

# Sexual History

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## General Information

Name: \_\_\_\_\_ Date: \_\_\_\_\_  
\_\_\_\_\_

Address: \_\_\_\_\_

Telephone numbers: Day: \_\_\_\_\_ Evening: \_\_\_\_\_ Cell: \_\_\_\_\_  
\_\_\_\_\_

Age: \_\_\_\_\_ Occupation: \_\_\_\_\_ Sex: \_\_\_ M \_\_\_ F

Date of Birth: \_\_\_\_\_ Place of birth \_\_\_\_\_ Religion \_\_\_\_\_  
\_\_\_\_\_

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Does your weight fluctuate: \_\_\_ yes \_\_\_ no If yes, by how much?  
\_\_\_\_\_

By whom were you referred? \_\_\_\_\_

Do you attend church? \_\_\_ Yes \_\_\_ No If yes, name of church:  
\_\_\_\_\_

Have you been in therapy before or received any professional help fro your problems? \_\_\_ Yes \_\_\_ No

If yes, when and where?  
\_\_\_\_\_

Have you ever been hospitalized for psychological/psychiatric problems? \_\_\_ Yes \_\_\_ No.

If yes, when and where?  
\_\_\_\_\_

Have you ever attempted suicide? \_\_\_ Yes \_\_\_ No.

Does any member of your family suffer from an Aemotional@ or Amental@ disorder? \_\_\_ Yes \_\_\_ No.

Do you intend to file for reimbursement with your insurance company? \_\_\_ Yes \_\_\_ No.

If yes, name of company: \_\_\_\_\_

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## Goals:

! what do you hope to get out of the counseling for yourself and for the relationship?

! what is your definition of a good sexual relationship?

! What is the nature of the sexual problem?

- ! how long has this been a problem?
  
- ! Under what circumstances did it first occur or you become aware of it?
  
- ! was onset gradual or sudden? Changes over time since it started (better/worse) (if there is more than one problem, which appeared first)
  
- ! what are your ideas about why this problem developed?
  
- ! what has been your partner=s reaction? Your reaction?
  
  
- ! what have you done to remedy this problem? (E.g., read books, techniques, counseling, physician)

**Physical history:**

- ! How/when/from whom did you learn about sex? Did you have any reactions to this that you remember?
  
- ! How do you feel about your body? How do you think your partner feels about your body?
  
- ! have you ever had an injury or surgery involving breasts or genitals? An abortion? explain.
  
  
- ! (WOMAN) At what age did you first menstruate? Were you told what to expect?
  
  
- ! what kinds of menstrual difficulties have you experienced?

! how did you react to first menstruation? Breasts? Pubic hair? Complexion?

! how did others react to your transition to adolescence?

! (MAN) At what age did you first have wet dream? Were you told what to expect?

! what was your reaction?

! what was your reaction to other changes? Voice change? Pubic hair? Complexion?

! how did others react to your transition to adolescence?

! (WOMAN) what was your experience of childbirth? Labor? Notable reaction?

! (WOMAN) have you begun or completed menopause? Experience of this? Reaction to it? Hormones?

## **Influences: Parents**

! Y N Were you allowed to ask questions about or to discuss sexual topics?  
What happened?

! Y N Was physical affection shown between your parents? How?

! Y N were your parents physically affectionate with you? How? Was one  
parent more affectionate than the other?

! What was the attitude toward nudity (or modesty) in your home?

! What do you think your parents= attitudes toward sex were?

With each other?

Toward your own developing sexuality?

Toward homosexuality?

**Influences: siblings/friends while growing up, was sex:**

!                            Y        N        did you discuss sex with them? Explain:

!                            Y        N        was sex the subject of jokes and embarrassment? Explain:

!                            Y        N        did you play games with sexual content as a child? Describe:

!        **Dating experience:**

!        can you recall your first date? Please describe: Age, experience, reaction

!        what was your parents= response to your starting to date?

