Northampton Sex Therapy, LLC Client Name:

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SEXUAL HISTORY QUESTIONNAIRE

CURRENT CONCERN:

What prompted you to come at this point for therapy?

Who initiated seeking therapy?

Have you seen therapists previously? What were your experiences with these professionals?

DESIRED OUTCOME:

What is your primary goal for our work together?

If therapy is successful, what will you be able to do that you are unable to do now?

How will this change anything in your current life, relationship, personality or partner’s personality?

What significance does the problem have with respect to your own sexual functioning? How does the problem affect your partner’s sexual functioning?

HISTORY OF CONCERN:

When did the problem first occur? What was happening in your life at that time?

(If there is more than one problem, or both/all partners have a problem): Which problem do you recall as having developed first?

Is there any situation in which the problem improves?

When does the problem occur? Is there anything that makes it worse?

SEXUAL HISTORY:

Contact with other children:

As a child, did you engage in sexual play or exploration with other children? Describe where and how you did this.

How often did you do this?

Who initiated these games? What role(s) did you play?

How did you feel about doing this?

Were you ever caught doing this? What happened?

What was your major source for information about sex?

In what ways has your religion and family background influenced your attitudes towards sex? Were you allowed to ask questions?

What was the age of your first sexual feeling (in whatever way you define that): MASTURBATION:

At what age did you first experiment with masturbation? How old were you when you first masturbated? Where were you and what did you do?

With what frequency did you masturbate in your teens?

How did you learn about masturbation?

How did you feel about masturbation?

What techniques have you used for masturbation?

How often do you currently masturbate?

Are you able to talk with your partner about self-pleasuring/masturbation?

UNWELCOME SEXUAL CONTACT/ABUSIVE BEHAVIORS:

As a child, did anyone ever touch you, or make you touch them, in a way that made you uncomfortable either at the time or looking back on it now?

Did anyone ever make sexual comments to you or comment on your body in a way that made you uncomfortable, then or now?

Did you have any sexual contact with adolescents or adults? Were you forced or coerced to have sex against your will?

Did you ever sexually touch other children your own age in a way that was upsetting to them at the time? Were you aware that what you were doing might be upsetting?

What words or label do you use to describe these experiences?

Did you ever tell anyone else about any of these experiences? What happened when you did?

Was there ever hitting, biting, pushing, shoving, slapping, or other physical aggression towards you, siblings, or a parent in your home? Could you describe this?

Were there any upsetting experiences related to sex as a child that we have not discussed? If so, could you describe them?

PUBERTY AND ADOLESCENCE (AGES 10-20):

Body changes for adolescents assigned female at birth:

When did you first notice your breasts beginning to develop? Were you the first person to notice? How did it come to your attention?

Did you experience breast development earlier, later, or about the same as most of your friends?

How did you feel about your developing breasts? How did others react?

Did you have erotic dreams as an adolescent? If yes, was there a theme to them? When did you begin to menstruate? Describe the circumstances when it first occurred.

Had you been taught about menstruation in advance? By whom?

Was this information shared with one or more family members? With whom?

Was it discussed among your friends? What were your feelings about the possibility of beginning to menstruate? Were you earlier, later, or about the same as most of your friends?

Did you develop a regular menstrual cycle? How long did this take? Have you had any menstrual difficulties?

Have you had sex during your period, or during the period of a partner who menstruates?  How do you feel about this?

How did you feel when you first learned that some people have nocturnal emissions (“wet dreams”)?

Body changes for adolescents assigned male at birth:

How old were you when your voice began to change? How did you feel about it? How long did it take to settle into your adult range?

How old were you when you had your first nocturnal emission (“wet dream”)? How did you react? Had you been taught about these in advance? By whom?

Was this information shared with one or more family members? With whom? Did you take steps to conceal the evidence of your wet dreams?

Did you have any problems with the developments of puberty?

How did you feel when you first learned that some people have menstrual periods?

Have you ever had sex with someone who menstruates while they were having their period?

How do you feel about this idea?

Body changes for all:

How and when did your body change during puberty?

How did you feel about these changes?

Were these changes what you expected or hoped for?

How did you feel about your height, weight, hair, skin?

How are your feelings about your body connected to your race, ethnicity, culture, etc.? Did you engage in attempts to change or control your weight while you were growing up?

How did you feel about this? How was your family involved in noticing, commenting on, or trying to control your weight?

Did the body changes you experienced during adolescence bring up any concerns for you about your gender identity or gender presentation?

ADOLESCENT DATING BEHAVIOR:

How would you describe your junior/senior high school social life? Were most of your friends male or female?

At what age did you start to notice the sexual development of your peers? How did you feel about it?

At what age did you start to date? In groups? On single dates? Did you date same sex

partners, opposite sex partners, or both? Did your parents allow dating or did you have to take steps to conceal it?

How did you feel about the dating behavior of your peers?

Did you date many different people or did you usually have a steady relationship with one person at a time? How old were you when you had your first steady relationship? How old was your partner, and what was their gender?

How did your social life change when you left home or went to college? ADOLESCENT GENDER JOURNEY:

How did your sense of your gender change, stabilize, or evolve during adolescence?

Did you talk to anyone about the thoughts and feelings you were having about your  gender? How did they respond?

How did you cope with any negative or confused feelings you had about your gender  during this time? Did you seek any medical or counseling support? What was that  experience like?

Did your behaviors and gender presentation during adolescence match with the  expectations those around you had for someone of the gender assigned to you? If yes,  what was that like for you? If no, what was that like for you?

Were you ever targeted for harassment or violence because of your gender or gender  presentation in adolescence?

Did anyone ever suggest that the adults in your life should try to change or affirm your

gender presentation and/or gender identity? What happened?

FOR SEXUAL AND GENDER MINORITY CLIENTS:

At what age did you first begin to identify yourself as potentially “different,” in terms of your sexuality or gender?

At what age did you become aware of others who might be like you?

At what age did you acknowledge that you might be [your sexual orientation], or [your gender]? At what age did you decide to tell someone else? Whom did you choose to tell first? How did they respond? What was that like for you?

Can you talk about what the process of coming out to yourself and others was like during adolescence? Who knew and who did not know?

How did your close friends respond if and when they knew?

How did people in your school environment respond if and when they knew? Were you ever the victim of intimidation or violence at school? Who could you talk to about this?

Who else was supportive of you during this time?

How was your family life affected by your sexual or gender identity?

Were you able to date and engage in sexual activity with partners of your preferred gender(s)?

How were you able to express your sexual or gender identity at this time? What was it like to live in your community as a sexual or gender minority?

What else should I know about your experiences with sexuality and gender as an adolescent?

ADULT GENDER JOURNEY:

How has your sense of your gender changed, stabilized, or evolved during adulthood?

Have you talked to anyone about the thoughts and feelings you were having about your gender? How did they respond?

How have you coped with any negative or confused feelings you have/had about your gender during adulthood? Did you seek any medical or counseling support? What was that experience like?

Have your behaviors and gender presentation during adulthood matched with the expectations those around you had for someone of the gender assigned to you? If yes, what was that like for you? If no, what was that like for you?

Have you ever been targeted for harassment or violence because of your gender or gender presentation in adulthood?

Did anyone ever suggest that you should try to change or affirm your gender presentation and/or gender identity? What happened?

At this time, do you have any desire to change anything about your lived gender identity or your gender presentation? What if anything do you think you might do about that?

UNWELCOME SEXUAL CONTACT/ABUSIVE BEHAVIORS:

As an adolescent, did anyone ever touch you, or make you touch them, in a way that made you uncomfortable either at the time or looking back on it now?

Did anyone ever make sexual comments to you or comment on your body in a way that made you uncomfortable, then or now?

Did you have any sexual contact that you did not want at the time?

Were you forced or coerced to have sex against your will?

Did you ever feel taken advantage of sexually?

Did you ever sexually touch other adolescents in a way which was upsetting to them at the time?

Were you aware that what you were doing might be upsetting?

What words or label do you use to describe these experiences?

Did you ever tell anyone else about any of these experiences? What happened when you did?

Was there ever hitting, biting, pushing, shoving, slapping, or other physical aggression towards you from an intimate partner? Could you describe this?

Were there any upsetting experiences related to sex as an adolescent that we have not discussed? If so, could you describe them?

ADULTHOOD (AGE 20-PRESENT):

Current attitudes toward sex

How would you describe your attitude toward sex and your own sexuality at present?

What specific aspects of sex are enjoyable to you?

What aspects do you dislike or find unpleasant?

