	DR
4.	Very Unsatisfying					Very Satisfying	Decline response

1	2	3	4	5	6	DR

5.	Worthless					Very Valuable	Decline response
1	2	3	4	5	6	DR	

Sexual Exchanges Questions

When people think about their sexual relationship with their partner, most can think of both rewards and costs about their sexual relationship.

Rewards are things that are positive or pleasing: things they like about their sexual relationship
Costs are things that are negative or displeasing: things they don't like about their sexual relationship.

1. Think about the *rewards* that you have received in your *sexual relationship* with your partner within the past three months. How rewarding is your sexual relationship with your partner?

Not at all rewarding						Extremely rewarding	Decline response
0	1	2	3	4	5	6	DR

2. Think about the *costs* that you have received in your *sexual relationship* with your partner within the past three months. How costly is your sexual relationship with your partner?

Not at all rewarding						Extremely rewarding	Decline response
0	1	2	3	4	5	6	DR

Penetration and Sexual Aid Questions

In order for your sexual experience to be **pleasurable**, how important are the following:

1. Being able to be penetrated by my partner

Not at all important						Extremely important	Not applicable	Decline response
1	2	3	4	5	6	7	N/A	DR

2. Being able to penetrate my partner.

Not at all important						Extremely important	Not applicable	Decline response
1	2	3	4	5	6	7	N/A	DR

3. Not having to use lubricants.

Not at all important						Extremely important	Not applicable	Decline response
1	2	3	4	5	6	7	N/A	DR

4. Not using sexual enhancers (i.e., sex toys).

Not at all important						Extremely important	Not applicable	Decline response
1	2	3	4	5	6	7	N/A	DR

5. Not using medications for sexual performance (e.g., Viagra).

Not at all important						Extremely important	Not applicable	Decline response
1	2	3	4	5	6	7	N/A	DR

Please indicate how much you agree with the following questions

6. Penetration is the only real form of sexual activity that counts.

Completely disagree						Completely agree	Decline response
1	2	3	4	5	6	7	DR

7. If you can't engage in penetrative sex you should abstain from sexual activity.

Completely disagree						Completely agree	Decline response
1	2	3	4	5	6	7	DR

8. Penetration is only one way to be sexually intimate with my partner.

Completely disagree						Completely agree	Decline response
1	2	3	4	5	6	7	DR

9. Nothing could replace penetration in our relationship.

Completely disagree						Completely agree	Decline response
1	2	3	4	5	6	7	DR

10. Intimacy is a better focus for our relationship than penetration.

Completely disagree						Completely agree	Decline response
1	2	3	4	5	6	7	DR

11. Sexual pleasure is possible without penetration.

Completely disagree						Completely agree	Decline response
1	2	3	4	5	6	7	DR

Dyadic Sexual Communication Scale (DSCS; Catania, 2013)

Instructions: Please read the list of statements below that different people have made about discussing sex with their primary partner. As you read each one, please indicate how much you agree or disagree with it.

1. My partner rarely responds when I want to talk about our sex life.

Strongly disagree	Disagree	Somewhat disagree	Somewhat agree	Agree	Strongly agree	Decline response
1	2	3	4	5	6	DR

2. Some sexual matters are too upsetting to discuss with my sexual partner.

Strongly disagree	Disagree	Somewhat disagree	Somewhat agree	Agree	Strongly agree	Decline response
1	2	3	4	5	6	DR

3. There are sexual issues or problems in our sexual relationship that we have never discussed.

Strongly disagree	Disagree	Somewhat disagree	Somewhat agree	Agree	Strongly agree	Decline response
1	2	3	4	5	6	DR

4. My partner and I never seem to resolve our disagreements about sexual matters.

Strongly disagree	Disagree	Somewhat disagree	Somewhat agree	Agree	Strongly agree	Decline response
1	2	3	4	5	6	DR

5. Whenever my partner and I talk about sex, I feel like she or he is lecturing me.

Strongly disagree	Disagree	Somewhat disagree	Somewhat agree	Agree	Strongly agree	Decline response
1	2	3	4	5	6	DR

