

# Male Sexual Questionnaire

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

## 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.”

- \_\_\_\_\_ 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 Bisexual Bicurious

18. Describe your early childhood messages surrounding sexuality.

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19. Describe the messages of spirituality or faith as they may have or do now impact your sexuality:

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20. Describe your first sexual experience.

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21. Describe any traumatic sexual experiences with the ages that they occurred.

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22. Between you and your partner, who initiates sexual contact usually? How? Is this an acceptable balance to you?

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23. Please list any medication used consistently including vitamins or herbs. Include medication doses.

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24. Do you have any sexually-transmitted diseases?

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25. Do you use pornography to an extent that you or your partner feel is problematic?

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26. Do you act on other sexual impulses that you or your partner think might jeopardize your primary relationship?

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27. Do you desire sexual activities that your partner is uncomfortable doing? If yes, please list:

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28. Does your partner desire sexual activities that you are uncomfortable doing? If yes, please list:

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