
The information in this questionnaire reflects current medical knowledge. The recommendations and information are appropriate in most cases; however, they are not a substitute for professional diagnosis and treatment. For specific information, the publisher suggests that you consult a physician. The names of organizations, products, or alternative therapies appearing here are given for informational purposes only. Their inclusion does not imply an endorsement, nor does the omission of any organization, product, or alternative therapy indicate a disapproval.

The form below contains a series of questions about your past sexual experience, including the sexual relationship between you and your present partner. In private, read the questions carefully and answer them honestly. When you have completed the questionnaire, you will have a thorough overview of your sexual experience. At our clinic, patients have the benefit of sharing the questionnaires with professional therapists. You may want to take yours to your doctor at your next visit if your sexual problem is troublesome enough, especially if it has a physical cause. But this questionnaire alone will help you place your sexual history in a broader context. You may recognize patterns of behavior or incidents or attitudes that triggered current problems. You're not out to judge yourself, just recognize yourself.

There is no need to show your questionnaire to your partner unless you are sure he or she will not be upset. An old skeleton in the closet may be your private burden to bear. On the other hand, your partner may understand and accept you, secret and all. It's for you to decide. At any rate, reread your sexual history two days from now to gain even more self-awareness.

YOUR SEXUAL HISTORY QUESTIONNAIRE

I. Personal Sexual History

How old were you when you first remember sexual feelings? Describe the circumstances.

How old were you when you first masturbated? Were you discovered? Describe the circumstances.

How old were you when you first had intercourse? How would you describe it (joyful, shameful, painful)?

What is your preferred position for intercourse? Does your partner like it or just cooperate?

When was your first climax? Describe the circumstances.

Have you ever had a sexually transmitted disease (chlamydia, gonorrhea, herpes, other)?

Have you ever been raped? Describe the circumstances.

Have you ever been the victim of sexual abuse as a child?

Describe your experience. Did you know the person? Did you tell anyone? What was the outcome?

Have you ever had sexual contact with a member of your own family? Describe your experience (exploration with a sibling or cousin, intercourse with a parent or other family member). Did you tell anyone at the time? What was the outcome? How have you coped?

Have you ever had any sexual experience with someone of the same sex? How do you feel about it?

Does your partner know about it?

Has your partner ever had any sexual experience with someone of the same sex? How do you know? How do you feel about it?

Has either of you been tested for HIV, the virus that causes AIDS? What were the results?

II. Your Current Relationship

How does your partner feel about participating in sex therapy at home?

How do you feel about it?

Which of you suggested it?

How do you think sex therapy can best help you?

How can it help your partner?

How can it help your relationship?

How long have you been in this relationship?

What first attracted you to your partner?

What did you like best about him or her?

What do you now like least? (Is it similar to what once attracted you?) How did you meet your partner?

Are there any children from this relationship?

Names: Ages:

Have there been any abortions in this relationship?

Have you had infertility problems in this relationship?

How would you describe this relationship (close, distant, hostile, warm, equal, unequal)?

Are you committed to this relationship? What does commitment mean to you? What do you think it means to your partner?

Is your partner committed to this relationship?

Has there been a change in your relationship? Describe it.

What do you think caused the change?

If you *wanted* to change one thing about your relationship, what would it be?

What would you change about your partner if you could?

What would you change about yourself if you could?

What are the recurrent issues of conflict in this relationship?

Have you talked about breaking up? Seriously? Only as a threat? Have you taken any action on it?

What do you see as your own biggest problem?

What is the single biggest difference between you (religion, relatives, money, social status)?

Have you had therapy before? What kind (individual, couple, family)? Did it help?

How does your sexual problem affect your partner's sexual function or vice versa?

How have you as a couple tried to handle the sexual problem so far (sex manuals, alcohol, other partners)?

Have you or your partner been married previously?

How would you describe the past marriage sexually? Financially? Does either of you have any children from a previous marriage or relationship?

Names: Ages: Any problems with them?

Who filed for divorce, you or your spouse?

What effect has that marriage had on this relationship?

Do you think a woman should approach a man for sex?

Should a man always be the sexual initiator?

What is your concept of the proper role of a man:
in bed?

financially?

with children?

What is your concept of the proper role of a woman:

in bed?

financially?

with children?

How often do you and your partner express affection each week?

How often do you have intercourse?

Do you reach orgasm?

(For men) Do you have erection difficulty?