6. My partner often complains that I am not very clear about what I want sexually.

Strongly disagree	Disagree	Somewhat disagree	Somewhat agree	Agree	Strongly agree	Decline response
1	2	3	4	5	6	DR

7. My partner and I have never had a heart-to-heart talk about our sex life together.

Strongly disagree	Disagree	Somewhat disagree	Somewhat agree	Agree	Strongly agree	Decline response
1	2	3	4	5	6	DR

8. My partner has no difficulty in talking to me about his or her sexual feelings and desires

Strongly disagree	Disagree	Somewhat disagree	Somewhat agree	Agree	Strongly agree	Decline response
1	2	3	4	5	6	DR

9. Even when angry with me, my partner is able to appreciate my views on sexuality.

Strongly disagree	Disagree	Somewhat disagree	Somewhat agree	Agree	Strongly agree	Decline response
1	2	3	4	5	6	DR

10. Talking about sex is a satisfying experience for both of us.

Strongly disagree	Disagree	Somewhat disagree	Somewhat agree	Agree	Strongly agree	Decline response
1	2	3	4	5	6	DR

11. My partner and I can usually talk calmly about our sex life.

Strongly disagree	Disagree	Somewhat disagree	Somewhat agree	Agree	Strongly agree	Decline response
1	2	3	4	5	6	DR

12. I have little difficulty in telling my partner what I do or don't do sexually.

Strongly disagree	Disagree	Somewhat disagree	Somewhat agree	Agree	Strongly agree	Decline response
1	2	3	4	5	6	DR

13. I seldom feel embarrassed when talking about the details of our sex life with my partner.

Strongly disagree	Disagree	Somewhat disagree	Somewhat agree	Agree	Strongly agree	Decline response
1	2	3	4	5	6	DR

Sexual Self-Disclosure Scale Revised for the Current Study (SSD; Byers & Demmons, 1999)

Think about your sexual relationship with your partner. For each question listed below click the number that best describes how much you communicated to your partner about the listed topic.

21a. The way(s) you <u>like</u> to be touched sexually

Nothing at all						Everything	Decline response
1	2	3	4	5	6	7	DR

21b. The way(s) you <u>don't like</u> to be touched sexually?

Nothing at all						Everything	Decline response
1	2	3	4	5	6	7	DR

22a. What you <u>like</u> about the amount of variety in your sex life?

Nothing at all						Everything	Decline response
1	2	3	4	5	6	7	DR

22b. What you <u>don't like</u> about the amount of variety in your sex life?

Nothing at all						Everything	Decline response
1	2	3	4	5	6	7	DR

23a. The sexual position(s) that you <u>like</u>?

Nothing at all						Everything	Decline response
1	2	3	4	5	6	7	DR

23b. The sexual position(s) that you <u>don't like</u>?

Nothing at all						Everything	Decline response
1	2	3	4	5	6	7	DR

24a. The way(s) that turn you on and <u>increase</u> your desire for sexual activity?

Nothing at all						Everything	Decline response
1	2	3	4	5	6	7	DR

24b. The way(s) that turn you off and <u>decrease</u> your desire for sexual activity?

Nothing at all						Everything	Decline response
1	2	3	4	5	6	7	DR

25a. The way(s) that turn you on and arouse you <u>during</u> sexual activity?

Nothing at all						Everything	Decline response
1	2	3	4	5	6	7	DR

25b. The way(s) that turn you off and decrease your arousal <u>during</u> sexual activity?

Nothing at all						Everything	Decline response
1	2	3	4	5	6	7	DR

26a. The amount of affection you like <u>after</u> sex?

Nothing at all						Everything	Decline response
1	2	3	4	5	6	7	DR

26b. The location(s) where you like to engage in sexual activity?

Nothing at all						Everything	Decline response
1	2	3	4	5	6	7	DR

27a. The way(s) your sexual difficulties negatively impact you?

