Sexual History Questionnaire

Name: ____________________________ Date of Birth: ____________ Current Age: ______
Current Date: ____________

1. Over the past six months have you had sexual thoughts or fantasies that concerned you?
   __ None  __ A Few  __ A Lot

2. Over the past six months have you felt an urge to act on sexual thoughts or fantasies that concerned you?
   __ No  __ A Little  __ A Lot

3. If you felt urges to act on sexual thoughts or fantasies that concerned did you:
   __ Control the urges and never acted on them  __ Occasionally acted on the urges  __ Often acted on the urges

4. Over the past six months have you actually acted on sexual thoughts or fantasies that you thought or knew were wrong?
   __ No  __ Yes

5. Over the past six months have you masturbated to sexual thoughts or fantasies that concerned you?
   __ No  __ Yes

6. If you have masturbated to sexual thoughts or fantasies that concerned you, how often?
   __ Never  __ Rarely  __ Occasionally  __ Frequently

7. Do your sexual thoughts or fantasies involve:
   __ I don’t have sexual thoughts  
   __ Children under the age of 13  __ Children under the age of 10  __ Children under the age of 6
   __ Children under the age of 3  __ Forcing someone to having sex with you  __ Hurting someone
   __ Seriously hurting or killing someone  __ Kidnapping someone  __ Tying someone up
   __ Gagging someone  __ Animals  __ Other

8. On an average day, how much time do you spend thinking about sex or having sexual fantasies?
   __ None  __ Up to 15 minutes a day  __ Up to 30 minutes a day  __ Up to 1 hour a day
   __ Up to 2 hours a day  __ Up to 3 hours a day  __ More than 3 hours a day

9. On an average day, how many times do you masturbate?
   __ None  __ Once  __ Twice  __ Three  __ Four  __ More than Four

10. In an average week, how many times do you masturbate?
    __ Never  __ 1-2  __ 2-5  __ Daily or almost daily

11. Does thinking about sex or having sexual fantasies interfere with your ability to do other things?
    __ Yes  __ No  __ I’m not sure

12. Have your sexual thoughts or behaviors interfered with your school, work, or life performance?
    __ My sexual thoughts or activities haven’t interfered with my life
    __ My sexual thoughts or activities have interfered with doing well in school
    __ My sexual thoughts or activities have interfered with doing well in work
    __ My sexual thoughts or activities have interfered with other parts of my life

13. How have your sexual thoughts, sexual fantasies, or sexual behaviors affected your relationships?
    __ They haven’t affected my relationships  __ I don’t know/I’m not sure  __ Difficult to keep a friendship
    __ Friends don’t trust me  __ Family members don’t trust me  __ Peers don’t trust me
    __ Staff don’t trust me  __ I don’t trust myself with strangers  __ I don’t trust myself with friends
    __ I don’t trust myself with family members  __ I don’t trust myself with staff

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14. How have your sexual thoughts, sexual fantasies, or sexual behaviors affected your behaviors?
   - I've gotten into trouble
   - I've lost the trust of people who are important to me
   - I've been arrested
   - I've been embarrassed by my sexual thoughts or behaviors
   - I've lied to people
   - I've stolen things to support my sexual thoughts or behaviors
   - I've emotionally hurt people
   - I've spent a lot of money to support my sexual thoughts or behaviors
   - I've physically hurt people
   - I haven't always been able to stop myself from having sexual things

15. How have your sexual thoughts, sexual fantasies, or sexual behaviors affected other people you know?
   - Some people have been physically hurt by me
   - Some people have been scared by me
   - Some people have been emotionally harmed by me
   - Some people are scared of other people because of me
   - Some people don't trust me anymore
   - Some people don't trust anyone anymore
   - Some people don't know who to trust now
   - My family has been hurt because of my sexual behaviors

16. Have you had any psychological difficulties because of your sexual thoughts or behaviors?
   - Difficulty concentrating
   - Difficulty falling asleep
   - Difficulty staying asleep
   - Feeling suicidal or like hurting myself
   - Feeling out of control
   - Excessively worrying about my future
   - Excessively worrying
   - Difficulty not thinking about sex
   - Not liking myself
   - Other

17. Before entering treatment, how much effort and time did you put into looking for or looking at pornography, sexual pictures, or sexual stories on the Internet?
   - None
   - A Little
   - Moderate
   - A Lot

18. Before entering treatment, how much effort and time did you put into looking for or looking at pornography, sexual pictures, or sexual stories in videos?
   - None
   - A Little
   - Moderate
   - A Lot

19. Before entering treatment, how much effort and time did you put into looking for or looking at pornography, sexual pictures, or sexual stories in magazines?
   - None
   - A Little
   - Moderate
   - A Lot

20. Before being entering treatment, how much effort and time did you put into looking for or participating in Internet sex chat rooms?
   - None
   - A Little
   - Moderate
   - A Lot

21. Before entering treatment, how much interest did you have in looking at pornography, sexual pictures, or sexual stories?
   - None
   - A Little
   - Moderate
   - A Lot

22. How much interest do you have in looking at pornography, sexual pictures, or sexual stories now?
   - None
   - A Little
   - Moderate
   - A Lot

23. Before entering treatment did you ever steal, borrow, or use something that wasn't yours for sexual purposes?
   - Never
   - Rarely
   - Moderately
   - A Lot

24. Before entering treatment did you ever use a cell phone to send sexual images/photographs of yourself or anyone, or text sexual messages?
   - Never
   - Rarely
   - Moderately
   - A Lot

25. Before entering treatment how much effort did you put into getting your sexual needs met or fulfilling your sexual ideas?
   - None
   - A Little
   - Quite a Bit
   - A Lot
26. Who have you had sexual thoughts about?

