

Initial assessment, including sexual intake

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All information is acquired in a narrative form between the therapist and client(s). The only client-completed form is the Client Information sheet (separate) which includes only basic contact information.

Background information: IF - GO

I - Intake questions --

Describe the composition of your household.

What is the current atmosphere like?

What work do each of you do? How long have you been doing that?

What do you each like to do?

How do you handle fun, faith? What do you do together?

How is your current health? Do you have any chronic medical conditions?

Examples: headaches, hypertension, arthritis, diabetes, fatigue,
Yeast infections, palpitations, chest pain, vaginal dryness,
Asthma, allergies, PID, cancer, insomnia, endometriosis,
Heart disease, bowel or stomach problems, infertility?

What medicines do you take regularly?

Have you ever had or been treated for an STD? HIV-AIDS?

Are there any genetic disorders in your family?

Are you on a special diet?

How is your emotional health? How do you usually feel?

Have you been diagnosed with a mood or anxiety disorder, or
Another problem of this type – like depression, anxiety,
Bipolar, OCD, ADD-ADHD, phobias, personality
Disorders, eating disturbances?

Are you currently being treated for a mental health issue?

How? By whom?

What is your use of alcohol? Of non-prescription drugs? Of prescription ones?

What is your use of tobacco? Of vitamin supplements, or herbals?

Have you ever thought about killing yourself? When? What did you do?

Do you sometimes think about it now?

On a scale of 1-10 what is the possibility that you might harm
yourself soon?

Do you have a plan? What is the plan?

Do you have the means to undertake the plan?

On a scale of 1-10 how likely are you to hurt yourself?

Will you call a friend or family member to take you to the hospital
Or may I call 911?

F - FOO questions -

Who lived in your household as a child?
Describe your mother/father, sisters/brothers – who were winners, losers?
Did your mother love you? How do you know?
Did your father love you? How do you know?
What was it like growing up as brothers and sisters in your home?
What did you like most/least about each of your parents?
How were emotions expressed? Anger/sadness/grief/joy?
How was conflict handled? What was punishment like?
What was your parents marriage like?
How was nudity handled in your home?

G - Genogram questions -

Look at birth order, addictions, abuse, control, systemic patterns; previous Marriages, children, etc. Whatever may be helpful based on the Information already collected and what is said as the genogram is Made.

O - Other background and goal setting questions -

What are the areas of tension in your relationship?
If therapy were wildly successful, what would be different?
(Look for cognitive, affective, behavioral answers)
Are there fearful/distressing experiences you have never shared with your spouse?
In what areas are you most compatible? The least?

Sexual intake – PROBE

P: problem – what is the problem?

Is the couple stable enough for sex therapy?
How acceptable is it to talk about sex and sexual issues?
How is the sexual part of your life?
What sexual activity causes conflict in your marriage?
Describe the problem as each of you see it.
Which one of you initiated the visit?
Desire-Arousal-Orgasm-Pain?
Desire: Which of you has the highest desire for sexual activity?
Which has the least? Is the difference a problem?
Explain your desire for your partner – how do you feel about it?
Is it normal for you?
Is it a problem with your spouse?
Does it feel abnormal in some way to you? To spouse?
How would you rate your average sexual desire on a scale of 1-10?
Arousal: what challenges do you experience in this area?
Orgasm: do both partners have orgasms if they want them? What keeps

That from happening?

Pain: Is there pain present? Where? When?

Medical answers?

Describe a typical sexual encounter between you.

Frequency? How often would you like to have it?

How often do you think your partner would like it?

Desire? What does each partner do to indicate interest?

Initiation? Who initiates, why, when, how, and where?

What would you like to be different?

Pleasuring and stimulation – what happens, what works?

Oral sex?

Fantasy?

Use of sex toys or tools?

Kissing? How is that for each of you?

Total body caressing? Is this reserved for times you are planning to

Have intercourse or does it happen other times?

Breasts: Is there anything that you would like to change?

Genitals: response to touch, response to spouse's genitals

Arousal: what stimulates it, and what works, are there problems?

What keeps each of you aroused?

Entry: who determines, when does it occur? How does it feel?

What is the most frequently used position?

What would you like to change?

Orgasm; when for each; are there problems?

For each: do you have orgasms? How do you recognize them?

What would you like to be different?

What happens afterwards?

What are your feelings after intercourse?

R: response – what happens when the problem is present?

How does each partner generally respond?

The first time the problem occurred, what happened?

How did you each feel about that?

Cognition (what does it mean to each?)

When the problem occurs, what is the message?

What script runs through your heads about the problem?

Affect (how do they feel about it, and about themselves?)

Does this problem affect the way you view yourself?

Behavior (what have you done? What's worked?)

Medical tests? Doctor visits?

Books, self-help?

Other counseling?

How would you like your sexual life to be?

O: onset and universality – when did the problem originate? Is it primary/secondary?

Also, is it global or specific?

When did the problem begin?

B: biological exploration – medicines, health, hormones, masturbation – all the Health issues including mental health issues (depression etc.) and Addiction issues, also body image, personality and ethnicity, masturbation. Pornography
Medical issues:

Have you had any of the following tests; thyroid function, Hormonal function, diabetes, cardiovascular disease, STD, prostate?

For men: have you had any difficulties with your penis, Testes, scrotum, rectum, breasts, or other Reproductive or sexual functions?

For women: have you had any difficulties with your Breasts, uterus, vagina, labia, rectum, ovaries, urethra or bladder, or any other reproductive or sexual functions?

How many pregnancies? Still births? Miscarriage?

Have you had an abortion? Why?

For both: infertility problems?

What form of birth control do you use? Why?

Who takes responsibility for it?

Do you like it? Do you think it interferes with Your sexual pleasure?

Is it a source of conflict?

Masturbation: When did you masturbate first?

Were you alone, or with others?

How did you feel about it?

How often did you masturbate?

Were you ever discovered masturbating?

By whom/

How was it handled?

Do you masturbate now?

How frequently?

Fantasy?

Pornography?

Do you use printed material, videos, etc.?

Describe.

Favorite technique

Homosexual play or fantasies: If present, what age did they begin?

Pornography; were you exposed to pornography as a child?

At what age?

Self-discovery? If not, then who exposed you to it?

In what ways were you exposed to it?

What was the nature of the pornography?

Do you remember specific instances of pornography or

Images?

Oral sex: Do you engage in oral sex? With persons of what gender?

Is it reciprocal?

How do you feel about it?

E: etiology – Abuse (unwanted sexual behaviors),

As a child, were you exposed to another's body in a way that made

You feel uncomfortable?

Did you experience any unwanted touch as a child?

Did you have any experiences as a child you now consider to be

Traumatic?

Were uncomfortable or sexual feelings ever stirred up in you in

Relation to another person when you were a child?

Faith – as it relates to sexuality

What is your understanding of God's view of sex?

Are there areas of sexuality that you believe God frowns on?

What was your parents religious message about sex?

What does/did your church teach about it?

How acceptable is it to talk about it?

Couple dynamics (general marriage questions already covered under background information, and possibly in marital therapy)

(communication, intimacy fears, conflict,

Commitment, anger, unresolved issues, stress, boundary

Issues, family difficulties)

What did each partner bring to the marriage that contributes

To the current sexual problem?

How has the marital relationship kept the problem going?

What is the difference between the stories each partner tells

Of the problem? What is the same, and different?

What is the most important thing about sex to each of you?

Describe your first date, your courtship, your first kiss.

Intergenerational piece – (loyalties, legacies, family sex issues and Opinions, personality)

How was nudity viewed in your family?

How was sex viewed by your family? By your parents?

What moral message did you get about sexuality?

What was your family of origin message about sex?

What were your parents' attitudes toward sex?

Sexual development:

What is your earliest sexual memory?

What did you call your genitals as a child?

How old were you when you were told about sex?

who told you?

What were you told?

How were questions answered?

Did you engage in exploratory sex play as a child?

At what age?
 When did it stop?
 How did you feel about it, and why?
 Who else was involved?
 Were you exposed to pornography as a child?
 By who?
 At what age?
 In what ways?
 What kind of pornography?
 At what age did you begin to develop sexually?
 How did you feel about that?
 What were your family's reactions?
 Dating and sexual experience history:
 Talk about your first date, your first romance.
 How were you sexual as an adolescent?
 Age of first sexual intercourse:
 Circumstances?
 Partner?
 Experience?
 Your reaction?
 For men: age at first remembered ejaculation?
 Did it occur by nocturnal emission? Masturbation? Shared
 Sexual activity? With who?
 What were your feelings about it?
 For women: age at menses (first period)?
 What preparation had you received?
 What was your reaction to your first period?
 Describe any menstrual difficulties.
 Are you regular?
 Do you have pain?
 Do you have mood changes, or PMS?
 Are you in menopause or peri-menopause?
 What are your reactions to that?
 What changes are troubling to you?
 Do you experience pain that is new?
 Do you experience vaginal dryness?
 Do you have mood swings?
 Do you take hormones?
 Do you have frequent vaginal or urinary tract infections?
 What kind?
 What treatments have you used?