**Sexual Questionnaire Form**

Feel free to answer any other questions you feel would be helpful to you in exploring your own history. The “facts” have little relevance without subjective interpretation. Therefore, be sure to include the “human” aspects of your human sexuality narrative. Connect your early life experiences with your current understanding of yourself and sexuality in general. How does it/does it not impact on you today?

**I. Early Sex History (General)**

State your full birth name, age, & year of birth.

Discuss cultural influences impacting your peer group and how you were affected.

1. How was sexuality expressed and talked about in your family as a child?
2. Did you experience conflicting messages as a child? (e.g. one from parents, churches, schools; the other from TV ads, pornography, popular culture?)
3. Attitudes about genitalia (e.g. as “dirty” etc.) or your body, and its impact on later attitudes about your body (e.g. oral sex, body image etc.) What words were used in your family for body parts or functions? What words do you use today?
4. What were you told about sex after marriage? Having children? How was “intercourse” referred to in your family?
5. Was nudity acceptable in the family? How was privacy handled regarding toileting, bathing, etc.? Were there differences between males and females?
6. Presence of affection. Were there differences between parents; between male & female children? Was it present at some ages and not others?
7. Attitudes about masturbation. Shameful, accepted, harmful, healthy, normal, abnormal?
8. Attitudes about gay men, lesbian women, bisexuality, transgender people.
9. Your attitudes toward sex and sexual expression as an adolescent.
10. Your adolescent attitude toward your parents’ sexuality.
11. What role sexuality played in adolescent relationships/dating.
12. First erotic responsiveness: source, sexual experience: first orgasm.
13. Experiences talking about sexuality or sexual concerns with other adolescents or adults.
14. Expressing physical affection with friends as an adolescent.
15. Onset, age & reaction to changes in adolescence (pubic hair, breast development, voice change, rapid growth, menses etc). Who provided information about puberty? How? When did you receive this information? What was the tone of the message? Did this information happen too soon or too late? Were you an early, late, or average developer? What affect did this have upon your body image? Any carryovers today?
16. When did you learn about menstruation? Wet dreams? How, when, where, what and who informed you? What affect did this have on your attitudes then and now?

**II. Sex Education:**

1. What ideas did you have about sexual matters before you knew “the truth” about where babies came from and how they got here? What was your reaction when you learned “the truth?”
2. What were your sources of knowledge & age you were when learned about: pregnancy, coitus, fertilization, menstruation, venereal diseases, prostitution, contraception, abortion, male erection, gay men, lesbian women, bisexual, transgender people?
3. Parental contribution to sex education: Did either parent ever provide a discussion about “the birds and the bees”? Did you want them to?
4. Formal sex education in school: What grade? Depth? Peer reactions?
5. Books, pictures, magazines, movies about sex and your reactions to them.
6. Ever see anyone engaging in intercourse or other sex acts? Adult/child sexual contact?
7. Attitudes [your own, of parents, of partner’s] about nudity.
8. Parents attitudes about discussing sex/having sex/genitals/sex in marriage/nudity/affection.
9. As an adolescent: talking about sex; gender roles adopted, dating relationships. How did your early attitudes about being a “man” or a “woman” impact you today?
10. Who was the first person you ever thought of as sexually attractive? Why? How does this now inform you about your “lovemap” formation?
11. What tactile/sensuous pleasures did you enjoy as a child? What have you kept and discarded from those early years?

**What follows are other important questions to ask when taking a sex history:**

**III. First sexual experimentation (self-initiated):**

1. Including same/opposite sex, play doctor, playing house, exploration, comparison, games with sexual connotation, viewing animals, circle jerk.
2. Were you ever “caught” in sex play? What were the reactions? How did you respond to being “caught’? What happened to you/your playmate/the friendship?

**IV. Sociological & Psychological Data:**

1. Memorable/tragic event in life, attitudinal influences on sexual values, self-concept, family atmosphere & show of affection, religious background. Be sure to mention “your generation” and expectations about sex.

**V. Partners Selection**

1. “I’d like to get an idea about the kind of relationships you’ve had in the past. Do you remember the first person you were ever in a sexual relationship with (even if you didn’t have intercourse with that person?)”
2. Age range of partners, gender, comparison of age of client (e.g. a 40 year old partner at age 20 years), age preference & reasons for these preferences, social position of partners (starving students with wealthy professionals, etc), did relation involving love & affection? Percentage of approaches to rejections? Pickups (e.g. in street, park, hotel, theater, tavern, nightclub, restaurant, beach, transportation terminal, public bath, toilets, hitchhiking, other). Preference for: type, height, weight, complexion, hair, genital characteristics. Total number of partners?
3. Ask specifically if he/she was ever in love or had sex with member(s) of the same sex. Ask about whether these relationships included both long & short-term involvement.
4. Sexual patterns/problems in earlier relationships.

**First Trauma-Related Summary Question:**

“When you look back over your first (years prior to leaving home) 18 years, what would you say was the most hurtful, traumatic, damaging incident that happened to you?”

