



Alexis Evans, LMFT
(252) 375-3602
alexisevans@theconnectedself.org

Virtual Telehealth Office
www.theconnectedself.org

"FOSTERING CONNECTION WITH YOURSELF AND THE ONE'S YOU LOVE"

Sex Assessment for Vulva-Owners

Please provide a brief summary of your sexual concerns?

When did the problems begin? _____

- Do you have orgasms? Yes No
If no, have you ever had an orgasm? Yes No
Do you have any pain with intercourse? Yes No
Do you experience any pain or discomfort with penetration? Yes No
Are you adequately aroused and lubricated when you begin intercourse? Yes No
Do you take any medication that may have sexual side effects? Yes No
Have you been affected by sexual trauma? Yes No
Have religious messages impacted your sexuality and sexual experience? Yes No
Do you have any sexually transmitted infections (STIs)? Yes No
Would you describe your first sexual experience as positive? Yes No

If partnered, please rate the following aspects of your relationship:

- Emotional Connection ☆☆☆☆☆
Sexual Satisfaction ☆☆☆☆☆
Non-Sexual Affection/Touch ☆☆☆☆☆
Attraction ☆☆☆☆☆
Division of Responsibility ☆☆☆☆☆

When you have sex, how long does the experience typically last? _____

How frequently would you prefer to have sex? _____

How many times have you had sex in the last month? _____

Does your partner desire any sexual acts that make you uncomfortable? Yes No

Please rate the following (circle one):

- | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|----|
| Sexual Confidence | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| Positive Body Image | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| Partner's Attunement to your Sexual Needs | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
- LOW HIGH



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Sex Assessment for Penis-Owners

Please provide a brief summary of your sexual concerns?

When did the problems begin? _____

Please rate the following:

How enjoyable are sexual activities for you?	1	2	3	4	5
How attracted are you to your partner?	1	2	3	4	5
How would you rate your partner's skill as a lover?	1	2	3	4	5
How sexually confident are you?	1	2	3	4	5

LOW

HIGH

- Have you ever had trouble reaching climax during sexual activity? Yes No
- Do you ever reach orgasm with minimal sexual stimulation before or shortly after penetration? Yes No
- Have you had trouble getting an erection before intercourse begins? Yes No
- Have you had trouble keeping an erection once intercourse has begun? Yes No
- Have you experienced any pain during intercourse? Yes No
- Have you had the same problems regardless of the partner? Yes No
- Have you been affected by sexual trauma? Yes No
- Have religious messages impacted your sexuality and sexual experience? Yes No
- Do you have any sexually transmitted infections (STIs)? Yes No
- Do you use pornography to an extent that you or your partner feel is problematic? Yes No
- Do you act on other sexual impulses that you or your partner think might jeopardize your primary relationship? Yes No

If partnered, please rate the following aspects of your relationship:

- Emotional Connection ☆☆☆☆☆
- Sexual Satisfaction ☆☆☆☆☆
- Non-Sexual Affection/Touch ☆☆☆☆☆
- Attraction ☆☆☆☆☆
- Division of Responsibility ☆☆☆☆☆