Handbook of Sexuality-Related Measures

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Sexuality of Women Survey

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Sexuality of Women Survey

The Sexuality of Women Survey was designed to gather information for a book about how women experience and express their sexualities. The questionnaire cover letter stated that the purpose was “to learn more about the richness and variability in the sexual development, feelings, attitudes and experiences of American women of all ages, ethnic and religious groups, and sexual orientations.”

Description

This 16-page questionnaire of primarily multiple-choice questions is divided into the following sections: A. Please tell us about yourself (demographics); B. Relationships; C. Family of origin; D. Early sexual experiences; E. Sexual partner(s); F. Self-stimulation; G. The experience of orgasm; H. Feelings during and immediately after self-stimulation and partner sex; I. Factors affecting sexual satisfaction within a relationship; J. Initiating sex and sexual communication; K. Sexual expression, sexual concerns, and problems; L. Body; M. Satisfaction and the frequency and quality of various kinds of touching activities; N. Sexuality and menstrual cycles; O. Pregnancy; P. Contraceptive method; Q. Sexually transmitted diseases; R. Affairs; and S. Sexual life over time.

Respondents are instructed to circle the number corresponding to the best response(s) or to fill in a blank. They also are told to “feel free to write comments on the questionnaire or on a separate page. . . . If a question doesn’t accurately describe your experience, please tell us so. We want to know how you experience your sexuality.”

The questionnaire was designed for and primarily surveyed (in 1993–1994) women who had attended at least some college. Thirty-two percent had some college or a 2-year degree; 21% had a 4-year degree; and 40% had done some graduate work or had a graduate degree. The 2,632 women in this sample of convenience who responded to the questionnaire were born between 1905 and 1977; 556 were age 50 or older. Even after attempts were made to have greater ethnic diversity, 83% were Caucasian. With respect to sexual orientation, 7% described themselves as lesbian, 5% as bisexual, and the remainder as heterosexual.

Response Mode and Timing

The questionnaire contains a number of different objective response formats and requires 30 to 45 minutes to complete.

Scoring

Many of the questions use 7-point scales; some also include a Not Applicable choice. Many of the other questions involve tabulating how many respondents choose a particular item.

For specific information, contact Carol Ellison (carol.ellison@att.net) or the statistical consultant on the project, Doug Wallace (phddoug@mi.rr.com).

Reliability and Validity

There are no available references on reliability and validity.

Other Information

This survey, and the approximately 100 in-depth interviews that preceded it, were the basis for Ellison (2000). Information from Section K was the basis for Ellison (2001, 2007). Information from Section G appeared in Ellison (2003).

I grant permission to publish the questionnaire in its entirety, but maintain the copyright in my name. The questionnaire can be viewed online at www.womenssexualities.com.

References


1Address correspondence to Carol Rinkleib Ellison, P. O. Box 1876, Loomis, CA 95650; e-mail: carol.ellison@att.net
2Bernie Zilbergeld is deceased.
Exhibit

Sexuality of Women Survey

Instructions: Please answer each question by

- CIRCLING THE NUMBER corresponding to the best response OR by
- FILLING IN THE BLANK at the right hand margin.

Sometimes you also will be asked to SPECIFY SOME OTHER INFORMATION in a blank in the question itself. Some questions will ask you to circle all that apply.

If you cannot or don’t want to answer a question, circle the question number and move on to the next question. Sometimes you will be directed to skip over questions that do not apply to your experience.

FEEL FREE TO WRITE COMMENTS ON THE QUESTIONNAIRE or on a separate page that you fasten securely to it. If a question doesn’t accurately describe your experience, please tell us so. We want to know how you experience your sexuality.

A. PLEASE TELL US ABOUT YOURSELF.

1. **Year Born** (WRITE THE YEAR IN THE BLANK TO THE RIGHT):
   19_____

2. **Ethnicity:** I usually describe my ethnicity as (CIRCLE ONE):
   - African American 1
   - Asian American 2
   - Caucasian 3
   - Latina 4
   - Native American 5
   - Other (PLEASE SPECIFY): ____________________________ 6

3. **Education:** The highest level of schooling I have completed is (CIRCLE ONE):
   - High school 1
   - Some college 2
   - 2-year degree 3
   - 4-year degree 4
   - Graduate work 5
   - Graduate degree 6

4. **Occupation:** My Occupation is:

5. **Religion/Spirituality:** The average number of times per month I attend services or other spiritual observances now, and did as a child is (PLEASE WRITE IN THE NUMBER OF TIMES):
   - Catholic ______ NOW ______ CHILDHOOD
   - Protestant ______ NOW ______ CHILDHOOD
   - Fundamentalist Christian ______ NOW ______ CHILDHOOD
   - Jewish ______ NOW ______ CHILDHOOD
   - Muslim ______ NOW ______ CHILDHOOD
   - Other spiritual observances/meditations ______ NOW ______ CHILDHOOD

6. **Children:** The ages of the children I am raising or have raised is:
   - Males ___ ___ ___ ___ ___
   - Females ___ ___ ___ ___ ___

   (PLEASE CIRCLE THE AGES OF ANY CHILDREN NOW LIVING IN YOUR HOME.)

7. **Income:**
   a. The approximate pre-tax income I earn per year is (CIRCLE ONE):
      - Less than $12,000 1
      - $12,001–$25,000 2
      - $25,001–$50,000 3
      - $50,001–$75,000 4
      - $75,001–$120,000 5
      - $120,001+ 6
   b. The approximate pre-tax income per year of my family unit is:
      1 2 3 4 5 6

8. **Residence:**
   a. The State I now live in is __________________________
   b. I have lived in the United States ___ years (WRITE THE NUMBER IN THE BLANK AT THE RIGHT):

9. **Orientation:** I think of myself as (CIRCLE ONE):
   - Heterosexual 1
   - Lesbian 2
   - Bisexual 3

B. PLEASE TELL US ABOUT YOUR RELATIONSHIP(S).

1. My current relationship and living situation is (CHOOSE ONE):
Handbook of Sexuality-Related Measures

No sex partner now 1
Seeing but not living with my sex partner(s) 2
Living with a sex partner, without marriage or life commitment 3
Living with a sex partner, with marriage or life commitment 4
Other (PLEASE SPECIFY): ______________________________ 5

2. The number of times I have ever (PLEASE WRITE IN THE NUMBER OR “0”):
   a. Lived with a sex partner I didn’t later marry is ______
   b. Been married is ______
   c. Been divorced is ______
   d. Been widowed is ______

For many of the questions that follow you will answer by circling a number on a scale from 1 to 7:

1 = STRONGLY DISAGREE
2 = DISAGREE
3 = SLIGHTLY DISAGREE
4 = EQUALLY AGREE AND DISAGREE
5 = SLIGHTLY AGREE
6 = AGREE
7 = STRONGLY AGREE
0 = NOT APPLICABLE TO MY EXPERIENCE (NA)

C. PLEASE TELL US ABOUT YOUR FAMILY OF ORIGIN.

The questions in this section are about your growing up years.
Mother and Father refer to the “parent(s)” who raised you.
CIRCLE “0” to mean “no mother figure” or “no father figure.”