   _ I don’t want to answer this question  ___ No-one on this list
   _ Treatment Staff  ___ Strangers
   _ Mother  ___ Father
   _ Adopted mother  ___ Adopted father
   _ Step mother  ___ Step father
   _ Foster mother  ___ Foster father
   _ Aunt  ___ Uncle
   _ Younger brother  ___ Older brother  ___ Twin brother
   _ Younger half brother  ___ Older half brother  ___ Same age half brother
   _ Younger adopted/step brother  ___ Older adopted/step brother  ___ Same age adopted/step brother
   _ Younger foster brother  ___ Older foster brother  ___ Same age foster brother
   _ Younger sister  ___ Older sister  ___ Twin sister
   _ Younger half sister  ___ Older half sister  ___ Same age half sister
   _ Younger adopted/step sister  ___ Older adopted/step sister  ___ Same age adopted/step sister
   _ Younger foster sister  ___ Older foster sister  ___ Same age foster sister
   _ Younger male cousin or nephew  ___ Older male cousin or nephew  ___ Same age male cousin or nephew
   _ Younger female cousin or nephew  ___ Older female cousin or nephew  ___ Same age female cousin or nephew
   _ Other family member, older  ___ Other family member, same age  ___ Other family member, younger
   _ Older female friend, more than 2 years older  ___ Older male friend, more than 2 years older
   _ Same age female friend, within 2 years of your age  ___ Younger female friend, more than 2 years younger
   _ Younger female friend, more than 4 years younger  ___ Younger female friend, more than 6 years younger
   _ Same age male friend, within 2 years of your age  ___ Younger male friend, more than 2 years younger
   _ Younger male friend, more than 4 years younger  ___ Younger male friend, more than 6 years younger
   _ Older female friend, more than 2 years older  ___ Older male friend, more than 2 years older
   _ Same age peers in treatment, within 2 years of your age  ___ Older peers in treatment more than 2 years older
   _ Younger peers in treatment, more than 2 years younger  ___ Younger peers in treatment, more than 4 years younger
   _ Cat  ___ Dog  ___ Other animal

27. What sexual things have you done?  

   _ I exposed my penis to a stranger ..........................................................  _  _  _  _
   _ I exposed my penis to a friend ............................................................  _  _  _  _
   _ I exposed my penis to a family member ...............................................  _  _  _  _
   _ I exposed myself in a public place .....................................................  _  _  _  _
   _ I watched someone undress or who was already naked without their knowledge  _  _  _  _
   _ I watched someone having sex without their knowledge .............................  _  _  _  _
   _ I fondled someone without their permission ..........................................  _  _  _  _
   _ I penetrated someone’s vagina with my penis, without their permission ........  _  _  _  _
   _ I penetrated someone’s anus with my penis, without their permission ..........  _  _  _  _
   _ I tried to penetrate someone’s vagina or anus with my penis, without permission  _  _  _  _
   _ I penetrated someone’s vagina or anus with my finger, without permission ......  _  _  _  _
   _ I tried to penetrate someone’s vagina/anus with my finger, without permission ....  _  _  _  _
   _ I penetrated someone’s vagina/anus with an object, without their permission ......  _  _  _  _
   _ I tried to penetrate someone’s vagina/anus with an object, without permission .....  _  _  _  _
   _ I performed oral sex on someone else, without their permission ..................  _  _  _  _
   _ I made someone perform oral sex on me, without their permission .................  _  _  _  _
   _ I masturbated someone else, without their permission ............................  _  _  _  _
   _ I made someone else masturbate me, without their permission ....................  _  _  _  _
   _ I masturbated on someone else, without their permission ..........................  _  _  _  _
   _ I masturbated in a public place ..................................................................  _  _  _  _
   _ I used force or violence to make someone have sex with me ........................  _  _  _  _
   _ I used a weapon to force someone to have sex with me ............................  _  _  _  _
   _ I used threats to force someone to have sex with me ................................  _  _  _  _
28. Who have you actually had any sexual contact with, including both consensual and abusive sex?

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Sexual History Questionnaire: Page 4
29. Have you ever been sexually abused?
   __ Yes    __ No    __ I’m not Sure    __ I don’t want to answer this question

30. If you were ever sexually abused, by whom?
   __ I don’t want to answer this question
   
   Person: ___________________________ Your Age: _____
   Person: ___________________________ Your Age: _____
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