



**TIFFANY STANLEY**  
Sex & Relationship Therapy

### Sexual Intake Questionnaire

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

Preferred Name: \_\_\_\_\_

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

Do you have any positive or negative experiences about sex early in your life?

Where, when and from who did you learn about sex?

Did you experience any sexual abuse at any age?

Were you exposed to inappropriate sexual material at any age?

What were your feelings about puberty?

How did you feel about the changes in your body?

How regularly do you masturbate?

How did you feel about it?

Do you use pornography?

How often?

How did you feel about it?

Did you ever or do you now have an illness that affects your sexuality or your relationships?

Have you ever been treated for a psychiatric illness?

Tell me if you think it is having an effect on your sexuality.

## **Relationships**

Did you feel comfortable or insecure about your sexuality as an adolescent?

Did you have any relationships lasting more than a few months?

Did they include sexual activity?

If so, was it pleasurable?

Was there ever, at any age, an unwanted pregnancy?

Did you have many /a few /no sexual partners before your current relationship?

Have you had any relationships that included satisfying sex?

What made them satisfying?

Have you had any relationships in which you were dissatisfied?

What made them unsatisfactory?

Do you believe that within your relationship one of you has a problem with sexual drive?

What about arousal (getting turned on)?

Do you feel comfortable talking about sex within your relationship?

Do you feel comfortable able asking for what you want and need sexually?

## **For Men:**

Do you have problems with erections and /or early ejaculation?

Does it ever take longer than you would like or expect to ejaculate?

**For Women:**

Do you experience difficulties with your ability to orgasm (externally, internally)?

Is sex ever painful?

When, where?

Does it prevent you from having sex?

**Women and Men:**

Do you feel confident in your knowledge about your body's sexual anatomy and functioning?

Are there areas about your body and/or your sexual functioning that you have questions about?

If so, what questions would you like to have answered?

Do you have sexual fantasies?

Do you enjoy them, or not?

Do you share them?

Do you have any sexual behaviors (e.g., a fetish) that interfere with sexual enjoyment with yourself or your partner?

Does your partner have any behaviors that you find difficulty accepting or getting aroused by?

Are there questions about your gender or orientation that you would like to explore?

How would you describe your gender?

Male                  Female                  Male to Female                  Female to Male                  Non-gender specific  
Other: \_\_\_\_\_

How would you describe your sexual orientation?

Heterosexual

Homosexual

Bisexual

Other: \_\_\_\_\_

Are any of your sexual problems possibly related to stress, like change in job, moving, birth of a child, death of a loved one, relationship distress, etc.?

Indirect influences of other systems on sexuality?

If you have a spiritual life, what does or does not support your exploration of your sexuality?

Tell me about any interactions with healthcare providers regarding sexual concerns.

Did they go well?

### **Socio-cultural Influences on Sexuality**

Tell me about attitudes toward sex in your culture / culture of your family of origin.

In what ways was your family more or less permissive?

What attitudes do you have about how people of any gender are supposed to act in a sexual relationship?

For example, are men supposed to be the initiators?

How do you think your sexual development has been influenced by ideas you have read about or learned of in the media?

What are your beliefs about the place of sexuality in a person's life?

What are your beliefs about the place of sexuality in a person's relationships?

How do you feel about sexual experimentation?

Do you consider yourself to have a more or less permissive attitude about sexuality?