

Psychosexual History Questionnaire

 UNIVERSITY OF ILLINOIS SPRINGFIELD UIS Health Services • (217) 206-6676 SEXUAL HISTORY QUESTIONNAIRE	place label here Name: _____ UIN: _____ Birth date: _____ Date: _____
Please take a few minutes to fill out these questions about your sexual health. Your information is strictly confidential – we will not share it with anyone unless you request us to do so. Your honest answers will help us provide the BEST possible care for you. If a question does not apply to you, please leave it blank. If you are unsure, please state this in the space provided. *Sexual relationships include any vaginal, anal, or oral sex that you have had with another person.	
A. PERSONAL INFORMATION Please choose one of the following that best applies to you: <input type="checkbox"/> Male <input type="checkbox"/> Transgendered – Male to Female <input type="checkbox"/> Intersexed <input type="checkbox"/> Female <input type="checkbox"/> Transgendered – Female to Male <input type="checkbox"/> Prefer not to answer Do you have had a sexual relationship with: (check all that apply) <input type="checkbox"/> Male <input type="checkbox"/> Transgendered – Male to Female <input type="checkbox"/> Intersexed <input type="checkbox"/> Female <input type="checkbox"/> Transgendered – Female to Male <input type="checkbox"/> Not applicable (skip to Section D)	
B. SEXUAL HISTORY How old were you the first time you had sex? (oral, vaginal, anal) _____ Number of lifetime sexual partners: _____ Number of sexual partners in the last six months: _____ Number of new partners in the last three months: _____ Are you currently in a sexual relationship? <input type="checkbox"/> Yes (please answer the next three questions) <input type="checkbox"/> No • Is this an exclusive/monogamous relationship? <input type="checkbox"/> Yes <input type="checkbox"/> No • If no, how many other sexual partners do you or your current partner have (if known)? _____ • How long have you been in this relationship? (months, years) _____	
C. SEXUAL SAFETY What type(s) of sexual intercourse have you had? (check all that apply) <input type="checkbox"/> Oral (Given and/or Received) <input type="checkbox"/> Vaginal <input type="checkbox"/> Anal (Given and/or Received) What method(s) do you and your partner(s) use to prevent pregnancy, if applicable? (check all that apply) <input type="checkbox"/> Not applicable <input type="checkbox"/> Nothing <input type="checkbox"/> Male/female condoms <input type="checkbox"/> Withdrawal <input type="checkbox"/> Pills, shot, implant, patch ring, IUD <input type="checkbox"/> Other (please specify): _____ How often do you use the above method(s)? <input type="checkbox"/> Always <input type="checkbox"/> Most of the time <input type="checkbox"/> Sometimes <input type="checkbox"/> Never What method(s) do you and your partner(s) use to protect against sexually transmitted infections? (check all that apply) <input type="checkbox"/> Condoms <input type="checkbox"/> Oral barriers <input type="checkbox"/> Long-term monogamy <input type="checkbox"/> STD test for self <input type="checkbox"/> STD test of contact/partner <input type="checkbox"/> Other (please specify): _____ How often do you use the above method(s)? <input type="checkbox"/> Always <input type="checkbox"/> Most of the time <input type="checkbox"/> Sometimes <input type="checkbox"/> Never	
When is the last time you tested for Sexually Transmitted Infections? _____, mth/yr _____ <input type="checkbox"/> Never Please check all that apply and list approximate date(s) of infection if possible: <input type="checkbox"/> Chlamydia _____ <input type="checkbox"/> Genital warts _____ <input type="checkbox"/> Genital herpes _____ <input type="checkbox"/> Gonorrhea _____ <input type="checkbox"/> PID _____ <input type="checkbox"/> Syphilis _____ <input type="checkbox"/> Trichomonas _____ <input type="checkbox"/> HIV _____ <input type="checkbox"/> Other _____ Have you or a sexual partner ever... • Had sex for money? You: <input type="checkbox"/> Yes <input type="checkbox"/> No Partner(s): <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure • Paid for sex? You: <input type="checkbox"/> Yes <input type="checkbox"/> No Partner(s): <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure • Had sex with a stranger? You: <input type="checkbox"/> Yes <input type="checkbox"/> No Partner(s): <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure • Injected drugs? You: <input type="checkbox"/> Yes <input type="checkbox"/> No Partner(s): <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure • Had sex while under the influence of alcohol or drugs? You: <input type="checkbox"/> Yes <input type="checkbox"/> No Partner(s): <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure	
D. MEDICAL HISTORY Have you gotten the HPV vaccine series (Gardasil or Cervarix)? <input type="checkbox"/> Yes, all 3 doses <input type="checkbox"/> Yes, < 3 doses <input type="checkbox"/> No <input type="checkbox"/> I do not know Have you ever had a painful or frightening sexual experience? <input type="checkbox"/> Yes <input type="checkbox"/> No Do you feel safe in your current relationships? (family, friends, romantic) <input type="checkbox"/> Yes <input type="checkbox"/> No	
Patient Signature: _____ Clinician Comments: _____ Date: _____ Clinician Signature: _____ Date: _____ <small>Printed by: UIS Health Services on 06/12/2018 at 10:00 AM</small>	

Psychosexual history questionnaire serves as a vital tool in the field of psychology and sexual health. This structured instrument is designed to gather comprehensive information about an individual's sexual history, preferences, and experiences. Understanding a patient's psychosexual history is crucial for mental health professionals, as it can provide insights into various psychological issues, relationship dynamics, and sexual dysfunctions. This article delves into the importance, structure, administration, and implications of the psychosexual history questionnaire.

Importance of the Psychosexual History Questionnaire

The psychosexual history questionnaire is integral for several reasons:

1. Understanding Sexual Development: It helps clinicians track the development of sexual identity and orientation throughout a person's life.
2. Identifying Issues: It aids in identifying potential sexual dysfunctions, trauma, and unhealthy patterns in relationships.
3. Guiding Treatment: Information gathered can guide therapeutic interventions and tailor treatment plans to meet the specific needs of the individual.
4. Enhancing Communication: It encourages open discussions about sexual health, which can often be a taboo topic, fostering a safe space for patients to express concerns and experiences.
5. Research and Data Collection: Psychosexual questionnaires contribute to research by collecting data that can be analyzed for trends and patterns in sexual health.

Structure of the Psychosexual History Questionnaire

The psychosexual history questionnaire is typically structured into various sections that address different aspects of an individual's sexual life. Here's a common breakdown:

1. Demographic Information

This section collects basic information about the individual, including:

- Age
- Gender identity
- Sexual orientation
- Relationship status
- Cultural background

2. Sexual Development History

This area focuses on the evolution of the individual's sexual experiences, including:

- Age at first sexual experience
- Early sexual feelings and attractions

- Impact of family, culture, and religion on sexual development
- Experiences of sexual abuse or coercion

3. Current Sexual Functioning

Patients are asked questions about their current sexual health and functioning, such as:

- Frequency of sexual activity
- Types of sexual practices engaged in
- Satisfaction with sexual relationships
- Any difficulties experienced during sexual activities
- Use of contraception and protection against sexually transmitted infections (STIs)

4. Relationship Dynamics

This section examines the individual's relationships, including:

- Quality of current and past relationships
- Communication patterns with partners
- History of infidelity or trust issues
- Emotional intimacy and its correlation with sexual intimacy

5. Sexual Health History

Questions in this category pertain to the individual's sexual health, such as:

- History of STIs
- Previous sexual dysfunctions (e.g., erectile dysfunction, vaginismus)
- Mental health issues impacting sexual health (e.g., anxiety, depression)
- Experiences with sexual therapy or counseling

6. Personal Attitudes and Beliefs

This section explores the individual's perceptions and attitudes towards sex, including:

- Beliefs about sex and sexuality
- Attitudes towards sexual orientation and gender identity
- Feelings of shame or guilt associated with sexual experiences
- Cultural or religious beliefs that influence sexual behavior

Administration of the Psychosexual History Questionnaire

Administering the psychosexual history questionnaire requires sensitivity and professionalism. Here are some key considerations:

1. Setting the Environment

- Ensure privacy and confidentiality to foster a safe space for the individual.
- Create a comfortable atmosphere where the patient feels at ease discussing intimate topics.

2. Explaining the Purpose

- Clearly explain the purpose of the questionnaire and how the information will be used.
- Assure the individual that their responses will be confidential and used solely for therapeutic purposes.

3. Using a Combination of Formats

- Utilize both written questionnaires and verbal interviews to accommodate different comfort levels.
- Consider incorporating self-administered questionnaires to allow individuals to express themselves freely.

4. Active Listening and Empathy

- Employ active listening techniques, showing empathy and understanding throughout the process.
- Validate the individual's experiences and feelings, encouraging open dialogue.

5. Follow-Up Questions

- Be prepared to ask follow-up questions based on responses to gain deeper insights into specific areas of concern.
- Allow the individual to elaborate on their answers as needed, ensuring a comprehensive understanding of their psychosexual history.

Implications of the Psychosexual History Questionnaire

The implications of gathering psychosexual history are vast and can significantly impact therapeutic outcomes.

1. Tailoring Treatment Plans

The information obtained can help clinicians develop personalized treatment plans that address specific sexual dysfunctions or relationship issues.

Examples include:

- Cognitive-behavioral therapy for sexual dysfunction
- Couples therapy to improve communication and intimacy
- Psychoeducation about sexual health and safe practices

2. Identifying Patterns of Behavior

The questionnaire can reveal patterns of behavior that may contribute to ongoing issues, such as:

- Recurring relationship conflicts
- Emotional or psychological barriers to sexual satisfaction
- Unhealthy coping mechanisms related to sexual experiences

3. Enhancing Patient Empowerment

By understanding their psychosexual history, individuals can gain insight into their sexual health and wellbeing. This empowerment can lead to:

- Increased self-awareness about sexual preferences and boundaries
- Improved communication with partners
- Enhanced ability to advocate for their sexual needs and desires

4. Contributing to Research and Public Health

Data collected from psychosexual history questionnaires can contribute to broader research efforts aimed at understanding sexual health trends and issues within different populations. This information can inform public health initiatives and educational programs focused on promoting healthy sexual behaviors.

Conclusion

The psychosexual history questionnaire is an invaluable tool in the realm of sexual health and psychology. By systematically gathering information about an individual's sexual history, preferences, and experiences, clinicians can better understand their patients and provide tailored interventions. The successful administration of this questionnaire requires sensitivity, empathy, and a commitment to creating a safe space for open dialogue. Ultimately, the insights gained can enhance therapeutic outcomes, empower individuals in their sexual health journeys, and contribute to broader research efforts aimed at improving sexual health across diverse populations. By recognizing the significance of the psychosexual history questionnaire, both clinicians and patients can work collaboratively towards healthier, more fulfilling sexual lives.

Frequently Asked Questions

What is a psychosexual history questionnaire?

A psychosexual history questionnaire is a tool used by mental health professionals to assess an individual's sexual development, experiences, and attitudes, helping to identify any psychological issues related to sexuality.

Why is a psychosexual history questionnaire important in therapy?

It provides valuable insights into a client's sexual experiences and issues, enabling therapists to tailor treatment plans that address specific concerns related to sexual health and relationships.

What types of questions are typically included in a psychosexual history questionnaire?

Questions often cover topics such as sexual orientation, past sexual experiences, feelings about sex, history of sexual trauma, and current sexual functioning.

How can a psychosexual history questionnaire help with sexual dysfunction?

By identifying underlying psychological factors or traumatic experiences, the questionnaire can guide therapists in developing effective interventions for sexual dysfunction.

Is it necessary for all clients to complete a

psychosexual history questionnaire?

While not all clients may require it, it is particularly beneficial for those experiencing sexual issues or those whose sexual history may impact their mental health.

How do therapists ensure confidentiality when using a psychosexual history questionnaire?

Therapists are bound by ethical guidelines to maintain client confidentiality, and they typically discuss privacy policies with clients before administering the questionnaire.

Can a psychosexual history questionnaire be used in couples therapy?

Yes, it can be adapted for couples to explore their sexual dynamics, issues, and histories, facilitating better communication and understanding between partners.

What should clients expect during the completion of a psychosexual history questionnaire?

Clients can expect to answer questions about their sexual experiences and feelings in a safe, non-judgmental environment, which may take about 30 minutes to complete.

Are there any limitations to using a psychosexual history questionnaire?

Yes, limitations include potential bias in self-reporting, discomfort discussing sexual topics, and the need for trained professionals to interpret the results accurately.

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