Do you have morning erections?

Do you have erections with masturbation?

Do you have sleep erections?

Did your first episode of erection difficulty involve alcohol, anxiety, or anger?

Did anything sexually upsetting ever happen to you? Your age?

Who did you tell? What was the outcome?

Do you and your partner engage in foreplay before intercourse? Who initiates?

Do you masturbate? How frequently per month? How do you feel about it?

Does your partner know about it? What is your partner's favorite position for intercourse? Do you like it or just cooperate?

Does your partner masturbate? How do you feel about it?

Do you and your partner ever engage in oral sex? How often?

Do you and your partner ever have anal sex? How often?

When you have sex with your partner, do you:

completely remove your clothes	never	sometimes	always
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turn off all the lights	never	sometimes	always
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shower/bathe together first	never	sometimes	always
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touch your own genitals	never	sometimes	always
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try new positions	never	sometimes	always
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talk about sex	never	sometimes	always
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ever feel guilty	never	sometimes	always
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experience anxiety	never	sometimes	always
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have resentment	never	sometimes	always
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feel ashamed or confused about sex	never	sometimes	always
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enjoy sexplay	never	sometimes	always
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enjoy intercourse itself	never	sometimes	always
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masturbate before or after	never	sometimes	always
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have sexual fantasies	never	sometimes	always
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How are the following things handled in this relationship?

Self

Spouse

Communication

Finances

in-laws

arguments

affection

control

suspicious

trust

faithfulness

religion

leisure time

social activities

cooking

Have you ever had an affair during this relationship?

Does your partner know?

Has your partner had an affair during this relationship?

How do you know?

III. Medical History

What is your present state of health (excellent, good, fair, poor)?

When was your last complete physical examination?

Do you have any serious medical illnesses?

Have you ever been hospitalized? What for?

Have you ever had surgery? What for?

What kind of medications are you taking (over-the-counter, prescription)?

Do you smoke? How much each day?

Do you drink alcohol? How many drinks per day?

Do you take recreational drugs? Which ones?

Have you ever been treated for a psychiatric illness?

Have you or your partner ever attempted suicide? Has a relative of yours? Have you or your partner ever used physical violence to resolve conflict? Give the details.

IV. Family Sexual History

Your father:

Age: Occupation: Education: Cultural background:

Illnesses (alcohol, drug, psychiatric problems):

What kind of relationship did he have with your mother?

What kind of relationship did he have with you as a child? How about now?

What was his attitude toward sex?

Your mother:

Age: Occupation: Education: Cultural background:

Illnesses (alcohol, drug, psychiatric problems):

What kind of relationship did he have with your mother?

What kind of relationship did she have with you as a child? How about now?

What was her attitude toward sex?

Did you receive sex education at home? How would you describe it?

Was contraception discussed?

Do you have any brothers and sisters?

Names: Ages:

What kind of relationship did you have with them as a child (good, fair, poor)? How about now?

Which sibling was closest to you as a child?

How would you describe your family in a few words?

Did anything about your family trouble you as a child or teenager?

How would you describe your childhood (happy, sad, average, lonely)?

How did your parents handle discipline?

Did they use physical punishment?

Did you engage in any sexual exploration or sexplay? At what age?

Was it fun, exciting, traumatic? Were you discovered? What happened?

(For women) At what age did you begin menstruating? What were your parents' attitudes toward it? Did they give you help or instructions about it?

V. Your Present Family

What kind of family life do you have now? Do you have any children from your present relationship?

Names: Ages:

What kind of relationship do you have with them (good, fair, poor)?

What kind of parent do you think you are?

What kind of parent do you think your partner is?

How do you handle discipline? How does your partner?

How do you handle sex education for your own children?

Describe your relationship with your in-laws. Do they accept you?

Describe your partner's relationship with your parents. Do they accept him or her?

How does your job affect your family?

How does your partner's job affect your family?

VI. Your Emotional Life

Have you ever experienced any of the following emotions or problems?

How pervasive were/are they? How long have you had them?

feelings of inferiority	never	sometimes	always
oversensitivity	never	sometimes	always
anxiety	never	sometimes	always
depression	never	sometimes	always
appetite loss	never	sometimes	always
eating disorders			
(anorexia, bulimia)	never	sometimes	always
weight loss	never	sometimes	always
sleep problems	never	sometimes	always
lack of self-confidence	never	sometimes	always
suicidal thoughts	never	sometimes	always