!        describe your subsequent dating - number of people, length of relationships

!        please describe your first sexual experiences: kissing, petting, intercourse? When, who, how, reaction:

!        At what age did you first experiment with masturbation? \_\_\_\_\_ (or other pleasurable sexual feelings)

!        How and where did you do this?

!        How often?

!        How did you feel about doing this?

!        how did you learn about masturbation (self, observation, reading, etc)

!                                 Y        N        Were you ever discovered at this? Explain:

!           In what other ways did you explore your own sexuality?

!                         Y        N        Do you remember any upsetting experience having to do with sex that occurred during your childhood? If yes, describe:

!           In what ways did your family's religion/church experience influence your attitudes toward sex?

!           How do your current beliefs influence your attitudes toward sex?

!           do you see conflicts between your own attitudes about sex and those of your faith?

### Desire:

!           How frequently do you think about sex or experience desire? This feeling may include wanting to have sex, planning to have sex, feeling frustrated due to a lack of sex, etc.

!           For how many years have you and your partner been having sexual intercourse?

!           When your partner makes sexual advances, how do you usually respond? (Circle one)

- |                       |                  |
|-----------------------|------------------|
| A. Usually Accept,    | C. Often refuse  |
| D. reluctantly accept | D. always refuse |

!           When you make sexual advances, how does your partner usually respond?

- |                       |                  |
|-----------------------|------------------|
| A. Usually Accept,    | C. Often refuse  |
| D. reluctantly accept | D. always refuse |

!           When you have sex with your partner, do you feel sexually aroused (turned-on, pleasure, excitement)?

- a. nearly always (over 90% of the time)
- b. usually (about 75% of the time)
- c. sometimes (about 50% of the time)
- d. seldom (about 25% of the time)

e. never

- ! When you have sex with your partner, do you have negative emotional reactions (fear, disgust, shame, guilt)
  - a. nearly always (over 90% of the time)
  - b. usually (about 75% of the time)
  - c. sometimes (about 50% of the time)
  - d. seldom (about 25% of the time)
  - e. never

**Arousal:**

- ! Who usually initiates having sexual intercourse or sexual activity?
  
- ! who would you like to have initiate sexual intercourse or activity?
  
- ! How do you like to have sex initiated?
  
  
- ! how do you feel when your sexual advances are refused?
  
  
- ! how do you feel about intercourse during menstruation?
  
  
- ! how often do you masturbate? \_\_\_\_\_
- ! How long to reach orgasm with masturbation? \_\_\_\_\_
- ! how is your experience of masturbation different from intercourse?
  
  
- ! For how long do you and your partner usually engage in sexual foreplay? What does this include?
  
  
- ! Overall, how satisfactory to you is the foreplay with partner?
  - a. extremely unsatisfactory
  - b. moderately unsatisfactory
  - c. slightly unsatisfactory
  - d. slightly satisfactory
  - e. moderately satisfactory
  - f. extremely satisfactory
  
- ! What is your usual reaction/response to erotic or pornographic materials? (Aroused, excited, repulsed, shamed, disgusted, etc.)
  
  
- ! How do you feel about having your genitals manually stimulated? Giving this kind of stimulation?

- ! how do you feel about oral/genital contact? Semen in your mouth?
  
- ! How do you feel if you do not achieve orgasm? If your partner does not have an orgasm?
  
- ! Does the male partner have trouble getting an erection before intercourse begins?
  - a. nearly always (over 90% of the time)
  - b. usually (about 75% of the time)
  - c. sometimes (about 50% of the time)
  - d. seldom (about 25% of the time)
  - e. never
  
- ! Does the male partner have trouble keeping an erection once intercourse has begun?
  - a. nearly always (over 90% of the time)
  - b. usually (about 75% of the time)
  - c. sometimes (about 50% of the time)
  - d. seldom (about 25% of the time)
  - e. never
  
- ! What types of sexual fantasies do you have? (Fantasies are a way of re-experiencing pleasurable or exciting situations, behaviors, imaginings) What is your usual reaction? (Arousal, excitement, repulsion, disgust, etc)