Is there anything about your current sexual life that causes you to feel guilty or distressed? What are your beliefs about the purpose of sex?

How important is sexual pleasure?

How important is procreation?

What is the importance of sex in your life?

What is your current attitude toward each of the following:

• your genitals, your partner’s(‘) genitals

• menstruation

• vaginal secretions

• semen

• masturbation

• fellatio (“blowjobs”)

• cunnilingus (“eating pussy”)

• foreplay

• penetrative sex

• anal penetration or intercourse

• sexual fantasy

• adult films/pornography

• erotic literature

• sex toys

• nudity

• BDSM

FANTASY:

Have your fantasies changed significantly over the course of your adult life?  How frequently do you engage in sexual fantasy currently?

What kinds of fantasies are most frequent for you at this time?

Are you comfortable with the content of your fantasies?

Who can you share your sexual fantasies with?

MENOPAUSE:

Type of hormone supplement used, if any: \_\_\_\_\_\_\_\_\_\_\_\_

For how long?

Was it Rx or OTC? \_\_\_\_\_\_\_\_\_\_\_

What are any concerns you may have about being pre-/peri-/post-menopausal?

ORGASM:

What have been your experiences with orgasm?

Alone?

With a partner?

Would time seem wasted without an orgasm with a partner?

BODY IMAGE:

How did and how do you feel about your body? Please talk about how you felt as a child, growing up, as a young adult, and now.

How would you *like* to feel about your body?

Does the way you feel about your body impact your enjoyment of sex?

PAINFUL SEX:

Have you ever experienced pain during sex play? Yes/No

If yes, please describe the nature of that pain.

What have you done to address this issue?

HISTORY OF SEXUAL EXPERIENCES AND RELATIONSHIPS:

Describe the history of your sexual relationships. Talk about the number of partners, what sexual activities you have experienced, and the issues and conflicts that have emerged for  you in intimate relationships. If you have had a “type” please describe that type:

IF CURRENTLY PARTNERED:

How many emotional partners do you have? How many sexual partners? How do you define the boundaries of your current relationship(s)?

What label(s) do you use to describe the relationship(s)?

If you are in a current relationship, how often do you and your partner(s) have affectionate non-sexual contact? Is that enough for you? For your partner(s)?

How attractive do you think you are on a scale of 1-10? \_\_\_\_\_

How attracted are you to your partner(s) on a scale of 1-10? \_\_\_\_\_

How attracted do you think your partner(s) is/are to you?

How do you feel about your own body?

If you are in a relationship, how do you feel about your partner’s(‘) body(ies)?  How do you imagine your partner(s) feel(s) about your body?

How are these feelings communicated?

Are you ever criticized or shamed by a partner about your body?

Does anyone in your life try to control how your body looks?

How comfortable are you with your sexual orientation?

Have you ever thought you might like to have a relationship or sexual contact with someone of another gender?

Have you discussed this with anyone?

Is it something you have seriously considered acting on?

Have any of your partners experienced such feelings?

How has this affected the relationship?

How much conflict is there in your relationship(s)? How well do you each deal with conflict?

What kinds of stressors are you experiencing currently in your lives that might affect your sexual or emotional relationship(s)?

If you are currently in a long-standing relationship, how has sex changed over the course  of the relationship?

Why do you think it has changed?

How do you and your partner(s) feel about this?

If you are currently in a long-standing relationship, have you ever been sexually involved  with another person outside of the boundaries of the relationship(s)?

How many times? For how long?

How did you feel about this?

Did your partner(s) know about the outside relationship?

What effect has this activity had on your relationship(s)?

What was the purpose or meaning of the outside sexual activity?

Has/have your partner(s) ever been sexually involved with another person outside the boundaries of the relationship?

Did you know about it at the time? How did you feel about this?

What effect has this activity had on your relationship(s)?

What was the purpose or meaning of the outside sexual activity?

Describe any feelings you may have about having sexual contact with your present or possible sexual partner(s).

Describe your present sexual interactions, such as penetrative sex or masturbation, turn ons, your present pattern for sexual pleasure, frequency of sexual interactions, your current number of partners, etc. (Ask if partners cuddle, hug, spoon, kiss hello/goodbye.  Who initiates what kinds of touch?)

Do you feel you most often “give your best” when having sex with your partner(s)?