While I was growing up (CIRCLE THE BEST ANSWER FOR EACH STATEMENT):

1. My mother and father openly demonstrated physical affection for each other
   STRONGLY DISAGREE STRONGLY AGREE NA
   1 2 3 4 5 6 7 0

2. a. My father affectionately touched (for example, hugged) me
   STRONGLY DISAGREE STRONGLY AGREE NA
   1 2 3 4 5 6 7 0
   b. This affection was appropriately expressed
   1 2 3 4 5 6 7 0

3. a. My mother affectionately touched me
   STRONGLY DISAGREE STRONGLY AGREE NA
   1 2 3 4 5 6 7 0
   b. This affection was appropriately expressed
   1 2 3 4 5 6 7 0

4. I felt free to express my own opinions at home
   STRONGLY DISAGREE STRONGLY AGREE NA
   1 2 3 4 5 6 7 0

5. Sexuality was often discussed in my family
   STRONGLY DISAGREE STRONGLY AGREE NA
   1 2 3 4 5 6 7 0

6. a. My mother’s attitude toward sex was generally positive
   STRONGLY DISAGREE STRONGLY AGREE NA
   1 2 3 4 5 6 7 0
   b. My father’s attitude toward sex was generally positive
   1 2 3 4 5 6 7 0

D. THESE QUESTIONS ARE ABOUT YOUR EARLY SEXUAL EXPERIENCES.

1. As a child or adolescent, the first person with whom I engaged in an activity that
   I thought of as sexual at the time was a (1 male OR 2 female) 1 2
   If you have NEVER engaged in ANY sexual activity with a male,
   CIRCLE the 0 at the right and skip to Question 4a.

2. a. As a child or adolescent, my first sexual activity that I thought of at the time
   as sexual with a male occurred when I was ___ years old.

   STRONGLY DISAGREE STRONGLY AGREE NA
   1 2 3 4 5 6 7 0
   b. This sexual activity was with my consent
   1 2 3 4 5 6 7 0
   c. The male involved was: (CHOOSE ONE BEST ANSWER)
      A peer (boyfriend, schoolmate, friend) 1
      A relative (PLEASE SPECIFY WHO) ______________________ 2
      A stranger 3
      Other (PLEASE SPECIFY): __________________________ 4
   If you have NEVER had sexual intercourse, CIRCLE 0 and skip to Question 4a.

3. a. My first sexual intercourse was when I was ___ years old.

   STRONGLY DISAGREE STRONGLY AGREE NA
   1 2 3 4 5 6 7 0
   b. My first sexual intercourse was with my consent
   1 2 3 4 5 6 7 0
   c. The partner in my first intercourse was
Female Sexuality

A peer (boyfriend, schoolmate, friend) 1
A relative (PLEASE SPECIFY WHO) ______________ 2
A stranger 3
Other (PLEASE SPECIFY): ______________ 4

d. He was (CHOOSE ONE BEST ANSWER)
   Someone I wasn’t then planning to marry 1
   Someone I was planning to marry 2
   Someone I had already married 3
   None of the above 4

If you have NEVER engaged in ANY sexual activity with another female, CIRCLE “0”
and skip to Question 5. 0

4. a. My first sexual activity that I thought of at the time as sexual
   with another female occurred when I was ___ years old.

b. This sexual activity was with my consent.

   STRONGLY DISAGREE 1 2 3 4 5 6 7 0
   STRONGLY AGREE

   NA

c. The female involved was (CHOOSE ONE):
   A peer (girlfriend, schoolmate, friend) 1
   A relative (PLEASE SPECIFY WHO) ______________ 2
   A stranger 3
   Other (PLEASE SPECIFY): _______________ 4

5. Compared to my female classmates, during my adolescent years:

   a. I dated (1 about as, 2 more, or 3 less) often
   
   ABOUT AS MORE LESS
   1 2 3

   b. I was (1 about as, 2 more, or 3 less) sexually active
   
   STRONGLY DISAGREE 1 2 3 4 5 6 7 0
   STRONGLY AGREE

   NA

6. E. THE QUESTIONS IN THIS SECTION ARE ABOUT YOUR SEXUAL PARTNER(S).

   A SEXUAL PARTNER is someone with whom you currently (or did in the past) engage in
   ANY kind of sexual activity.

   1. The last time I engaged in any kind of sexual activity with a partner was
   (PLEASE CIRCLE 1 FOR today, OR WRITE IN YOUR BEST ESTIMATE OF APPROXIMATELY
   HOW MANY days, months OR years ago): or Days ago ______

   or Months ago ______
   or Years ago ______

   If you have more than one current partner, interpret “current partner” to mean your “primary partner” as you fill out this questionnaire.