## Orgasm:

- ! If you try, is it possible for you to reach orgasm through masturbation?
  - a. nearly always (over 90% of the time)
  - b. usually (about 75% of the time)
  - c. sometimes (about 50% of the time)
  - d. seldom (about 25% of the time)
  - e. never
  
- ! If you try, is it possible for you to reach orgasm through having your genitals caressed by your partner?
  - a. nearly always (over 90% of the time)
  - b. usually (about 75% of the time)
  - c. sometimes (about 50% of the time)
  - d. seldom (about 25% of the time)
  - e. never
  
- ! If you try, is it possible for you to reach orgasm through having intercourse?
  - a. nearly always (over 90% of the time)
  - b. usually (about 75% of the time)
  - c. sometimes (about 50% of the time)
  - d. seldom (about 25% of the time)
  - e. never
  
- ! How long does intercourse usually last, from entry of the penis to ejaculation?  
 \_\_\_\_\_
  
- ! Does the male partner ever reach orgasm while he is trying to enter the female partner=s vagina with his penis?
  - a. nearly always (over 90% of the time)

- b. usually (about 75% of the time)
- c. sometimes (about 50% of the time)
- d. seldom (about 25% of the time)
- e. never

! Does the male partner ever ejaculate without having a full, hard erection?

- a. nearly always (over 90% of the time)
- b. usually (about 75% of the time)
- c. sometimes (about 50% of the time)
- d. seldom (about 25% of the time)
- e. never

! (MAN) Do you ever ejaculate without any pleasurable sensation in your penis?

- a. nearly always (over 90% of the time)
- b. usually (about 75% of the time)
- c. sometimes (about 50% of the time)
- d. seldom (about 25% of the time)
- e. never

! (WOMAN) Can you reach orgasm:

- |   |   |   |
|---|---|---|
| Y | N | by stimulation with vibrator, running water, rubbing with something   |
| Y | N | during sexual intercourse with additional stimulation   |
| Y | N | When you have sex with your partner, including foreplay and intercourse, do you notice: breathing and pulse increase, wetness in vagina, pleasurable sensations in breasts or genitals? |

### Coital Pain:

! Is the female=s vagina so dry or tight that intercourse cannot happen?

- a. nearly always (over 90% of the time)
- b. usually (about 75% of the time)
- c. sometimes (about 50% of the time)
- d. seldom (about 25% of the time)
- e. never

! Do you feel pain in your genitals during intercourse?

- a. nearly always (over 90% of the time)
- b. usually (about 75% of the time)
- c. sometimes (about 50% of the time)
- d. seldom (about 25% of the time)
- e. never

### Frequency, satisfaction/dissatisfaction:

! How frequently do you and your partner have sexual contact?

\_\_\_\_\_

! How frequently would you like to have sexual contact?

\_\_\_\_\_

! Overall, how satisfied are you with your sexual relationship?

- |                              |                            |
|------------------------------|----------------------------|
| a. extremely unsatisfactory  | d. slightly satisfactory   |
| b. moderately unsatisfactory | e. moderately satisfactory |
| c. slightly unsatisfactory   | f. extremely satisfactory  |

! Overall, how satisfied do you think your partner is with your sexual relationship?

- |                              |                            |
|------------------------------|----------------------------|
| a. extremely unsatisfactory  | d. slightly satisfactory   |
| b. moderately unsatisfactory | e. moderately satisfactory |
| c. slightly unsatisfactory   | f. extremely satisfactory  |

! what generally happens after a sexual interaction?



!                    Y        N        Do you ever have a tendency to Δspoil@ the romantic mood or postpone lovemaking? Explain:

**Qualifying Information:**

!                    Y        N        Have you ever had unpleasant experiences involving physical intimacy with strangers, family members, or friends? Explain:

!                    Y        N        did you engage in intercourse premaritally? If not, what were sources of restraint?

!                    How old were you and what were the circumstances of your first intercourse?

!                    under what circumstances, how frequently did premarital intercourse occur?

!                    How did you respond sexually? Were you orgasmic? Any trouble with arousal/erection?

