

## 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

- 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 doing 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  
 Excessively worrying about my future                       Excessive guilt                       Excessive shame  
 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
- Treatment Staff
- Mother
- Adopted mother
- Step mother
- Foster mother
- Aunt
- Younger brother
- Younger half brother
- Younger adopted/step brother
- Younger foster brother
- Younger sister
- Younger half sister
- Younger adopted/step sister
- Younger foster sister
- Younger male cousin or nephew
- Younger female cousin or nephew
- Other family member, older
- Older female friend, more than 2 years older
- Same age female friend, within 2 years of your age
- Younger female friend, more than 4 years younger
- Same age male friend, within 2 years of your age
- Younger male friend, more than 4 years younger
- Older female friend, more than 2 years older
- Same age peers in treatment, within 2 years of your age
- Younger peers in treatment, more than 2 years younger
- Cat
- Dog
- Other animal
- No-one on this list
- Strangers
- Father
- Adopted father
- Step father
- Foster father
- Uncle
- Older brother
- Older half brother
- Older adopted/step brother
- Older foster brother
- Older sister
- Older half sister
- Older adopted/step sister
- Older foster sister
- Older male cousin or nephew
- Older female cousin or nephew
- Other family member, same age
- Older male friend, more than 2 years older
- Younger female friend, more than 2 years younger
- Younger female friend, more than 6 years younger
- Younger male friend, more than 2 years younger
- Younger male friend, more than 6 years younger
- Older male friend, more than 2 years older
- Older peers in treatment more than 2 years older
- Younger peers in treatment, more than 4 years younger
- Twin brother
- Same age half brother
- Same age adopted/step brother
- Same age foster brother
- Twin sister
- Same age half sister
- Same age adopted/step sister
- Same age foster sister
- Same age male cousin or nephew
- Same age female cousin or nephew
- Other family member, younger

**27. What sexual things have you done?**

*Never Once Rarely Moderately A Lot*

	<i>Never</i>	<i>Once</i>	<i>Rarely</i>	<i>Moderately</i>	<i>A Lot</i>
<input type="checkbox"/> I exposed my penis to a stranger.....	<input type="checkbox"/>				
<input type="checkbox"/> I exposed my penis to a friend.....	<input type="checkbox"/>				
<input type="checkbox"/> I exposed my penis to a family member.....	<input type="checkbox"/>				
<input type="checkbox"/> I exposed myself in a public place.....	<input type="checkbox"/>				
<input type="checkbox"/> I watched someone undress or who was already naked without their knowledge.....	<input type="checkbox"/>				
<input type="checkbox"/> I watched someone having sex without their knowledge.....	<input type="checkbox"/>				
<input type="checkbox"/> I fondled someone without their permission.....	<input type="checkbox"/>				
<input type="checkbox"/> I penetrated someone's vagina with my penis, without their permission.....	<input type="checkbox"/>				
<input type="checkbox"/> I penetrated someone's anus with my penis, without their permission.....	<input type="checkbox"/>				
<input type="checkbox"/> I tried to penetrate someone's vagina or anus with my penis, without permission.....	<input type="checkbox"/>				
<input type="checkbox"/> I penetrated someone's vagina or anus with my finger, without permission.....	<input type="checkbox"/>				
<input type="checkbox"/> I tried to penetrate someone's vagina/anus with my finger, without permission.....	<input type="checkbox"/>				
<input type="checkbox"/> I penetrated someone's vagina/anus with an object, without their permission.....	<input type="checkbox"/>				
<input type="checkbox"/> I tried to penetrate someone's vagina/anus with an object, without permission.....	<input type="checkbox"/>				
<input type="checkbox"/> I performed oral sex on someone else, without their permission.....	<input type="checkbox"/>				
<input type="checkbox"/> I made someone perform oral sex on me, without their permission.....	<input type="checkbox"/>				
<input type="checkbox"/> I masturbated someone else, without their permission.....	<input type="checkbox"/>				
<input type="checkbox"/> I made someone else masturbate me, without their permission.....	<input type="checkbox"/>				
<input type="checkbox"/> I masturbated on someone else, without their permission.....	<input type="checkbox"/>				
<input type="checkbox"/> I masturbated in a public place.....	<input type="checkbox"/>				
<input type="checkbox"/> I used force or violence to make someone have sex with me.....	<input type="checkbox"/>				
<input type="checkbox"/> I used a weapon to force someone to have sex with me.....	<input type="checkbox"/>				
<input type="checkbox"/> I used threats to force someone to have sex with me.....	<input type="checkbox"/>				