   2. a. My current or most recent sexual partner is/was
      (1 male OR 2 female) 1
      
      2

   b. I have been (or was) with this partner ___ months

      OR _____ years (WRITE IN HOW MANY AT THE RIGHT):

      Months ______

      or Years ______

   3. I think of myself as currently having (a) __ male

      and (b) __ female sexual partners (WRITE IN HOW MANY):

      a) Male ______

      b) Female ______

   4. I have had about ___ sexual partners in my lifetime (WRITE IN HOW MANY):

   5. In my lifetime, the number of people with whom I have engaged in what is often
called “casual sex” or a “one-night stand” (including instances where a relationship
or friendship developed after the sex) is approximately ___ (WRITE IN HOW MANY):

   STRONGLY DISAGREE 1 2 3 4 5 6 7 0
   STRONGLY AGREE

   NA

   6. My current or most recent sex partner has been (was) a good partner for me
   (in general, not just sexually) 1

   7. In the past, most of my sex partners were good partners for me
   (in general, not just sexually) 1

   8. In my life I have had at least one partner with whom I had what I considered to be really fantastic sex.
9. a. In the last 3 months, the number of individuals with whom I have engaged in sexual activity of any kind is (WRITE IN HOW MANY):

If your answer to 9a is “0”, skip 9b.

b. The partner(s) and circumstances can be described as (CIRCLE ALL THAT APPLY):

- A male partner
- A female partner
- My “spouse” (married or life commitment)
- A nonspouse partner I live with
- A partner I don’t live with
- Some one I knew at the time for more than 1 but less than 7 days
- Some one I knew at the time for less than 24 hours
- A partner with whom I have an on-going affair
- A friend: we sometimes or regularly meet each other’s sexual needs
- Someone I know, in exchange for money
- A stranger, in exchange for money
- Other (PLEASE SPECIFY): ____________________________________

F. THE NEXT 4 QUESTIONS ARE ABOUT SELF-STIMULATION.

1. The first time I intentionally stimulated my genitals while alone (masturbated) I was ____ years old (IF YOU DON’T KNOW, WRITE IN YOUR BEST GUESS)

If NEVER, circle 0 and skip to Section G

2. In the last month, I have intentionally stimulated my genitals when alone approximately ____ times.

If you have NOT intentionally stimulated your genitals when alone in the LAST 3 MONTHS, circle 0 and skip to Question 4.

3. In the last 3 months, I intentionally stimulated my genitals when alone (CIRCLE ALL THAT APPLY):

- Because self-stimulation feels good
- Because I felt a physical urge to do so
- To comfort myself
- To help me sleep
- To relieve menstrual cramps
- To relax
- To have one or more orgasms
- To feel more finished or relieve frustration after partner sex
- Because a partner wasn’t available right then
- Because I was lonely
- Because I was bored
- Other ___________________________________

G. THE QUESTIONS IN THIS SECTION ARE ABOUT THE EXPERIENCE OF ORGASM:

1. Please circle the number of the best answer for you:

- I have never experienced an orgasm
- I am not sure if I have ever had an orgasm
- My first orgasm was by myself
- My first orgasm was during sexual activity with a partner
- Other (PLEASE SPECIFY):

If you have NEVER experienced orgasm or are NOT SURE if you have, please skip to Question 11.

2. I think my first orgasm occurred when I was age ____ years

(IF YOU DON’T KNOW FOR SURE, PLEASE WRITE IN YOUR BEST ESTIMATE OR GUESS.

IF YOU WERE YOUNG, PERHAPS YOU ONLY REALIZED LATER IT WAS AN ORGASM.)

3. The following describe my experience (PLEASE CIRCLE ALL THAT APPLY):
Female Sexuality

My first orgasm occurred spontaneously 1
My first orgasm occurred when I was trying to have one 2
My first orgasm surprised me 3
I was frightened by the sensations of my first orgasm 4
I reach orgasm when alone but not when I'm with a partner 5
I have at some time awakened from sleep having an orgasm from dreaming 6
I have at some time had an orgasm from mental/emotional stimulation (such as a fantasy, recalling a past experience, reading) without also sexually touching myself 7
None of the above 0

If you have NEVER had an orgasm when alone, please circle 0 and skip to Question 7.

4. I generally reach orgasm more easily by myself than with a partner 1 2 3 4 5 6 7 0
   STRONGLY DISAGREE STRONGLY DISAGREE NA

5. I generally have more enjoyable orgasms by myself than I have had with a partner 1 2 3 4 5 6 7 0
6. The stimulation I use to reach orgasm when alone tends to be:
   Always (or almost always) the same kind 1
   Varied, I use different kinds of stimulation at different times 2

If you have NEVER experienced orgasm with a partner, please circle 0 and skip to Question 10.

7. The stimulation through which I reach orgasm with a partner tends to be:
   Always (or almost always) the same kind 1
   Varied, different kinds of stimulation at different times 2

8. I generally have (had) more enjoyable orgasms with my most satisfying sexual partner than by myself 1 2 3 4 5 6 7 0

If you have NOT experienced orgasm with a partner in the last 3 months, please circle 0 and skip to Question 10.

The next question is about your orgasms with a partner in the LAST 3 MONTHS. If you have had more than one partner, answer regarding your most satisfying partner.

9. In the last 3 months when having sex with my partner
   a. I wanted to orgasm in approximately __% of the sexual episodes
      (PLEASE WRITE IN YOUR BEST GUESS) _____%
   b. I actually orgasmed in approximately __% of the sexual episodes in which I wanted to
      (WRITE IN YOUR BEST GUESS) _____%

   STRONGLY DISAGREE STRONGLY DISAGREE NA
   c. I am satisfied with the frequency I actually orgasmed 1 2 3 4 5 6 7
   d. I am satisfied with the quality/intensity of the orgasms I had 1 2 3 4 5 6 7

10. In my life, I have (PLEASE WRITE IN YOUR BEST ESTIMATE OR GUESS OF THE NUMBER):
    a. Cried during orgasm or had crying released by orgasm ___ times
    b. Laughed during orgasm or had laughter released by orgasm ___ times

11. a. In my life, I have faked an orgasm ___ times (PLEASE WRITE IN YOUR BEST ESTIMATE OR GUESS): ___%
    b. I have faked an orgasm with ___ percent of my partners ___%
    If you do not have a current partner, circle 0 and skip to Question 12.
    c. I fake an orgasm with my current partner about ___ percent of the time ___%

If you have NEVER reached orgasm during sex with a partner, please skip to the next section, Section H.

