**Sexual History and Assessment:**

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(developed based on material drawn from multiple sources, including San Francisco Sex Information, Joseph P. Fanelli, and others)

A. Present demographics

* Gender, age, race, ethnicity.
* Religion of family-of-origin and at present.
* How client describes their sexual identity, past and present?
* Marital or partnership status, past and present, number and age of children.
* How many sexual partners would you say you have had, in total?

B. Background

1. General home life
	* Were your parents married, together, separate?
	* By whom were you raised?
	* Number of siblings and sibling order.
	* General atmosphere and relationships in the home.
2. Parental messages and modeling around sex
	* What messages did you get from them about sex?
	* What were the attitudes toward nudity or modesty in your home?
	* Were you aware of your parents or other caregivers being physically affectionate? What about sexual?
	* How comfortable were your parents when discussing sexual topics?
	* What words were you taught for the sexual or private parts of the body?
	* What information did you get from siblings?
	* Was there sexual material available in your home?—books for children, factual books for adults, written erotica, printed pornography, adult videos, the Playboy channel?—Did parents or caregivers attempt to limit or control your access to sexual information or materials?
	* Was there sexual discussion or joking in your home?
	* Were there open or unacknowledged gay, lesbian, bisexual, or transgender people in your family?
	* What was the family’s attitudes toward sexual or gender minorities?
	* What effect do you think your family has had on your own sexuality and sexual relationships?
3. Cultural messages and modeling around sex
	* What messages did you get from other adults in your community about sex?
	* What messages did you get from your peers about sex?
	* Where did you get information about sex if you did not get it from your family?
	* What were the cultural attitudes you observed about gays and lesbians?
	* Are there rituals specific to growing up in your culture of origin? Rituals specific to boys and girls? Did you participate in them?
	* What effect do you think your culture has had on your own sexuality and sexual relationships?

C. Childhood (ages 0–10)

1. Emerging sexuality
	* At what age do you remember having pleasurable genital feelings?
	* Were these in connection with particular thoughts, activities, or situations?
	* How did you react to these feelings at the time?
	* Who, if anyone, did you tell about this?
	* What were your early sexual thoughts and fantasies about?
	* How did you feel about your own body and its various functions as a child?
	* Did you ever feel any shame or anxiety about your body? Your gender? Your fantasies?
2. Masturbation
	* At what age did you first experiment with masturbation, or any other solitary activity that produced genital pleasure?
	* Describe your techniques that you used.
	* How often did you do this?
	* How did you feel about doing this?
	* Were you ever caught doing this? What happened?
3. Sexual education
	* Did you receive any kind of formal sex education, in or out of your home?
	* When and how did you first learn about the physical differences between boys and girls? About how babies are conceived and born? How did you feel about this information?
	* What was your attitude toward sexual information as a child? Was it interesting, embarrassing, dull, frightening, dirty?
	* What were your main concerns, fears, or worries about sex as a child?
	* Did you receive sexual information as part of your family’s religious activities? If so, what was it like?
	* What feelings or concerns did you have about your gender as a child?
	* What feelings or concerns did you have about your attractions, crushes, or other indicators of sexual orientation as a child?
4. Contact with other children
	* 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 roles did you play?
	* How did you feel about doing this?
	* Were you ever caught doing this? What happened?
5. Unwelcome sexual contact or 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?