!                    what feelings usually accompanied intercourse?

!                    were you ever Δwalked in on@ during sex?

!                    Have you been previously engaged, married or in a serious relationships prior to current partner? Explain. Note any significant sexual experiences or feelings in these relationships.

!                    did premarital sex ever result in pregnancy? What was the outcome?

!                            Y        N        (MAN) did you ever force someone to have intercourse with you?

!                            (MAN) what did you think of women who would have sex with you? Who wouldn't?

!                            (MAN) how would you rate your attractiveness as an adult? As a child?

!                            Y        N        do you feel attractive to your partner?

!                            Y        N        do you have any close friends of the opposite sex?

!                            Y        N        were previous sexual relationships with partners pleasurable to you?

!                            Y        N        were they more pleasurable than your current relationship?

!                            Y        N        have you ever been tempted to have an affair

!                            Y        N        have you ever engaged in an extramarital affair? If yes, did your partner know about it? how did it affect your relationship with your partner?

!                            Y        N        Have you ever had any problems with sexually transmitted diseases?  
Explain:

!                            Y        N        Do you use any form of contraception?

What:

Whose responsibility is it?

!                            Y        N        Do you have any medical conditions that could affect your sexual relationship? Explain:

!                            Y        N        Do you take any medications that could affect your sexual relationship?  
Explain:

!                    Y        N        Do you have a history of alcohol or substance abuse? If yes, explain:

!                    Y        N        Do you currently use alcohol or other substances? If yes, explain:

!                    Y        N        Have you ever been abused physically or emotionally by a sexual partner? Explain:

!                    Y        N        Are you currently abused physically or emotionally by your partner? Explain:

!                    Y        N        Have you ever had a homosexual urge or fantasy? Explain:

!                    Y        N        Have you ever had a homosexual experience apart from fantasy? Explain:

### **Relationship factors:**

!        What originally attracted you to your partner?

!        Describe your dating and courtship?

!        How long did you know your spouse before your engagement?  
\_\_\_\_\_

!        How long were you engaged before you got married? \_\_\_\_\_

!        How long have you been married? \_\_\_\_\_

!        What is your spouse=s age? \_\_\_\_\_ His/her occupation?  
\_\_\_\_\_

! Did marriage make any immediate difference in your reaction to sex? In your partner=s reaction? How?

! How did you decide to get married?

! did you have the kind of wedding you both wanted?

! Did you have a honeymoon? Where? How long?

! tell me about your wedding night:

! How frequently did you have intercourse  
! at first?

! after 1<sup>st</sup> child?

! now?

! How did you reach the decision to have children?

! How many children do you have? \_\_\_\_\_ Please give names and ages:

! Do your children present any special problems? \_\_\_ Yes \_\_\_ No. If yes, please describe:

! How do you feel your children affect your relationship? Overall, sexual relationship.

! How do you feel about your relationship? Are you getting the things you want from it?

! How do you feel about your work? Worries, satisfaction, co-workers

! do you feel you have enough time together with your partner?

! do you feel satisfied with the amount and type of physical affection you have with your partner apart from sexual intercourse?

a. extremely unsatisfactory

d. slightly satisfactory

b. moderately unsatisfactory

e. moderately satisfactory

c. slightly unsatisfactory

f. extremely satisfactory

! are you and your partner able to talk about most things? What subjects do you avoid, find difficult, or often fight about?

! What happens when you argue?

! Where do you get stuck when you argue?

! How do you reconnect after an argument?

! Y N have you ever been separated or divorced? Explain:

!                    Y            N            is it difficult to tell your partner what you like about him/her? What you don't like? Explain:

!                    Y            N            are you able to tell your partner what you do and do not like during sex? How comfortable are you with this? How do you communicate these things?

!                    How do you see your sexual difficulties affecting other aspects of your relationship?

!                    What do you see as the place of sex in a relationship? Is it very important to you?

!                    what might be bad about solving your current problem(s)?

!                    Is there any additional information that you think might be useful for me to know in order for me to help you in achieving your goals in our work together?