- I coerced or manipulated someone into having sex with me .....
- I used bribery or rewards to make someone have sex with me.....
- I tied someone up so I could have sex with them .....
- I gagged someone so I could have sex with them .....
- I used alcohol or drugs to make someone have sex with me .....
- I had sexual contact with a child 3-4 years younger.....
- I had sexual contact with a child 5 years or more younger .....
- I forced sexual contact with a same age peer (within 2 years of my age) .....
- I forced sexual contact with someone more than 2 years older than me .....
- I forced sexual contact with an adult over the age of 18.....
- I stole clothing from someone for sexual purposes.....
- I shoplifted clothing for sexual purposes .....
- I dressed in female clothing for sexual purposes.....
- I made obscene phone calls .....
- I made phone calls to a sex line .....
- I watched pornography of the Internet.....
- I watched pornographic videos .....
- I looked at pornographic magazines .....
- I looked at pornographic photographs.....
- I read pornographic stories .....
- I gave or showed pornography to younger children .....
- I had sexual contact with an animal.....
- I have used a cell phone to send sexual photographs of myself .....
- I have used a cell phone to send sexual photographs of someone else.....
- I have used a cell phone to text sexual messages to people .....

**28. Who have you actually had any sexual contact with, including both consensual and abusive sex?**

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Treatment Staff   | <input type="checkbox"/> Strangers   |   |
| <input type="checkbox"/> Mother  | <input type="checkbox"/> Father  |   |
| <input type="checkbox"/> Adopted mother  | <input type="checkbox"/> Adopted father  |   |
| <input type="checkbox"/> Step mother   | <input type="checkbox"/> Step father   |   |
| <input type="checkbox"/> Foster mother   | <input type="checkbox"/> Foster father   |   |
| <input type="checkbox"/> Aunt  | <input type="checkbox"/> Uncle   |   |
| <input type="checkbox"/> Younger brother   | <input type="checkbox"/> Older brother   | <input type="checkbox"/> Twin brother                     |
| <input type="checkbox"/> Younger half brother                                    | <input type="checkbox"/> Older half brother                                    | <input type="checkbox"/> Same age half brother            |
| <input type="checkbox"/> Younger adopted/step brother                            | <input type="checkbox"/> Older adopted/step brother                            | <input type="checkbox"/> Same age adopted/step brother    |
| <input type="checkbox"/> Younger foster brother                                  | <input type="checkbox"/> Older foster brother                                  | <input type="checkbox"/> Same age foster brother          |
| <input type="checkbox"/> Younger sister  | <input type="checkbox"/> Older sister  | <input type="checkbox"/> Twin sister                      |
| <input type="checkbox"/> Younger half sister                                     | <input type="checkbox"/> Older half sister                                     | <input type="checkbox"/> Same age half sister             |
| <input type="checkbox"/> Younger adopted/step sister                             | <input type="checkbox"/> Older adopted/step sister                             | <input type="checkbox"/> Same age adopted/step sister     |
| <input type="checkbox"/> Younger foster sister                                   | <input type="checkbox"/> Older foster sister                                   | <input type="checkbox"/> Same age foster sister           |
| <input type="checkbox"/> Younger male cousin or nephew                           | <input type="checkbox"/> Older male cousin or nephew                           | <input type="checkbox"/> Same age male cousin or nephew   |
| <input type="checkbox"/> Younger female cousin or nephew                         | <input type="checkbox"/> Older female cousin or nephew                         | <input type="checkbox"/> Same age female cousin or nephew |
| <input type="checkbox"/> Other family member, older                              | <input type="checkbox"/> Other family member, same age                         | <input type="checkbox"/> Other family member, younger     |
| <input type="checkbox"/> Older female friend, more than 2 years older            | <input type="checkbox"/> Older male friend, more than 2 years older            |   |
| <input type="checkbox"/> Same age female friend, within 2 years of your age      | <input type="checkbox"/> Younger female friend, more than 2 years younger      |   |
| <input type="checkbox"/> Younger female friend, more than 4 years younger        | <input type="checkbox"/> Younger female friend, more than 6 years younger      |   |
| <input type="checkbox"/> Same age male friend, within 2 years of your age        | <input type="checkbox"/> Younger male friend, more than 2 years younger        |   |
| <input type="checkbox"/> Younger male friend, more than 4 years younger          | <input type="checkbox"/> Younger male friend, more than 6 years younger        |   |
| <input type="checkbox"/> Older female friend, more than 2 years older            | <input type="checkbox"/> Older male friend, more than 2 years older            |   |
| <input type="checkbox"/> Same age peers in treatment, within 2 years of your age | <input type="checkbox"/> Older peers in treatment more than 2 years older      |   |
| <input type="checkbox"/> Younger peers in treatment, more than 2 years younger   | <input type="checkbox"/> Younger peers in treatment, more than 4 years younger |   |
| <input type="checkbox"/> Cat   | <input type="checkbox"/> Dog   | <input type="checkbox"/> Other animal                     |

**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: _____