

## Male Sex Questionnaire

### Instructions

Please answer with short answers where appropriate or use a 1-5 scale with 1 being “none or very little” and 5 being “a lot or usually.”

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

- \_\_\_\_\_ 1. How enjoyable are sexual activities for you?
- \_\_\_\_\_ 2. How much passionate love do you feel for your partner(s)?
- \_\_\_\_\_ 3. Rate your sexual attraction to your partner.
- \_\_\_\_\_ 4. How much companionable love do you feel for your partner?
- \_\_\_\_\_ 5. How much resentment do you feel toward your partner?
- \_\_\_\_\_ 6. Are you satisfied with your partner(s) as a lover?
- \_\_\_\_\_ 7. Have you ever have difficulty reaching climax during sexual activity?
- \_\_\_\_\_ 8. Have you ever ejaculated without any pleasurable sensation in your penis?
- \_\_\_\_\_ 9. Have you had trouble getting an erection before intercourse begins?
- \_\_\_\_\_ 10. Have you had trouble keeping an erection once intercourse has begun?
- \_\_\_\_\_ 11. Have you experienced any pain during intercourse?
- \_\_\_\_\_ 12. How long ago did these problems begin?
- \_\_\_\_\_ 12.5 Have you had the same problems regardless of the partner?
- \_\_\_\_\_ 13. Does your partner experience difficulty in sexual desire/arousal?
- \_\_\_\_\_ 14. Do you ever reach orgasm with minimal sexual stimulation before or shortly after penetration?
- \_\_\_\_\_ 15. About how many times have you had sexual activities this last month?
- \_\_\_\_\_ 16. Do you have a current sex partner?
17. Circle your sexual orientation? Heterosexual Homosexual Bi
18. Describe your early childhood messages surrounding sexuality.
  
19. Describe the messages of spirituality or faith as they may have or do now impact your sexuality.

20. Describe your first sexual experience.
21. Describe any traumatic sexual experiences with the ages that they occurred.
22. Between you and your partner, who initiates sexual contact usually? How? Is this an acceptable balance to you?
23. Please list any medication used consistently including vitamins and herbs.
- | <u>Medication</u> | <u>Dose</u> |
|-------------------|-------------|
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- \_\_\_\_\_ 24. Do you have any sexually-transmitted diseases?
- \_\_\_\_\_ 25. Do you use pornography to an extent that you or your partner feel is problematic?
- \_\_\_\_\_ 26. Do you act on other sexual impulses that you or your partner think might jeopardize your primary relationship?
- \_\_\_\_\_ 27. Do you desire sexual activities that your partner is uncomfortable doing? If yes, please list:
- \_\_\_\_\_ 28. Does your partner desire sexual activities that you are uncomfortable doing? If yes, please list: