Sexual Information Questionnaire

This questionnaire is designed to help understand your sexual history, attitudes, behaviors, and any underlying personal or relationship issues, any or all of which may be contributing factors to the issue, problem or question for which you seek consultation.

Answering all questions is voluntary and optional however please be aware that the more information you provide, the more information your therapist will have to assess your situation or question and provide you with comprehensive consultations.

All information from this personal assessment, similar to individual therapy, will be held in the strictest confidence and protected under standard HIPPA regulations.

Name: ____

Gender:

Age:

Status (circle one): MARRIED SEPARATED DIVORCED PARTNERED SINGLE OTHER:

Gender Identity (circle one): MALE (he/him) FEMALE (she/her) NON-BINARY OTHER:

How do you identify your sexual orientation:

Age of current partner (if you have one):

Gender of current partner (if you have one):

Ethnic or racial background:

Ethnic or racial background of partner (if you have one):

Children (please include ages):

Type of employment, including self-employment, employed, student, work at home, etc:

Religious practice (if any):

Please describe, in a few sentences, or a paragraph or two, what the problem, question or issue is:

Have you received any advice, counseling, or treatment of any kind for this problem, question or issue before? If yes, please describe.

Specifically, have you seen a sexologist, sex therapist, counselor, medical doctor, psychologist or health professional for:

______ depression
______ anxiety problems/disorder
______ hormonal problems
______ any psychiatric illness
______ relationship problem(s)
______ sexually transmitted infection

Please describe, in a paragraph or two, what the contributing factors are, or might be, to the problem, question or issue (these may be emotional, lifestyle, past history, communication, physical and/or sexual, etc):

Specifically, do you currently experience:

_____ high stress (work and/or general)
_____ time management problems
_____ relationship communication problems
_____ financial worries
_____ anxiety
_____ relationship issues/stress
_____ parenting issues/stress
_____ family issues/stress

Please describe your general health, and if you are under any medication(s).
The following apply to me:

_____ I have diabetes
_____ I have cardiovascular disease
_____ I take blood thinning medication
_____ I smoke cigarettes (How much)_______________
_____ I have been treated for alcoholism
_____ I engage in binge or unhealthy drinking
_____ I am in treatment or on medication for drug abuse
_____ I regularly or frequently socially smoke marijuana
_____ I regularly or frequently socially take other illegal drugs
_____ I exercise less than 10 times a month
_____ I have a diet that generally lacks a good variety of healthy foods
_____ I have engaged in unsafe sex in the last 12 months
_____ I have never been tested for a sexually transmitted infection
_____ I have never, or rarely, conducted a breast self exam (women and men)
_____ I have never, or rarely, conducted a testicular self-exam (men)
_____ I have never, or rarely, conducted a vulva self exam (women)
_____ I am on Hormone Replacement Therapy (women)
_____ I am on Testosterone Replacement Therapy (women and men)
_____ I take Zyban
_____ I take an anti-depressant medication
_____ I have had one or more prolonged labor and delivery/complicated childbirth (women)
_____ I have a history of groin or straddle injury (fell on a bicycle, balance beam, kicked By a horse, etc) (women or men)
_____ I have had a back injury and/or back surgery

_____ I have had a spinal cord injury
_____ I have had a genital circumcision (other than a routine consenting infant penile foreskin circumcision) (women or men)
_____ I have multiple sclerosis or other neurological disorder
_____ I take naturopathic or homeopathic remedies for sexual difficulty
_____ I take naturopathic or homeopathic remedies for increased circulation
_____ I take naturopathic or homeopathic remedies for stress or emotional issues

Do you have any history of sexually transmitted infections, including HIV/AIDS, pelvic inflammatory disease or infertility? If so, please briefly describe, including treatment.

During foreplay, intercourse, or partnered sexual stimulation, do you experience (please check all that apply):

_____ lack of arousal
_____ lack of genital sensation (tingling/warmth/excitement)
_____ difficulty achieving orgasm
_____ loss of orgasm intensity (muffled or short in duration)
_____ vaginal dryness
_____ erectile difficulty
_____ difficulty with sexual response (quick, slow or intermittent)
_____ decreased sense of connection with partner
_____ lack of focus on/awareness of sexual feelings
_____ genital pain -If so, please describe

Do you experience orgasm during masturbation alone, if you masturbate?

Do you experience orgasm during sexual stimulation with your partner? Please explain, whether yes or no.

Do you notice that you have the same sexual difficulties with your partner as when you have alone during self-stimulation? Please explain, whether yes or no.

Do you feel a lack of sexual interest when your partner initiates sex?

Do you initiate sex with your partner?

Please describe your current sex drive/libido:

Do you feel (check all that apply)

_____ your partner knows how to sexually satisfy you
_____ you know how to sexually satisfy yourself
_____ comfortable giving direction to your partner to get you to feel satisfactorily stimulated or to orgasm
_____ connected and emotionally intimate with your partner during, before, and after sex
_____ your sexual communication with your partner is good
_____ your relationship communication with your partner is good

If you are currently sexually dissatisfied, was there a time when you were happily satisfied with your sexual drive/interest/response/life? If yes, please describe that time, and how you felt then about sex and your own sexuality.

How would you describe your general happiness level now, both individually, and in your relationship (if you are in a relationship)?

Please describe the sexual education and messages you received about sexuality while growing up. This may include positive and negative messages, education and experiences, from sources such as family, friends, religious influences, media, sexuality sources, etc.

Please describe your first sexual experience(s), of sexual intercourse, or other important sexual experience(s), including positive and/or negative aspects, and if you feel these have had any impact on you, emotionally, physically, psychologically, sexually, developmentally, intimately or other.

In a sentence or two, please describe your attitude(s) toward:

Sex

Pregnancy

Being a parent

Being single

In a sentence or two, please describe your attitude(s) toward:

Being in a relationship

Masturbation

Oral sex

Anal sex

Fetishes

Alternative sexual positions

Orgasm

Bondage/Discipline

Domination/Submission

Sadomasochism

Mutual masturbation

Semen and vaginal lubrication

Looking at genitals
Your own
Male
Female

Toys and sex accessories

If you are currently in a relationship: does your partner know you are seeking consultation for this issue?

If you are currently in a relationship: would you be open to including your partner in the consultation or solution process?

If you are currently in a relationship: do you think your partner would be open to participating in the consultation or solution process?

Is there anything else you would like to explain, elaborate on, or reveal, to assist in understanding your issue, problem or question? If so, please describe.