12. In addition to getting specific physical stimulation, I often have done the following to help me reach orgasm during sex with a partner (CIRCLE ALL THAT APPLY; SOME MAY HAVE HAPPENED SPONTANEOUSLY):
    Gotten myself in a sexy mood beforehand 1
    Engaged in a fantasy of my own 2
    Engaged in a fantasy shared with my partner 3
Thought or imagined that I might become pregnant 4  
Synchronized my breathing to my partner's breathing 5  
Synchronized the rhythm of my movements to my partner's 6  
Felt/thought how much I love my partner 7  
Tightened and released my pelvic muscles 8  
Paid attention to my physical sensations 9  
Focused on my partner's pleasure 10  
Positioned my body to get the stimulation I needed 11  
Engaged in eye contact with my partner 12  
Detached from thinking about anything 13  
Asked or encouraged my partner to do what I needed 14  
Other (PLEASE SPECIFY): ________________________________ 15

H. THESE QUESTIONS ARE ABOUT YOUR FEELINGS DURING AND IMMEDIATELY AFTER SELF-STIMULATION AND PARTNER SEX.

If you have NEVER masturbated, start with Question 2; skip 1 and 3. If you have NEVER had sex with a partner, start with 1, skip 2 and 4.

Below is a list of feelings you may have experienced during and immediately after sexual activity, either alone or with a partner.

1. The feelings from the list that I have experienced most typically during and immediately after masturbation are (CIRCLE THE NUMBERS IN THE COLUMN LABELED SELF OF ALL THAT APPLY):

<table>
<thead>
<tr>
<th>SELF</th>
<th>PARTNER</th>
</tr>
</thead>
<tbody>
<tr>
<td>Anxious</td>
<td>1</td>
</tr>
<tr>
<td>Aroused</td>
<td>2</td>
</tr>
<tr>
<td>Ashamed</td>
<td>3</td>
</tr>
<tr>
<td>Bored</td>
<td>4</td>
</tr>
<tr>
<td>Coerced</td>
<td>5</td>
</tr>
<tr>
<td>Confident</td>
<td>6</td>
</tr>
<tr>
<td>Desirable</td>
<td>7</td>
</tr>
<tr>
<td>Desire</td>
<td>8</td>
</tr>
<tr>
<td>Desired</td>
<td>9</td>
</tr>
<tr>
<td>Disappointed</td>
<td>10</td>
</tr>
<tr>
<td>Dissatisfied</td>
<td>11</td>
</tr>
<tr>
<td>Dominated</td>
<td>12</td>
</tr>
<tr>
<td>Dominating</td>
<td>13</td>
</tr>
<tr>
<td>Ecstasy</td>
<td>14</td>
</tr>
<tr>
<td>Embarrassed</td>
<td>15</td>
</tr>
<tr>
<td>Erotic</td>
<td>16</td>
</tr>
<tr>
<td>Excited</td>
<td>17</td>
</tr>
<tr>
<td>Frustrated</td>
<td>18</td>
</tr>
<tr>
<td>Guilty</td>
<td>19</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>SELF</th>
<th>PARTNER</th>
</tr>
</thead>
<tbody>
<tr>
<td>Happy</td>
<td>20</td>
</tr>
<tr>
<td>Helpless</td>
<td>21</td>
</tr>
<tr>
<td>Inadequate</td>
<td>22</td>
</tr>
<tr>
<td>Inhibited</td>
<td>23</td>
</tr>
<tr>
<td>Intense</td>
<td>24</td>
</tr>
<tr>
<td>Judged</td>
<td>25</td>
</tr>
<tr>
<td>Lonely</td>
<td>26</td>
</tr>
<tr>
<td>Loved</td>
<td>27</td>
</tr>
<tr>
<td>Loving</td>
<td>28</td>
</tr>
<tr>
<td>Lusty</td>
<td>29</td>
</tr>
<tr>
<td>Meditative</td>
<td>30</td>
</tr>
<tr>
<td>Merged</td>
<td>31</td>
</tr>
<tr>
<td>“Not there”</td>
<td>32</td>
</tr>
<tr>
<td>Obsessed</td>
<td>33</td>
</tr>
<tr>
<td>Passionate</td>
<td>34</td>
</tr>
<tr>
<td>Peaceful</td>
<td>35</td>
</tr>
<tr>
<td>Playful</td>
<td>36</td>
</tr>
<tr>
<td>Pleasured</td>
<td>37</td>
</tr>
<tr>
<td>Powerful</td>
<td>38</td>
</tr>
</tbody>
</table>

2. The feelings that I have experienced most often during and immediately after sex with my current or most recent partner are (CIRCLE THE NUMBERS IN THE COLUMN LABELED PARTNER OF ALL THAT APPLY):

<table>
<thead>
<tr>
<th>SELF</th>
<th>PARTNER</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pressured</td>
<td>39</td>
</tr>
<tr>
<td>Resentful</td>
<td>40</td>
</tr>
<tr>
<td>Romantic</td>
<td>41</td>
</tr>
<tr>
<td>Sad</td>
<td>42</td>
</tr>
<tr>
<td>Sated</td>
<td>43</td>
</tr>
<tr>
<td>Satisfied</td>
<td>44</td>
</tr>
<tr>
<td>Secure</td>
<td>45</td>
</tr>
<tr>
<td>Self-loving</td>
<td>46</td>
</tr>
<tr>
<td>Sensual</td>
<td>47</td>
</tr>
<tr>
<td>Separate</td>
<td>48</td>
</tr>
<tr>
<td>Sexy</td>
<td>49</td>
</tr>
<tr>
<td>Spiritual</td>
<td>50</td>
</tr>
<tr>
<td>Successful</td>
<td>51</td>
</tr>
<tr>
<td>Tense</td>
<td>52</td>
</tr>
<tr>
<td>Tired</td>
<td>53</td>
</tr>
<tr>
<td>Trusting</td>
<td>54</td>
</tr>
<tr>
<td>Victimized</td>
<td>55</td>
</tr>
<tr>
<td>Vulnerable</td>
<td>56</td>
</tr>
<tr>
<td>Wonderful</td>
<td>57</td>
</tr>
</tbody>
</table>

3. If other words better describe your masturbation experiences, please write them here:

4. If other words better describe your sexual experiences with your current or most recent partner, please write them here:

5. List the numbers of up to 5 feelings from the list above (other than “satisfied”) that you associate with your most satisfying sexual experiences.

   _____   _____   _____   _____   _____

   If you have NEVER had satisfying sexual experiences either alone or with a partner, circle 0. 0
I. **THIS SECTION IS ABOUT FACTORS AFFECTING YOUR SEXUAL SATISFACTION WITHIN A RELATIONSHIP.**

If you have **NEVER** had SATISFYING sex with a partner within an ongoing relationship, please circle 0 and skip to the next section, Section J.