**VI. Current Sexual Experiences:**

General questions:

1. Are you satisfied with your current sex life? If not, why not?

“Satisfaction” includes issues such as:
Frequency; type of sex; satisfaction with the means & intensity of orgasm; intensity of arousal level; variation and novelty; positions; ability to “tune out” & “tune in,” and under what conditions they do each; relationship issues, contraception & satisfaction with contraception, self stimulation, interference of children, quality of communication, fantasy. Safe sex practices/problems. What sexual style (Mosher,1980) Sexual Trance/Partner Engager/Role Enactor. What is (are) you current sexual partner(s)? What experiences have you had with sexual styles other than your own? How profoundly engaged are you in your current preferred style? How proficient are you in practicing other styles?

Be prepared to discuss areas where the client(s) might want to improve. These may include any of the following:

a) Nudity and feelings about their bodies
b) Feelings about being nude with their partner
a. Preferences for situation, place, lighting, devices, oils, lotions, etc
c) Tactile contact (Frequency, attitude, % leading to orgasm):
a. Duration, lip kissing, general body caressing, breast caressing (manual, oral), genital caressing (manual, oral; to partner/by partner), anal contact, flagellation on back, buttocks, genitalia
d) Orgasm: (client and partner)
a. Techniques, duration, multiple, frequency); behavior & feelings after orgasm, changes desired. Would the time seem wasted without orgasm?
e) Contact after orgasm: cuddling, talking, showering, emotions, etc.

2. Are you currently active sexually with any partner? If yes:

Subjective Sense of One’s Own Involvement:
Do you feel you most often “give your best” when having sex with your partner?
Are you proud of the way you express your feelings toward your partner at this time? If not, what’s missing in your opinion? Are you happy with the way things are or would you like things to change? Do you WANT your partner during sex or just ‘want sex’? Do you WANT to be aroused and involved sexually?

Current typical behavior with partner (or most recent significant partner):

1. Initiation:
a. How do you know if your partner wants sex? How do you communicate this desire yourself? What are the consequences if you or your partner refuses? Who initiates what percentage of the time? Has it always been this way?
2. Frequency:
a. What is the approximate frequency of sexual activity (not limited to intercourse)? Is this ideal for you?

VII. Problem History:
How often do you have difficulty becoming sexually aroused?

Men
How often do you have difficulty obtaining or maintaining an erection?
How often do you have difficulty with control of ejaculation?
Women
How often do you have pain or discomfort during intercourse?
How often do you have difficulty being orgasmic?

Describe the problem:

Onset: (Often clients won’t link situational variables unless asked specific questions such as: What year was this? What was happening in your job? How old were your children? Where were you living at the time? Who was living with you?)

Circumstances (Does this happen in every context? Masturbation? Other partners? When using erotic material? When your partner isn’t available?)

Course of Problem (Does it get better, than worse?)
What is your conception of the cause and maintenance?
What has the past treatment(s)/self-cures been?
What type of medications or alcohol/drugs do you use?
What have been the results of medical tests and lab results?
Is this the first time you’ve had a problem like this? What were previous times like?
What are your expectations & goals?
What are your partner’s expectations and goals? Do they know you’re here?
Do they consider it a problem? Are they willing to attend therapy?
How would you feel if, after therapy, you were still in the same place?

**VIII. Body Attitudes and Body Image:**

Self Image: Would YOU find someone like you sexually attractive? If not, how does this impact on your own sexual expression? Does your partner tell you (verbally/non-verbally) he/she finds you attractive? Can/do you believe him/her?

Physical Data including:

General development & health; male/female genital characteristics, carriage & movement, voice, hip movement, walk, dress, make-up, interest in cross-dressing, other qualities.

Male: testes, injury/surgery, circumcision & age of, extent of foreskin, pre-coital mucous secretion, erection: [speed, extent, presence of pulsation, feelings, thoughts, activities, situations, reactions to these], morning/night erections & frequency; chest/nipple sensitivity

Female: breast development, injury/surgery, clitoris & foreskin, hymen, labia, mucous, menstruation [first preparation, problems, duration, flow, cycle variation in, discussion w/ friends, attitude toward, intercourse during, vaginal odor]
Orgasm: under what circumstances, physical feelings
Childbirth: [length, difficulty, response to, desire for additional children, partner’s response] abortions.
Menopause: [symptoms, degree of distress, hormone replacement]

Attitude toward partner about above.

Self Stimulation/Pleasuring (Masturbation)

Through fantasy/dreams/partner; first genital feelings; ages involved, sources of learning [reading, conversation, observation, participation, self-discovery, frequency at each age]

Male-techniques
Lubricant, manual, frictional, oral, special devices, urethral insertions, vibrator

Female-techniques
Lubricant, clitoral; around/direct, vaginal, manual, frictional, oral, special devices, urethral insertions] Preferences for time, place, situation, manner

Imagery used, always have orgasm? Time required? Current frequency?

Subject’s evaluation (conflict/fear, rejection, source of resolution of conflict?)
Is masturbation “self-pleasuring” or something else? (Physical release, self-pushing etc)

**IX. Other Sexual Experiences
group sex activities; experiences with prostitutes; phone sex; cyber-sex; contact with animals; any other important information**

**X. Extramarital: spouse’s knowledge of (effect on marriage); desire for further experience(s)**

**XI. Post-marital experiences**

Second Trauma-Related Summary Question:

“In looking over your entire sexual history, what would you say was the most hurtful, traumatic, damaging incident that happened to you?”

Summarize History

What questions or problems related to sexuality you would like to discuss?

From ( need to rearrage it)

https://couplestherapyinc.com/guidelines-sexual-genogram/