minures). A singleton pregnancy was the most desirable type of pregnancy for both patients and their partners (71% versus 73%). Despite similar counseling time, patients consistently and significantly overestimated the risks of prematurity for twins (median 20 versus 10%, P<0.001) and triplets (40 versus 22.5%, P<0.001) as well as the risks of preeclampsia for twins (20 versus 10%, P<0.001) and triplets (30 versus 23%, P=0.012). Patients were also more likely to overestimate the risks of death for 2500 gram infants (5 versus 3%, P<0.0001) and 1500 gram infants (25 versus 10%, P<0.0001). When presented with clinical scenarios with multiple suboptimal outcomes (preterm delivery, preeclampsia and clinical depression), patients were twice as likely to consider it desirable or highly desirable compared with their partners (P<0.03).

Conclusions: Patients and their partners appear to receive adequate counseling from their physician and mental health providers. While patients significantly overestimate the risks associated with multiple gestation compared with their partners, both estimates are well above actual risk. Patients are much more likely to consider a suboptimal scenario desirable than their counterparts.

**P-304**  

**Background:** Sexual dysfunction (SD) is gaining increased attention as a public health concern. Laymann et al (1999) documented a 45% prevalence of SD in women and a 33% prevalence of SD in men. Progress in the research and treatment of SD is hampered by the lack of practical and valid psychometric instruments. The Sexual Energy Scale (SES) provides a simple, easy and objective means of assessing the patient’s lost familiar experience of sexual desire and vital/sensual energy. The SES also measures changes in sexual function following an intervention. The scale is a visual analog model in which the patient rates their current sexual energy level on a scale of 1 to 10.

**Materials and Methods:** To determine concurrent validity, the Changes in Sexual Functioning Questionnaire (CSFQ) and the SES were completed by a series of psychiatric patients (N=17) who presented for treatment of medication induced SD. The CSFQ is a 32 item structured interview designed to measure illness and medication-related changes in sexual functioning with reliable and valid psychometric properties. Correlation coefficients were calculated for SES and the CSFQ total and subscales. In addition, the patients were readministered both the SES and the CSFQ 1 month after treatment for their sexual dysfunction. Correlation coefficients between the change score for the SES and the change scores for CSFQ total and subscale scores were also obtained.

**Results:** Figure 1 shows the correlation coefficients between the SES and the CSFQ and subscales. The change scores on the SES correlated significantly with change scores on the following CSFQ scales: SES & CSFQ global score r=−.79; p=0.01; SES & Desire/Freq r=.647; p=0.01; SES & Desire/Interest r=.66; p=0.01; SES and Arousal r=.625; p=.02.

**Conclusions:** The SES indicates good concurrent validity with the CSFQ. Discriminate validity is supported by the low correlation between the SES and the Hamilton Depression Scale. The SES can be used by clinicians as an easy valid tool in the assessment of SD.

**P-305**  
**Patient Perception and Awareness Regarding Diagnosis and Treatment of Polycystic Ovary Syndrome (PCOS) as Measured by Confidential Self-Reports.** E. S. Sills, M. Perloe, D. P. Levy, M. G. Genton, G. L. Schattman, M. J. Tucker.

**Background:** Sexual dysfunction (SD) is gaining increased attention as a public health concern. Laymann et al (1999) documented a 45% prevalence of SD in women and a 33% prevalence of SD in men. Progress in the research and treatment of SD is hampered by the lack of practical and valid psychometric instruments. The Sexual Energy Scale (SES) provides a simple, easy and objective means of assessing the patient’s lost familiar experience of sexual desire and vital/sensual energy. The SES also measures changes in sexual function following an intervention. The scale is a visual analog model in which the patient rates their current sexual energy level on a scale of 1 to 10.

**Materials and Methods:** To determine concurrent validity, the Changes in Sexual Functioning Questionnaire (CSFQ) and the SES were completed by a series of psychiatric patients (N=17) who presented for treatment of medication induced SD. The CSFQ is a 32 item structured interview designed to measure illness and medication-related changes in sexual functioning with reliable and valid psychometric properties. Correlation coefficients were calculated for SES and the CSFQ total and subscales. In addition, the patients were readministered both the SES and the CSFQ 1 month after treatment for their sexual dysfunction. Correlation coefficients between the change score for the SES and the change scores for CSFQ total and subscale scores were also obtained.

**Conclusions:** The SES indicates good concurrent validity with the CSFQ. Discriminate validity is supported by the low correlation between the SES and the Hamilton Depression Scale. The SES can be used by clinicians as an easy valid tool in the assessment of SD.

**Objective:** To evaluate self-reported perception, awareness, selected demographic and clinical parameters regarding PCOS among gynecology patients.

**Design:** Anonymous, confidential questionnaire.

**Materials and Methods:** Using a computer-based evaluation instrument, a 15-item questionnaire addressed the following parameters by internet-accessed questionnaire: patient age, time since (and reason for) last gynecology office visit, gravidity status, and history of prior ovulation induction. Additionally, respondents were asked this question: “If your PCOS could be safely and effectively helped by something else besides fertility drugs or birth control pills, would that interest you?” Incomplete questionnaires were not entered, and responses were electronically tabulated to block duplicate submissions from the same individual.

**Results:** A total of 657 women participated in this study. The majority of patients (63%) reported their age as between 26–34 y; mean BMI was 30.4