Are you proud of the way you express your feelings toward your partner(s) at this time? If  not, what’s missing in your opinion?

Do you WANT your partner(s) during sex or just ‘want sex’?

Do you WANT to be aroused and involved sexually?

What would you like from an ideal sexual partner, or your current partner? What would you be willing to give to such a partner?

Do you tell your partner what pleases you most sexually? What displeases you?

What do you want most in the way of attitude, behaviors, etc from your partner that they do  not provide you now?

What attitudes or behaviors do you receive from your partner that you value the most?

What attracts, excites and stimulates you sexually? Describe the situation you find most desirable and stimulating for being sexual?

What trait, behavior, or habit does your partner have which tends to diminish your sexual feeling for them?

Are you interested in sexual practices that include power and pain play, i.e.  dominance/submission/bondage?

Do you look at pornography? If so, with what frequency? Do you use pornography to masturbate? What kinds of pornography do you enjoy?

Specific sexual acts:

Do you or your partner have sex with more than one person at a time? If yes, do you usually do so together, or separately?

Do you ever use sex toys during your sexual activity? What kind, and how do you use them? How often?

Do you read erotic or pornographic books or magazines, or watch adult erotic or  pornographic videos?

How often?

Is/are your partner(s) aware of this? How do they feel about it?

Do you ever share these materials with your partner(s)?

Do you visit adult websites? How often?

What activities do you engage in online?

Is/are your partner(s) aware of this?

How do they feel about it?

How do you feel about your partner’s(‘) use of erotic or pornographic materials or adult  websites?

Do you or your partner(s) ever prefer to dress in certain clothing (such as clothing of another gender, or costumes) or materials (such as rubber or leather) for the purposes of sexual enhancement?

Who else knows about this?

How does this affect the relationship?

Do you engage in activities that you would describe as “kinky,” or BDSM? What activities? Describe them. How often do you engage in them?

How do you feel about this activity?

Is/are your partner(s) aware of this? How do they feel about it?

Do they engage in these activities with you?

Have you ever engaged in sexual activities for money, including exotic dancing, posing for photos, engaging in sexual acts, working a phone sex line, engaging in online sexual activities?

For how long? How often?

Describe what activities you engaged in.

How do you feel about this activity?

Is your partner aware of this? How do they feel about it?

Have you ever paid money for sexual activities or services, including hiring an escort, hiring a sex worker or prostitute, “erotic massage with release,” purchasing subscriptions to adult websites, phone sex lines, paying for BDSM activities?

How often? How do you feel about this activity?

Is your partner aware of this? How do they feel about it?

Are there other specific activities I have not asked about that are an important part of your sexual life?

ALCOHOL/SUBSTANCE USE:

How often and how much do you (and does your partner) drink/use?

Do either you or your partner smoke? How much?

Do you use recreational drugs? What kinds, how much, and how often? Have you ever had a blackout or memory loss while drinking/using?

SEXUAL HEALTH:

Are you currently seeing a body worker, i.e. chiropractor, acupuncturist, muscular therapist? Yes/No

If yes, please described the nature of your physical discomfort:

Do you have any preexisting medical conditions that may affect your sexuality (for  example, diabetes, hypertension, heart disease, etc?) Are you currently taking any prescribed medications (such as for hypertension, diabetes, depression, anxiety or  cardiovascular disease)? If yes, list: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What medications or drugs - including over the counter drugs and herbal supplements - do you use?

How has HIV/AIDS or other sexually transmitted infections impacted your sexual activity?

Do you know about safer sex practices? To what extent do you engage in safer sex?  Why or why not?

Have you or your partner(s) ever experienced an unwanted pregnancy?  What happened?

How was the decision made about what to do?

How do you feel about that?

Do you have any worries or concerns about your sexual health and well-being as an adult?

Who can you go to for information or feedback?

Do you have any disabilities or other physical or mental conditions that affect your ability to function sexually?

Do you require assistance from a partner or caregiver in order to participate in sexual activity with yourself or a partner?

Are you able to get assistance when you need it?

Do you have sufficient privacy and adaptive equipment for the sexual activities you want to engage in?

Are you noticing any effects of aging on your body and your sexual activity?

Any other information:

Describe anything else related to your past or present experiences. Include anything that may be important for me to know, so that I may assist you in reaching your sexual goals.