If you have **EVER** had SATISFYING sex with a partner within an ongoing relationship, please consider the most recent period in your life when you had satisfying sex in a relationship:

1. a. In this period of my life in this relationship, the following were **USUALLY** or **ALWAYS** present in my most satisfying sexual experiences with my partner (CIRCLE THE NUMBERS OF ALL THAT APPLY):

   **Before Sex**
   - Feeling close to my partner before sex
   - Arguing before having sex
   - Having an alcoholic drink before sex
   - Using marijuana or another recreational drug before (or during) sex

   **Partner and Situation**
   - Feeling loved
   - Feeling safe in the relationship
   - Knowing we could take as much time as we wanted
   - Knowing there was no risk of getting or transmitting a disease
   - Knowing there was no risk of getting pregnant
   - Being aware that I might become pregnant
   - Knowing my partner would give me the physical stimulation I needed

   **Behaviors and Feelings During Sex**
   - Talking with my partner during sex about what we were doing
   - Talking about or acting out a shared drama or fantasy
   - Focusing on a stimulating fantasy of my own
   - Feeling really attuned with my partner during sex
   - No pressure from my partner for me to have an orgasm
   - No pressure from myself to have an orgasm
   - My partner was accepting of my desires, preferences and responses
   - My partner got and maintained an erection
   - My partner did not ejaculate quickly

   **Stimulation**
   - Extended stimulation of other kinds before intercourse
   - Breast stimulation
   - Manual stimulation of my genitals
   - Oral stimulation of my genitals
   - Using a vibrator
   - Using a dildo
   - Anal stimulation
   - Having intercourse
   - Steady, reliable stimulation that continued through orgasm

   **Outcomes**
   - One or more orgasms
   - Simultaneous orgasm with my partner
   - Knowing that I gave my partner a wonderful experience
   - Emotional closeness after sexual activity

   **Other** (PLEASE SPECIFY):

b. In the period of my life I have been considering for this question I was in my

   1. Teens   2. 20's   3. 30's   4. 40's   5. 50's   6. 60's   7. 70's   8. 80's

J. **THESE QUESTIONS ARE ABOUT INITIATING SEX AND SEXUAL COMMUNICATION.**

If you have not had a sexual partner in the last year, please circle 0, skip Sections J and K, and go to Section L.
INITIATING SEX means letting your partner know (verbally or physically) your desire for sexual activity.

PLEASE CIRCLE THE BEST ANSWER FOR EACH STATEMENT.

<table>
<thead>
<tr>
<th></th>
<th>STRONGLY DISAGREE</th>
<th>STRONGLY AGREE</th>
<th>NA</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>1 2 3 4 5 6 7 0</td>
<td>1 2 3 4 5 6 7 0</td>
<td></td>
</tr>
<tr>
<td></td>
<td>2. a. 1 2 3 4 5 6 7 0</td>
<td>1 2 3 4 5 6 7 0</td>
<td></td>
</tr>
<tr>
<td></td>
<td>2. b. 1 2 3 4 5 6 7 0</td>
<td>1 2 3 4 5 6 7 0</td>
<td></td>
</tr>
<tr>
<td></td>
<td>3. During sex, I am comfortable telling my partner what I don’t like or don’t want (for example: “Ouch!” or “I don’t want to do that tonight.”) 1 2 3 4 5 6 7 0</td>
<td>1 2 3 4 5 6 7 0</td>
<td></td>
</tr>
<tr>
<td></td>
<td>4. During sex, I am comfortable telling my partner what I want and like (for example, “Would you . . .” or “A little slower . . .” or “That feels great.”) 1 2 3 4 5 6 7 0</td>
<td>1 2 3 4 5 6 7 0</td>
<td></td>
</tr>
<tr>
<td></td>
<td>5. During sex, I communicate my desires as often as I want to. 1 2 3 4 5 6 7 0</td>
<td>1 2 3 4 5 6 7 0</td>
<td></td>
</tr>
<tr>
<td></td>
<td>6. One reason I don’t communicate much during sex is that I usually don’t know what I want. 1 2 3 4 5 6 7 0</td>
<td>1 2 3 4 5 6 7 0</td>
<td></td>
</tr>
<tr>
<td></td>
<td>7. My partner gives me as much feedback about his/her sexual likes and dislikes as I want. 1 2 3 4 5 6 7 0</td>
<td>1 2 3 4 5 6 7 0</td>
<td></td>
</tr>
</tbody>
</table>

K. THESE QUESTIONS ARE ABOUT SOME ASPECTS OF SEXUAL EXPRESSION YOU MAY HAVE EXPERIENCED IN THE PAST YEAR AND ABOUT SEXUAL CONCERNS AND PROBLEMS.

In Question 1, indicate which of the items you have experienced in the last year by circling the number that indicates how often you experienced it. Skip any you have not experienced.

RAR = Rarely       ST = Sometimes       OFT = Often       ALL = All the time

1. a. I have experienced the following in the last year (circle any that apply):
   - Difficulty finding a partner I wanted to be sexual with 1 1 1 1
   - Lower sexual desire than I wanted to have 2 2 2 2
   - Being too tired to have sex 3 3 3 3
   - Being too busy to have sex 4 4 4 4
   - Not feeling sexually satisfied 5 5 5 5
   - My partner not as interested in sex as I was 6 6 6 6
   - My partner less interested in closeness after sex than I 7 7 7 7
   - My partner choosing inconvenient times for sex 8 8 8 8
   - Difficulty getting excited/aroused 9 9 9 9
   - Feeling distracted 10 10 10 10
   - Inability to relax 11 11 11 11
   - Involuntary vaginal spasm so that vaginal entry and/or intercourse was impossible or difficult 12 12 12 12
   - Insufficient vaginal lubrication 13 13 13 13
   - Pain during intercourse or other internal stimulation 14 14 14 14
   - Fantasizing that I am having sex with someone other than my partner 15 15 15 15
   - Difficulty in reaching orgasm 16 16 16 16
   - Inability to have an orgasm 17 17 17 17
   - Reaching orgasm too quickly 18 18 18 18
   - My partner seeming distracted 19 19 19 19
   - My partner wanting shorter foreplay than I wanted 20 20 20 20
   - My partner having difficulty getting aroused 21 21 21 21
   - My partner ejaculating too quickly 22 22 22 22
   - My partner having difficulty getting and/or maintaining an erection 23 23 23 23
   - Other (specify): ________________________ 24 24 24 24
   - None of the above 0 0 0 0

Some of the items in Question 1 you may think of as “the way life is.” Others you may think of as “problems.”