Nothing at all						Everything	Decline response
1	2	3	4	5	6	7	DR

27b. The way(s) your partner can help reduce the impact of your sexual difficulties on you?

Nothing at all						Everything	Decline response
1	2	3	4	5	6	7	DR

Non-Verbal Sexual Communication

In a relationship, partners may communicate NON-VERBALLY with each other about what they like and dislike about their sexual interactions.

Think about your sexual relationship with your partner. For each question below, circle the number that best describes how much **you** communicated **non-verbally** to your partner about **your** sexual likes and dislikes. How much have **you:**

1. Shown the way(s) you like to be touched?

Never						Very Frequently	Decline response
1	2	3	4	5	6	7	DR

2a. Moved your partners hand to **increase pleasure?**

Never						Very Frequently	Decline response
1	2	3	4	5	6	7	DR

2b. Moved your partners hand to **decrease discomfort**?

Never						Very Frequently	Decline response
1	2	3	4	5	6	7	DR

3a. Moved your body to **increase pleasure**?

Never						Very Frequently	Decline response
1	2	3	4	5	6	7	DR

3b. Moved your body to **decrease discomfort?**

Never						Very Frequently	Decline response
1	2	3	4	5	6	7	DR

4a. Moved to change positions to **increase pleasure?**

Never						Very Frequently	Decline response
1	2	3	4	5	6	7	DR

4b, Moved to change positions to **decrease discomfort**?

Never						Very Frequently	Decline response
1	2	3	4	5	6	7	DR

Hurlbert's Index of Sexual Compatibility (Hurlbert, White, Powell, & Apt, 1993)

1. My sexual beliefs are similar to those of my partner.

All of the time	Most of the time	Some of the time	Rarely	Never	Decline response
1	2	3	4	5	DR

2. I think my partner understands me sexually.

All of the time	Most of the time	Some of the time	Rarely	Never	Decline response
1	2	3	4	5	DR

3. My partner and I share the same sexual likes and dislikes.

All of the time	Most of the time	Some of the time	Rarely	Never	Decline response
1	2	3	4	5	DR

4. I think my partner desires too much sex.

All of the time	Most of the time	Some of the time	Rarely	Never	Decline response
1	2	3	4	5	DR

5. My partner is unwilling to do certain sexual things for me that I would like to experience.

All of the time	Most of the time	Some of the time	Rarely	Never	Decline response
1	2	3	4	5	DR

6. I feel comfortable during sex with my partner.

All of the time	Most of the time	Some of the time	Rarely	Never	Decline response
1	2	3	4	5	DR

7. I am sexually attracted to my partner.

All of the time	Most of the time	Some of the time	Rarely	Never	Decline response
1	2	3	4	5	DR

8. My partner sexually pleases me.

All of the time	Most of the time	Some of the time	Rarely	Never	Decline response
	2	3	4	5	DR

9. My partner and I argue about the sexual aspects of our relationship.

All of the time	Most of the time	Some of the time	Rarely	Never	Decline response
1	2	3	4	5	DR

10. My partner and I share the same level of interest in sex.

All of the time	Most of the time	Some of the time	Rarely	Never	Decline response
1	2	3	4	5	DR

11. I feel uncomfortable engaging in some of the sexual activities that my partner desires.

All of the time	Most of the time	Some of the time	Rarely	Never	Decline response
1	2	3	4	5	DR

12. When it comes to sex, my ideas and values are different from those of my partner.

All of the time	Most of the time	Some of the time	Rarely	Never	Decline response
1	2	3	4	5	DR

13. I do not think I meet my partner's sexual needs.

All of the time	Most of the time	Some of the time	Rarely	Never	Decline response
1	2	3	4	5	DR

14. My partner and I enjoy the same sexual activities.

All of the time	Most of the time	Some of the time	Rarely	Never	Decline response
1	2	3	4	5	DR

15. When it comes to sex, my partner and I get along well.

All of the time	Most of the time	Some of the time	Rarely	Never	Decline response
1	2	3	4	5	DR