D. Puberty and Adolescence (ages 10–20)

1. Body changes for female adolescents
	* 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?
	* 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 female partner? How do you feel about this?
	* How did you feel when you first learned that men had nocturnal emissions—wet dreams?
2. Body changes for male adolescents
	* 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 women had menstrual periods?
	* Have you ever had sex with a woman while she was having her period? How do you feel about this idea?
3. 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, et cetera?
	* 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?
4. Dating behavior
	* How would you describe your junior or 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 boys? Of girls? 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?
5. Sexual activity
	* Did your fantasies change during adolescence? What did you fantasize about?
	* How often did you masturbate during junior high? High school? College? What techniques did you use, and how often did you masturbate?
	* Were you sexually active with others?
	* How old were you when you first kissed another person romantically or sexually? Describe this event, and your partner. How did you feel about it?
	* What kinds of petting—touching breasts and genitals—did you engage in during this period of time? How old were you when you began petting activities with a partner? Was it mutual? Who initiated it? When did you move from petting over clothing to under clothing? What gender was your first partner? Where did petting usually occur? Under what circumstances? How did you feel about it?
	* Have you given oral sex to another person? Of what gender? How old were you the first time, and what were the circumstances? How did you feel about it?
	* Have you received oral sex from another person? Of what gender? How old were you the first time, and what were the circumstances? How did you feel about it?
	* Have you experienced vaginal intercourse? What gender was your partner? How old were you the first time, and what were the circumstances? How did you feel about it? Did you experience orgasm?
	* Have you experienced receiving anal stimulation or penetration—with a finger, object, or penis? What gender was your partner? How old were you the first time, and what were the circumstances? How did you feel about it? Did you experience orgasm?
	* Have you experienced giving anal stimulation or penetration? What gender was your partner? How old were you the first time, and what were the circumstances? How did you feel about it?
	* Did you engage in other sexual activities during your adolescence or young adulthood? Describe them.
	* Under what circumstances, and how often, did sexual activities occur for you during these years?
	* For what reasons did you engage in sexual activities—curiosity, pressure from a partner, desire to please, desire to have a relationship, physical or emotional pleasure, safety, bartering, boredom, pressure from peers, et cetera?
	* Did you have any problems during this time with arousal, erection, lubrication, ejaculation, orgasm, pain during sex?
	* What were your main concerns, fears, or worries about sex?
	* Who did you talk to about sexual worries, concerns, or needs during this time?
6. Sexual health
	* If your sexual activities included partners of the opposite sex, did you ever have any worry about pregnancy at this time of your life? Did you use contraception? How did you learn about contraception? Who decided on the method? Where did you get contraception?
	* Did you oar your partner ever experience an unwanted pregnancy? If so, what did you do about it? What was that like for you?
	* Did you or a partner ever contract an STD? What was that like? Did you take steps to prevent STDs? Who decided on the method? Where did you get materials for prevention of disease transmission?
7. Sexual beliefs and attitudes, family
	* Were you allowed to date as a young person? At what age? What were the rules about dating in your family? Were they different for boys and girls? Were there any issues around gender, age, race, religion, family background, class, et cetera of your dating partners?
	* Did you experience any conflicts between your dating or sexual activities and your cultural or religious beliefs at this time?
	* If you were sexually active as an adolescent or young adult, did your parents know that you were engaging in these sexual activities? How did they react? Were you permitted to engage in sexual activities with a partner in your home?
	* Did you ever experience concerns or questions about your sexual orientation at this time? Did you experience concerns or questions about your gender at this time?
	* How did you get information that you needed about things that concerned or bothered you regarding sex during this time in your life?
8. For gay, lesbian, bisexual, and transgendered 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 gay, lesbian, bisexual, or transgendered? 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 your family life was affected by your sexual or gender identity?
	* Were you able to date and engage in sexual activity with partners of your preferred genders?
	* 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?
9. Unwelcome sexual contact or 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?