2. I think or thought of these items I marked in Question 1 as problems.
   (Please write the number(s) of those items here or circle 0 for none):
   ______ ______ ______ ______ ______ ______ ______ ______ 0
3. In the past year I have sought the following kinds of help for sexual concerns or problems (CIRCLE ALL THAT APPLY):

- None
- Talked to my partner
- Talked to a (nonpartner) friend
- Talked to a relative
- Talked to a minister or teacher
- Read a book or article that gave advice
- Went to a medical/health practitioner (other than a therapist)
- Went to a therapist by myself
- Went to a therapist with my partner
- Enrolled in a course or program
- Other (SPECIFY): ___________________________________________

4. a. In the past year, my most important sexual problem or concern was (WRITE THE NUMBER FROM THE LIST IN QUESTION 1 OR SPECIFY) ____________________________

   If None, circle 0 and skip 4b and 4c.

   STRONGLY DISAGREE   STRONGLY AGREE   NA
   1 2 3 4 5 6 7 0

   b. This problem or concern has been satisfactorily resolved

   If the situation is not improved, circle 0 and skip 4c.

   STRONGLY DISAGREE   STRONGLY AGREE   NA
   1 2 3 4 5 6 7 0

   c. I attribute the improvement in this situation to (CIRCLE ALL THAT APPLY):

   - A solution I figured out for myself
   - Talking with my partner
   - Talking with a friend, relative, parent, or minister
   - Seeing a therapist
   - Seeing a medical/health practitioner
   - Surgery
   - Medication (starting, stopping, changing)
   - Passage of time
   - Advice in a book or article
   - Getting a new partner
   - Other (PLEASE SPECIFY): _________________

L. THE NEXT QUESTIONS ARE ABOUT YOUR BODY.

1. Overall, I am satisfied with how my body looks

   STRONGLY DISAGREE   STRONGLY AGREE   NA
   1 2 3 4 5 6 7

2. My current or last partner is/was satisfied with how my body looks

   STRONGLY DISAGREE   STRONGLY AGREE   NA
   1 2 3 4 5 6 7 0

3. My feelings about my body interfere with my sexual satisfaction

   STRONGLY DISAGREE   STRONGLY AGREE   NA
   1 2 3 4 5 6 7

4. a. My weight is ___ pounds

   b. My height is ___ feet ___ inches

5. a. I have had the following surgery (PLEASE CIRCLE THE CORRESPONDING NUMBER(S) AND WRITE IN YOUR AGE AT THE TIME OF THE SURGERY):

   Hysterectomy (uterus removed) _______ 1
   Ovaries removed _______ 2
   Mastectomy _______ 3
   Other surgery (PLEASE SPECIFY): ___________________________ 4

   AGE AT TIME OF SURGERY

   b. I have the following physical condition(s) (PLEASE CIRCLE THE CORRESPONDING NUMBER(S) AND INDICATE YOUR AGE WHEN THE CONDITION BEGAN):

   Diabetes _______ 5
   Chronic vaginal dryness (currently) _______ 6
   Chronic bladder infections (currently) _______ 7
   Other illness, disability, or physical condition (PLEASE SPECIFY):

   AGE OF ONSET

   8
6. **In the past year** I have taken the following medications or hormones (PLEASE CIRCLE THE CORRESPONDING NUMBER(S) AND WRITE IN APPROXIMATELY HOW LONG YOU HAVE TAKEN THEM): NO. OF YRS TAKEN

- Blood pressure medication
- Antihistamine
- Antidepressant
- Antianxiety medication
- Insulin
- Birth control pills
- Other estrogen
- Other progestin/progesterone
- Other medications or hormones (SPECIFY):

<table>
<thead>
<tr>
<th>Medication</th>
<th>No. of Yrs Taken</th>
</tr>
</thead>
<tbody>
<tr>
<td>Blood pressure medication</td>
<td>1</td>
</tr>
<tr>
<td>Antihistamine</td>
<td>2</td>
</tr>
<tr>
<td>Antidepressant</td>
<td>3</td>
</tr>
<tr>
<td>Antianxiety medication</td>
<td>4</td>
</tr>
<tr>
<td>Insulin</td>
<td>5</td>
</tr>
<tr>
<td>Birth control pills</td>
<td>6</td>
</tr>
<tr>
<td>Other estrogen</td>
<td>7</td>
</tr>
<tr>
<td>Other progestin/progesterone</td>
<td>8</td>
</tr>
<tr>
<td>Other medications or hormones (SPECIFY):</td>
<td>9</td>
</tr>
<tr>
<td>Other medications or hormones (SPECIFY):</td>
<td>10</td>
</tr>
</tbody>
</table>

None 0

7. The physical condition of my body interferes with my sexual satisfaction

Answer Question 8 ONLY IF you are NOT now physically able to become pregnant. Give ages for ALL you have experienced.

8. I am not physically able to become pregnant because (GIVE AGES FOR ALL THAT APPLY):

- I reached menopause at age ___ 1
- I had my tubes tied when I was age ___ 2
- I had a hysterectomy when I was age ___ 3
- I had/have had endometriosis from approximately age ___ 4
- I had a pelvic infection when I was age ___ 5
- Other (PLEASE SPECIFY): ______________________________________ 6