16. I think my partner is sexually attracted to me.

All of the time	Most of the time	Some of the time	Rarely	Never	Decline response
1	2	3	4	5	DR

17. My partner enjoys doing certain sexual things that I dislike.

All of the time	Most of the time	Some of the time	Rarely	Never	Decline response
1	2	3	4	5	DR

18. It is hard for me to accept my partners' views on sex.

All of the time	Most of the time	Some of the time	Rarely	Never	Decline response
1	2	3	4	5	DR

19. In our relationship, my partner places too much importance on sex.

All of the time	Most of the time	Some of the time	Rarely	Never	Decline response
1	2	3	4	5	DR

20. My partner and I disagree over the frequency in which we should have sex.

All of the time	Most of the time	Some of the time	Rarely	Never	Decline response
1	2	3	4	5	DR

21. I have the same sexual values as my partner.

All of the time	Most of the time	Some of the time	Rarely	Never	Decline response
1	2	3	4	5	DR

22. My partner and I share similar sexual fantasies.

All of the time	Most of the time	Some of the time	Rarely	Never	Decline response
1	2	3	4	5	DR

23. When it comes to sex, my partner is unwilling to do certain things that I would like to experience.

All of the time	Most of the time	Some of the time	Rarely	Never	Decline response
1	2	3	4	5	DR

24. I think I sexually satisfy my partner.

All of the time	Most of the time	Some of the time	Rarely	Never	Decline response
1	2	3	4	5	DR

25. My partner and I share about the same level of sexual desire.

All of the time	Most of the time	Some of the time	Rarely	Never	Decline response
1	2	3	4	5	DR

Use of Sexual Enhancers

Below is a list of sexual enhancers that individuals may use during solo (i.e., masturbation) or coupled (with a partner) sexual activities.

Please check all boxes that apply.

For example, if you use an external vibrator when you are engaging in solo sexual

actives AND your partner uses it on you during coupled activities, you would check both "Solo Activity" and "My Partner Uses on Me"

1. External Vibrator

- ☐ Solo Use
- ☐ My partner uses on me
- ☐ Decline Response
- ☐ I use on my partner
- ☐ I don't use this

2. Internal Vibrator

- ☐ Solo Use
- ☐ My partner uses on me
- ☐ Decline Response
- ☐ I use on my partner
- ☐ I don't use this

3. Dildo (or other penetrative item)

- ☐ Solo Use
- ☐ My partner uses on me
- ☐ Decline Response
- ☐ I use on my partner
- ☐ I don't use this

4. Anal Beads or Butt Plugs

- ☐ Solo Use
- ☐ My partner uses on me
- ☐ Decline Response
- ☐ I use on my partner
- ☐ I don't use this

5. Artificial Vagina or Anus (e.g., pocket pussies)

- ☐ Solo Use
- ☐ My partner uses on me
- ☐ Decline Response
- ☐ I use on my partner
- ☐ I don't use this

6. Cock Ring

- ☐ Solo Use
- ☐ My partner uses on me
- ☐ Decline Response
- ☐ I use on my partner
- ☐ I don't use this

7. Lubricant

- ☐ Solo Use
- ☐ My partner uses on me
- ☐ Decline Response
- ☐ I use on my partner
- ☐ I don't use this

8. Erotic Material (e.g., videos, audio, stories)

- ☐ Solo Use
- ☐ My partner uses on me
- ☐ Decline Response
- ☐ I use on my partner
- ☐ I don't use this

9. Nipple Clamps or Suction Device

- ☐ Solo Use
- ☐ My partner uses on me
- ☐ Decline Response
- ☐ I use on my partner
- ☐ I don’t use this

10. Kink toys (e.g., restraints, floggers)

- ☐ Solo Use
- ☐ My partner uses on me
- ☐ Decline Response
- ☐ I use on my partner
- ☐ I don’t use this

If you would like to be entered into the draw to win one of four $50CAD prizes, please CLICK HERE TO BE REDIRECTED TO ENTER YOUR EMAIL ADDRESS if not please hit "next" at the bottom of the page to view the debriefing form and exit the survey.

