

UNDERSTANDING YOUR SEXUALITY INVENTORY ©2016

Dear patient,

The following self-inventory is designed to help you pinpoint possible areas of concern regarding the sexual aspects of your relationship. Please answer all of the questions which will take about 10-15 minutes. Your honest first answer to each question is the best answer. There are no correct or incorrect answers. You may keep your answers to yourself, however, should you wish to explore your results further, please feel free to contact me to set up a confidential appointment for more evaluation and discussion.

Thank you.

PART I: SEXUAL AWARENESS QUESTIONNAIRE

SCORES RANGE FROM: STRONGLY DISAGREE 1 2 3 4 5 STRONGLY AGREE

LEVEL OF COMFORT WITH SEXUALITY

Your response to the questions below determines the degree of your level of comfort with discussion of sexually related issues with others, such as your healthcare provider.

	Score
1. I do consider my sexual issues important enough to discuss them with a healthcare professional.	-----
2. I was comfortable with my sexual activities in the past.	-----
3. I am comfortable with my sexual activities at present.	-----
4. I am very direct about voicing my sexual desires.	-----
5. I do not hesitate to ask for what I want in a sexual relationship.	-----
Total Score:	_____

Each question receives a maximum of 5 points depending upon your answer.

Maximum total score to questions 1-5 are 25 points.

Scores below, or less than 12 points, suggests the need to increase your level of comfort in order to resolve relationship and sexual concerns.

Scores between 13-20, suggests that you are in that gray area that needs a moderate adjustment with your level of comfort related to your sexuality.

Scores above 21 suggests that you have a good level of comfort with communication related to your sexuality. Although there is always room for improvement, you should experience the least amount of problems in your relationship, in particular with the sexual aspects of it.

SEX ANXIETY

Your response to the questions below suggests the presence/absence of a degree of sexual anxiety.

	Scores
6. I expect my doctor to initiate conversations about sexual matters.	-----
7. I am concerned about the sexual appearance of my body.	-----
8. I am concerned about what other people think of my sex appeal.	-----
9. I am depressed about the sexual aspects of my life.	-----
Total Score:	_____

Each question receives a maximum of 5 points depending upon your answer. The maximum total score to questions 6-9 are 20 points.

Scores below or less than 10 points, suggests the need to decrease your level of sex anxiety in order to resolve relationship and sexual concerns.

Scores between 11-15, suggests that you are in that gray area that needs moderate adjustment with your level of sex anxiety.

Scores above 16 suggests that you have none to limited sex anxiety. Although there is always room for improvement, you should experience the least amount of problems in your relationship, in particular with the sexual aspects of it

SEXUAL DESIRE

Your response to the questions below, determines the degree of your sexual desire/lack thereof as a female.

	Scores
10. Usually my sex drive (Libido) is high.	-----
11. I am very alert to changes in my sexual desires.	-----
12. I am the type of person who expects to have my sexual needs met.	-----
13. I consider myself a very sexual person.	-----
Total Score:	_____

Each question receives a maximum of 5 points depending upon your answer. The maximum total score to questions 10-13 are 20 points.

Scores below or less than 10 points, suggests the need to increase your level of sexual desire in order to resolve relationships and sexual concerns.

Scores between 11-15, suggests that you are in that gray area that needs moderate adjustment with your level of sexual desire.

Scores above 16 suggests that you have little to no issue with sexual desire. Although there is always room for improvement, you should experience the least amount of problems in your relationship, in particular with the sexual aspects of it

SEX AWARENESS

Your response to the questions below determines the degree of your sexual awareness or absence of awareness as a female.

	Score
14. I am very aware of my sexual feelings.	-----
15. I am very aware of my sexual motivations.	-----
16. I understand my sexual feelings. I am usually direct about expressing my sexual desires.	-----
17. I think about my sexuality often.	-----
Total Score:	_____

Each question receives a maximum of 5 points depending upon your answer. The maximum total score to questions 14-17 are 20 points.

Scores below or less than 10 points, suggests the need to increase your level of sexual awareness in order to resolve relationships and sexual concerns.

Scores between 11-15, suggests that you are in that gray area that needs moderate adjustment with your level of sexual awareness.