M. **THESE QUESTIONS ARE ABOUT SATISFACTION AND THE FREQUENCY AND QUALITY OF VARIOUS KINDS OF TOUCHING ACTIVITIES:**

<table>
<thead>
<tr>
<th>Question</th>
<th>Strongly Disagree</th>
<th>Strongly Agree</th>
<th>NA</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. (including self-sexual activity)</td>
<td>1 2 3 4 5 6 7</td>
<td>0</td>
<td></td>
</tr>
<tr>
<td>2. (with a partner in the last 3 months)</td>
<td>1 2 3 4 5 6 7</td>
<td>0</td>
<td></td>
</tr>
<tr>
<td>3a. (in the last 3 months, I have been satisfied with the quality of genital stimulation and/or intercourse I've had with a partner)</td>
<td>1 2 3 4 5 6 7</td>
<td>0</td>
<td></td>
</tr>
<tr>
<td>3b. With respect to the frequency of this kind of activity, I would like (1 more, 2 less, or 3 about the same) amount</td>
<td>MORE LESS SAME</td>
<td>1 2 3</td>
<td></td>
</tr>
<tr>
<td>4a. (in the last 3 months, I have been satisfied with the quality of sexual/erotic contact I've had with a partner that did not include or lead to sustained genital stimulation or intercourse (for example, a passionate kiss or erotic caress))</td>
<td>1 2 3 4 5 6 7</td>
<td>0</td>
<td></td>
</tr>
<tr>
<td>4b. With respect to the frequency of this kind of activity, I would like (1 more, 2 less, or 3 about the same) amount</td>
<td>MORE LESS SAME</td>
<td>1 2 3</td>
<td></td>
</tr>
<tr>
<td>5a. (in the last 3 months, I have been satisfied with the quality of the affectionate nonsexual, nongenital touching I've had with a partner)</td>
<td>1 2 3 4 5 6 7</td>
<td>0</td>
<td></td>
</tr>
<tr>
<td>5b. With respect to the frequency of this kind of activity, I would like (1 more, 2 less, or 3 about the same) amount</td>
<td>MORE LESS SAME</td>
<td>1 2 3</td>
<td></td>
</tr>
<tr>
<td>6a. Regarding total amount of sexual activity (anything and everything sexual), in my current or most recent relationship:</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
I want(ed) more than my partner 1
My partner wants (wanted) more 2
My partner and I want(ed) about the same amount 3

If you want(ed) about the same amount, skip 6b.

b. We (have) reached a mutually satisfying compromise 1 2 3 4 5 6 7 0

N. THE NEXT QUESTIONS ARE ABOUT SEXUALITY AND YOUR MENSTRUAL CYCLES

<table>
<thead>
<tr>
<th></th>
<th>STRONGLY DISAGREE</th>
<th>STRONGLY AGREE</th>
<th>NA</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>It seems to me that my sexual desire has (had) predictable variations due to my menstrual cycle</td>
<td>1 2 3 4 5 6 7 0</td>
<td></td>
</tr>
<tr>
<td>2.</td>
<td>It seems to me that my sexual satisfaction has (had) predictable variations due to my menstrual cycle</td>
<td>1 2 3 4 5 6 7 0</td>
<td></td>
</tr>
<tr>
<td>3.</td>
<td>I enjoy(ed) sexual activity during my menstrual flow</td>
<td>1 2 3 4 5 6 7 0</td>
<td></td>
</tr>
<tr>
<td>4.</td>
<td>I engage(d) in sexual intercourse during my menstrual flow</td>
<td>Never Rarely Sometimes Often</td>
<td></td>
</tr>
</tbody>
</table>

O. THE QUESTIONS IN THIS SECTION ARE ABOUT PREGNANCY:

If you have NEVER been pregnant AND never wanted to be pregnant, please circle 0 and skip to the next section, Section P.

1. Please indicate if you have ever been pregnant and fill in any other blanks that apply:
   a. I have been pregnant ___ times. _____
   b. ___ of my pregnancies were planned. _____
   c. ___ of my pregnancies were unplanned. _____
   d. ___ of my pregnancies resulted in live births. _____
   e. ___ of my pregnancies ended in spontaneous abortion or miscarriage _____
   f. ___ of my pregnancies ended in an arranged abortion _____
   g. ___ of my babies were given up for adoption _____

2. At some time in my life, trying to become pregnant enhanced my sexual pleasure and/or satisfaction 1 2 3 4 5 6 7 0
3. At some time in my life, I had difficulty becoming pregnant when I wanted to 1 2 3 4 5 6 7 0
4. At some time in my life, trying to become pregnant diminished my sexual pleasure and/or satisfaction 1 2 3 4 5 6 7 0
5. At some time in my life, I have undergone medical testing and/or interventions for fertility 1 Yes 2 No 1 2

If you have NEVER been pregnant, please skip to Question 8.

6. In my life, becoming pregnant has resulted in the following (CIRCLE ALL THAT APPLY):
   a. I got married sooner than I had planned 1
   b. I married someone I had not previously planned to marry 2
   c. I married someone I never would have chosen to marry otherwise 3
   d. I married someone at the time who was not the biological father 4
   e. I had a baby in marriage before I felt ready 5
   f. The biological father knew about the pregnancy but did not remain with me through it 6
   g. The biological father never knew about the pregnancy 7
   h. Other 8
   i. None of the above 0

7. a. I am pregnant now 1 Yes 2 No 3 Not sure 1 2 3
   b. I have a baby I currently breastfeed 1 2
   c. I have sometime had a baby delivered by Cesarean section 1 2
8. During, or as a result of, partner sex during the last 3 months I have felt (CIRCLE ALL THAT APPLY):
   Desirous of becoming pregnant 1
   Concerned or fearful that I might not become pregnant 2
   Concerned or fearful that I was pregnant 3
   Concerned or fearful that I might become pregnant 4
   None of the above 0

P. THIS SECTION IS ABOUT YOUR CONTRACEPTIVE METHOD:

If you do NOT use a contraceptive method, circle 0 and skip to Section Q.

1. a. The method of contraception I use most frequently is
   (PLEASE WRITE IN): ________________________________________________
   STRONGLY DISAGREE  STRONGLY AGREE  NA
   1 2 3 4 5 6 7 0

b. This method increases my sexual satisfaction
   1 2 3 4 5 6 7 0

Q. THESE 4 QUESTIONS ARE ABOUT SEXUALLY TRANSMITTED DISEASES:

1. I have at some time in my life contracted a sexually transmitted disease (STD)
   Yes 2 No 1
   (IF YES, PLEASE SPECIFY WHAT IT WAS): _________________________________
   If you DO NOT use a method of disease protection, circle 0 and skip to Question 3.
   Note the instructions above Question 3.