Appendix K
Debriefing Form Study Two

Debriefing Form

SEXUAL PROBLEMS & SEXUAL WELL-BEING IN DIVERSE COUPLES

The purpose of this study was to investigate sexual communication between partners about sexual likes and dislikes, how partners respond to sexual concerns, body image, sexual enhancer use, relationship and sexual functioning, and psychological and social well-being in men and women in same-sex and mixed-sex relationships. The information gathered from this study could potentially have implications for the future of sex therapy by informing sex therapists about helping diverse who are distressed by their sexual problems.

This study was conducted for educational purposes. We recruited two main groups of participants: same-sex and other-sex oriented individuals. All participants were over the age of 18 and were fluent in English.

As stated previously, all information that you provided throughout the study is confidential. The research team members working directly on this project are the only individuals who have access to your responses, and they will not link your name with your responses. If you provide your email address in the prize draw, your email address will not be linked to the data you provided. Your data and email address are saved in two different databases. If you provide your email address, it will only be used to contact you in the case that you win a prize draw. If have any questions, please contact the Sexual Health Research Laboratory at (613) 533-3276 or sex.lab@queensu.ca.

Thank you for your participation in this study – it is greatly appreciated. Should you have any further questions, comments or concerns, or wish to obtain more information, please do not hesitate to contact Stephanie Gauvin (e-mail: sexlab.ca), or Dr. Caroline Pukall (phone: (613) 533-3200; e-mail: caroline.pukall@queensu.ca). Any ethical concerns about the study may be directed to the Chair of the General Research Ethics Board at chair.GREB@queensu.ca or 613-533-6081. If you would like more information about sexual health or sexual functioning, please visit the following websites or contact our research team.

- www.sexlab.ca
- http://www.sexualityandu.com/index_e.aspx

Some of the questions in this survey were sensitive in nature. If you are feeling distressed, please consult the following sources for help:

- **Telehealth Ontario**: 1-866-797-0000
- **Frontenac Community Mental Health Services:** (24-hour crisis line): (613) 544-4229
- **Lanark Leeds and Grenville Mental Health Crisis Line:** 1-866-281-2911
- **Lennox & Addington Community Crisis Centre:** (613) 354-7388
- **Telephone Aid Line Kingston (TALK):** (613) 544-1771
- **Sexual Health Resource Centre:** (613) 533-2959

Appendix L

Tests of Measurement Invariance

Table AL-1

Tests of Measurement Invariance for the Dyadic Sexual Communication Scale Across Relationship Compositions

Level of Invariance	*df*	χ^2	$\Delta \chi^2$	*p* ($\Delta \chi^2$)	ΔCFI	ΔRMSEA
Configural	260	1336.5	---	---	---	---
Metric	296	1393.8	57.37	.01	.003	.007
Scalar	332	1475.4	81.59	<.001	.007	.004
Latent Mean	335	1499.9	24.5	<.001	.003	.001

Table AL-2

Tests of Measurement Invariance for the Response to Sexual Difficulties Scale Across Relationship Compositions

Level of Invariance	*df*	χ^2	$\Delta \chi^2$	*p* ($\Delta \chi^2$)	ΔCFI	ΔRMSEA
Configural	756	3842.3	---	---	---	---
Metric	816	3992.2	149.92	<.001	.004	.003
Scalar	876	4177.6	185.33	<.001	.006	.002
Latent Mean	879	4202.2	24.65	<.001	.001	<.001

Table AL-3

Tests of Measurement Invariance for the Global Measure of Sexual Satisfaction Across Relationship Compositions

Level of Invariance	*df*	χ^2	$\Delta \chi^2$	*p* ($\Delta \chi^2$)	ΔCFI	ΔRMSEA
Configural	20	126.73	---	---	---	---
Metric	32	165.81	39.09	<.001	.005	.017
Scalar	44	173.61	7.8	0.8	.001	.021
Latent Mean	47	189.26	15.63	.001	.002	.001