

# Sexual Functioning

## Instructions

At IEG, we recognize that sexual health and functioning can be important for a sense of well-being. We also recognize that some, or all, of these questions could trigger feelings of discomfort, distress, or dysphoria, and that they might not resonate with you and your experiences in your body. Folx with multiple partners may find yes/no options limiting when answering questions. We encourage you to use narrative spaces to provide context and prompt more in-depth discussion with your therapist.

Please note that this is *not* a sexual assessment for sex therapy. If interested in sex therapy, please notify your therapist. These questions are meant to assess for any sexual functioning concerns that you may be experiencing. Feel free to inform your therapist if you believe that these questions are relevant to you and the work that you would like to focus on in therapy. If you believe these questions are not important in your therapeutic process, or if you feel too uncomfortable at this time, please feel free not to answer.

Have you ever been evaluated or received treatment for sexual functioning/health concerns? Yes  No

If yes, what was that experience like? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Are there any factors that may or may not support your exploration of sexuality? (e.g. religious/spiritual beliefs, culture, race, gender roles, current relationship dynamics, socioeconomic status, etc.) ..... Yes  No

If yes, what are they? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What is your level of comfort discussing your sexual health, sexuality, and sexual functioning? Are there any specific boundaries that we should be aware of? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Are there areas of your body or sexual functioning about which you have questions? ..... Yes  No

If yes, what are they? \_\_\_\_\_  
\_\_\_\_\_

Do you feel uncomfortable asking for what you want and need sexually? ..... Yes  No

If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

For therapist use: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Please read the following definitions and proceed by asking yourself: Do I feel satisfied in these areas?**

**Sexual stimulation/activity** can be defined as “stimulus that leads to, enhances, or maintains sexual arousal and may lead to orgasm e.g. caressing, foreplay, masturbation, penetrative intercourse, kissing, massaging, sexual fantasy, sexting, or virtual/online sexual play.”

Frequency of sexual stimulation/activity: ..... Yes  No  Partner Dependent

Length of time spent engaging in sexual stimulation/activity:..... Yes  No  Partner Dependent

**Sexual arousal/desire** can be defined as “feelings that include wanting to have a sexual experience, feeling receptive to a partner’s sexual initiation, and thinking or fantasizing about sex. This may also include bodily responses to sexual arousal, e.g. wetness, sensitivity, flushed skin, etc.”

Interest or desire for sex: ..... Yes  No  Partner Dependent

Frequency of feeling aroused during sexual activity: ..... Yes  No  Partner Dependent

Ease becoming aroused: ..... Yes  No  Partner Dependent

Amount of lubrication experienced during arousal: ..... Yes  No  Partner Dependent

Many factors in our lives can impact our levels of desire, arousal, and orgasm. Have you recently experienced any of the following stressors? (*please X any that may apply*)

Depression  Injuries  Drugs  Medical procedure

Vulvar/vaginal discomfort/pain  Medications  Menopausal Symptoms  Alcohol

Pregnancy  Ability to orgasm  Childbirth  Stress

Fatigue  Gender Dysphoria  Relationship/s  Erectile Functioning

Orgasm Intensity  Grief  Moving  Employment Changes

Identity  Other:  Other:  Other:

What else would you like to share about your sexual health and functioning? \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_  
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For therapist use: \_\_\_\_\_

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