Scores above 16 suggests that you have little to no issue with sexual awareness. Although there is always room for improvement, you should experience the least amount of problems in your relationship, in particular with the sexual aspects of it

SEXUAL BELIEFS

Your response to the questions below determines the degree of your positive/negative beliefs towards sexuality as a female.

	Score
18. After menopause women lose their sexual desires.	-----
19. Sex is dirty and sinful.	-----
20. Women's initiation of sex is immoral.	-----
21. I don't feel comfortable touching my vagina.	-----
Total Score:	_____

Each question receives a maximum of 5 points depending upon your answer. The maximum total score to questions 18-21 are 20 points.

Scores below or less than 10 points, suggests the need to alter your sexual beliefs in order to resolve relationship and sexual concerns.

Scores between 11-15, suggests that you are in that gray area that needs moderate alteration of your sexual beliefs.

Scores above 16 suggests that you have little or no issue with sexual beliefs. Although there is always room for improvement, you should experience the least amount of problems in your relationship, in particular with the sexual aspects of it

SEXUAL COMMUNICATION

Your response to the questions below determines the degree of your ability/inability to communicate sexually related issues with others/partner.

	Score
22. I often have sex with my husband/partner when I really don't want to.	-----
23. There are sexual issues or problems in our sexual relationship that we have never discussed.	-----
24. I have difficulty in telling my husband what I do or don't want to do sexually.	-----
25. I am not very assertive about the sexual aspects of my life.	-----
Total Score:	_____

Each question receives a maximum of 5 points depending upon your answer. The maximum total score to questions 22-25 are 20 points.

Scores below or less than 10 points, suggests the need to increase your level of sexual communication in order to resolve relationships and sexual concerns.

Scores between 11-15, suggests that you are in that gray area that needs moderate adjustment with your level of sexual communication.

Scores above 16 suggests that you have little or no issue with sexual communication. Although there is always room for improvement, you should experience the least amount of problems in your relationship, in particular with the sexual aspects of it.

END OF PART I - PLEASE CONTINUE ON THE NEXT PAGE

PART II: SEXUAL RELATIONSHIPS SCREENING

SCORES RANGE FROM “No” TO “Yes” RESPONSE TO EACH QUESTION

The following conditions have impacted my sexual relationships:

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|--|------------------------------|-----------------------------|
| 1. I am bothered by my decreased level of sexual desire/interest. | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 2. I am unhappy about my sexual relationship. | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 3. I am afraid of getting pregnant. | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 4. I feel sinful/shameful when experiencing sexual pleasure. | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 5. I feel sinful/shameful when experiencing sexual desire/interest. | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 6. I feel sinful/shameful when experiencing orgasm. | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 7. I wait for my husband to initiate sex. | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 8. A respectful/honorable woman does not initiate sex. | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 9. I feel bad/guilty/fearful about having sex. | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 10. My medical condition causes concern that impacts me sexually. | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 11. I use medications, or ingest drugs/ alcohol which impairs me sexually. | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 12. My pregnancy and/or recent childbirth impairs me sexually. | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 13. My menopausal symptoms affect me sexually. | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 14. I have Pain during intercourse. | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 15. I seldom have orgasm during love making. | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 16. My partner has sexual problems. | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 17. I am basically dissatisfied with my relationship or partner. | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 18. I often find myself stressed or fatigued during the day. | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 19. I have anxiety when I think about having sex. | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 20. I did not have any sex education before being sexually active. | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
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|--|------------------------------|-----------------------------|
| 21. Watching erotic film feels embarrassing. | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 22. I feel guilty/embarrassed/angry, about my sexual difficulties. | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 23. I feel sinful when thinking of masturbation. | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 24. I feel little desire to be around most heterosexuals. | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 25. I am confused about who I am sexually. | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 26. I am actively trying to learn more about my own sexual needs. | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 27. My partner/husband flirts with other women. | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

RESULTS

If you have answered more than 15 “No” to all questions: Congratulations. Although there is always room for improvement, you should experience the least amount of problems in your relationship, in particular with the sexual aspects of it.

If you have answered between 10 to 15 “No,” you are in that gray area that needs moderate level of relationship adjustment.

If you have answered less than 10 “NO,” you can strongly benefit from understanding and resolving your relationship and sexual concerns.

END OF SELF-INVENTORY

I sincerely hope that you have found the taking of this little quiz helpful.

Thank you!

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