E. Adulthood (age 20–present)

1. 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, oral sex given to men, oral sex given to women, foreplay, vaginal intercourse, anal penetration or intercourse, sexual fantasy, adult films or pornography, erotic literature, sex toys, nudity, BDSM?
2. 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?
3. Masturbation
	* How often do you masturbate? What techniques do you prefer?
	* What concerns do you have about masturbation at this time?
4. Partnered sex
	* Are you currently sexually active? With how many sexual partners? Do you consider yourself to have a primary sexual partner at this time? How do you define the boundaries of your sexual relationships? What labels do you prefer?
	* How often are you sexually active with one or more partners?
	* Describe a typical sexual encounter at this stage of your life. How much time do you and your partner take for sex? Who usually initiates sexual activity? Describe the nature of any foreplay you or your partners usually prefer. How frequently do you experience orgasm? What about your partners? What sexual activities do you engage in? What sexual activities do you do to your partners? What sexual activities does your partners do to you? Are there sexual activities that are *off limits*?
	* How have your sexual activities changed over the course of your adult life? Are there activities you used to experience that you no longer do? Why? How do you feel about that? Are there activities that you have begun to engage in more recently? Why? What is that like for you? What is that like for your partners?
	* What do you enjoy most during sex? How comfortable are you telling your partners what you like during sex? What fantasies do you share with your partners? How comfortable are you hearing about a partner’s preferences or fantasies?
	* How satisfied are you with the pattern and frequency of your sexual activity? Are there activities you would like to include in your sexual life but you currently do not? Why?
5. Intimate Relationships
	* How would you describe your history of intimate emotional relationships at this point in your life?
	* Are you currently in one or more relationships which include sexual or emotional intimacy? How many emotional partners do you have? How do you define the boundaries of your current relationships? What labels do you use to describe the relationships?
	* If you are in a current relationship, how often do you and your partners have affectionate non-sexual contact? Is that enough for you? For your partners?
	* How attractive do you think you are on a scale of 1–10? How attracted are you to your partners on a scale of 1–10? How attracted do you think your partners is or are to you?
	* How do you feel about your own body? If you are in a relationship, how do you feel about your partners’ bodies? How do you imagine your partners feels 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 each of you with your sexual orientation? Have either or any of you ever thought you might like to have a relationship or sexual contact with someone of another gender? Have you discussed this? Is it something either or any of you have seriously considered acting on? How has this affected the relationship?
	* How much conflict is there in your relationships? 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 relationships?
	* 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 partners feel about this?
	* If you are currently in a long-standing relationship, have you or your partners ever been sexually involved with another person outside of the boundaries of the relationships? How many times? For how long? How did you feel about this? Did your partners know about the outside relationship, if you were having it? Did you know about it, if a partner was having the outside relationships? What effect has this activity had on your relationships? What was the purpose or meaning of the outside sexual activity?
6. 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? Do you watch adult erotic or pornographic videos? How often? Is or are your partners aware of this? How does he or she feel about it? Do you ever share these materials with your partners?
	* Do you visit adult websites? How often? What activities do you engage in online? Is or are your partners aware of this? How does he or she feel about it?
	* How do you feel about your partners’ use of erotic or pornographic materials or adult websites?
	* Do you or your partners ever prefer to dress in certain clothing—such as women’s clothing, 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? Can you describe them? How often do you engage in them? How do you feel about this activity? Is or are your partners 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? Can you describe what activities you engaged in? How do you feel about this activity? Is your partner aware of this? How does he or she feel about it?
	* Have you ever paid money for sexual activities or services, including hiring an escort, hiring a 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 does he or she feel about it?
	* Are there other specific activities I have not asked about that are an important part of your sexual life?
7. Sexual health
	* How has your body changed since adolescence? How do you feel about this? How has this impacted your sexuality?
	* 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?
	* Is pregnancy a concern for you at this time in your life? If so, what steps do you take to prevent pregnancy? How was that decision made?
	* Have you or your partners ever experienced an unwanted pregnancy? What happened? How was the decision made about what to do? How do you feel about that?
	* Do you take any medications that could affect your sexual functioning? Have you discussed any side effects with your prescribing doctor?
	* Do you drink alcohol? How much and how often?
	* Do you smoke cigarettes? How much and how often?
	* Do you use recreational drugs? What kinds, how much, and how often?
	* Do you have any health conditions that could affect your sexual functioning, or limit your sexual activity? Have you discussed these with a doctor?
	* 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?
	* Have you experienced violent, coerced, or unwanted sexual touching or sexual activity as an adult? Have you told anyone? If you told, what happened?
	* Do you experience violence in your current relationship—hitting, pushing, shoving, intimidation, threats? Have you told anyone? Do you need help with making a plan to increase your safety?
8. Areas of concern—are any of the following something that is a problem for you or your partners? If so, please elaborate.
	* Lack of interest in sex
	* Premature ejaculation
	* Getting or keeping an erection
	* Foreplay
	* Reaching orgasm
	* Pain during arousal or sexual activity
	* Infertility
	* Poor communication
	* Alcohol or drug use
	* Problems scheduling time together for sex or relationship
	* Conflict in the relationship
	* Lack of privacy for sexual activity
	* Other relationships, whether with permission, or without—affairs
	* Issues about gender or gender presentation
	* Issues around safer sex
	* Issues around birth control
	* Inability to say no when your partner wants to be sexual and you don’t
	* Feeling rejected by your partner
	* Issues concerning your ethics, morals, or religious values

F. In Conclusion

* + Is there anything else you would like to tell me that you feel is relevant to your sexual life?
	+ What has this interview been like for you? Have you gained any insights into yourself that you did not have before?
	+ Is there any feedback you would like to give me about the interview process?