2. a. The method of protection against sexually transmitted diseases I use most frequently is
   (PLEASE WRITE IN): ________________________________________________
   STRONGLY DISAGREE  STRONGLY AGREE  NA
   1 2 3 4 5 6 7 0

   b. This method increases my sexual satisfaction
      1 2 3 4 5 6 7 0

If you have NOT had sex with a partner in the last 3 months, please circle 0 and skip to the next section, section R.

3. In sex with my partner(s) during the last 3 months I have felt concerned that
   I might get an STD 1 2 3 4 5 6 7 0

4. In sex with my partner(s) during the last 3 months I have felt concerned that
   I might transmit an STD 1 2 3 4 5 6 7 0

R. THE QUESTIONS IN THIS SECTION ARE ABOUT AFFAIRS:

An AFFAIR, for the purposes of these questions, refers to YOU having sex outside of your relationship in a way that violates rules of the relationship against it. If you and your partner have agreed that outside sex is OK, then it’s not an affair. If you are single and having sex with someone who is married, that is NOT an affair for you.

1. The number of affairs I have had in my life is _____
   If you have NEVER had an affair, circle 0 and skip to Question 3.

2. The most important reason(s) for my FIRST affair were (CIRCLE UP TO THREE REASONS):
   Not enough sex in my primary relationship 1
   Not enough closeness in my primary relationship 2
   Curiosity 3
   Strong attraction to the other person 4
   Desire for something different 5
   To make my partner jealous 6
   To get back at my partner for something done to me 7
   Trying to get pregnant (I couldn’t get pregnant with my partner) 8
   It provided a way out of an unsatisfactory relationship 9
   My partner is/was unable to engage in sex (e.g. due to a medical problem) 10
   Other (PLEASE SPECIFY): ___________________________________________ 11
3. With respect to my current partner (CIRCLE THE BEST ANSWER):
   I have no current partner 0
   I am quite certain that while in relationship with me he/she has not had an affair with someone else 1
   I sometimes wonder if he/she has had or is having an affair; I am not sure 2
   I am quite certain that he/she has had or is having an affair 3

4. While I was growing up, my father and mother, or the “parents” who raised me (CIRCLE ONE ANSWER IN EACH COLUMN):
   FATHER  MOTHER
   Never had an affair that I suspected or knew about 1 1
   Had 1 or more affairs that I knew about 2 2
   May have had an affair, I was not sure 3 3
   Not applicable 0 0

   Answer Questions 5 & 6 IF you have NEVER had an affair as defined above OR if you have NEVER had an affair while with your current partner.

5. The most important reason(s) I have NEVER had an affair or NOT had an affair in my current relationship are (up to THREE reasons):
   I have had no desire to do so 1
   I have not had an opportunity to do so 2
   Having an affair is against my values 3
   I am/was afraid of getting caught by my partner 4
   I don’t/didn’t believe I could deal with the guilt 5
   It would destroy my relationship 6
   I am/was afraid of catching a sexually transmitted disease 7
   Other (PLEASE SPECIFY): ___________________________________ 8

   STRONGLY DISAGREE  STRONGLY AGREE  NA
   6. I would be open to having an affair in the future (if currently in a relationship, answer in terms of still being in that relationship) 1 2 3 4 5 6 7 0

5. THESE FINAL QUESTIONS LOOK AT YOUR SEXUAL LIFE OVER TIME:

1. In my life, my sexual satisfaction has been/was at its peak between ages ___ and ___ years: ____ and ____

2. Looking back, I have at some time had a problem in my sexual life due to the following (CIRCLE ALL THAT APPLY):
   Inadequate sex education 1
   Inadequate knowledge of my body and sexual feelings 2
   Inadequate information about the how-to of sex 3
   Inadequate knowledge of the physical consequences of sex 4
   Inadequate knowledge of the emotional consequences of sex 5
   Inadequate information about birth control 6
   Inadequate availability of birth control 7
   None of the above 0

3. Looking back over my entire life, I regret the following about my sexual life (CIRCLE ALL THAT APPLY):
   I got into sex when I was too young 1
   I had sex with partners I should have turned down 2
   I did not have sex with someone with whom I wish I had 3
   I had sex without protection against pregnancy 4
   I had sex without protection against disease 5
   I was too often not assertive enough about my needs 6
   I was too inhibited 7
   I was celibate for too long 8
   I did not take more time to be celibate 9
   I married the wrong person because of sex 10
   I stayed too long in relationship with the wrong partner 11
   Other (PLEASE SPECIFY): ___________________________________ 12
   None of the above 0
4. Looking back, the most significant sources for me of sex information in each of the two following categories have been (CIRCLE ONE or TWO ANSWERS IN EACH COLUMN):

<table>
<thead>
<tr>
<th>Source</th>
<th>Helpful</th>
<th>Misleading</th>
</tr>
</thead>
<tbody>
<tr>
<td>Same age friend(s)</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Older friend(s)</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>Sexual partner(s)</td>
<td>3</td>
<td>3</td>
</tr>
<tr>
<td>Parent(s)</td>
<td>4</td>
<td>4</td>
</tr>
<tr>
<td>Sex education book(s)</td>
<td>5</td>
<td>5</td>
</tr>
<tr>
<td>Fiction books (novels, romances, etc.)</td>
<td>6</td>
<td>6</td>
</tr>
<tr>
<td>Media (TV, movies, magazines, etc.)</td>
<td>7</td>
<td>7</td>
</tr>
<tr>
<td>Erotic or pornographic material(s)</td>
<td>8</td>
<td>8</td>
</tr>
<tr>
<td>Course(s) in school or college</td>
<td>9</td>
<td>9</td>
</tr>
<tr>
<td>Religious teachings</td>
<td>10</td>
<td>10</td>
</tr>
<tr>
<td>Relative(s)</td>
<td>11</td>
<td>11</td>
</tr>
<tr>
<td>Health practitioner(s)/therapist(s)</td>
<td>12</td>
<td>12</td>
</tr>
<tr>
<td>Other (PLEASE SPECIFY)</td>
<td>13</td>
<td>13</td>
</tr>
</tbody>
</table>

5. Looking back, I believe the information I got from the parent(s) or parent figure(s) who raised me prepared me to have a healthy and fulfilling sex life

<table>
<thead>
<tr>
<th>STRONGLY DISAGREE</th>
<th>STRONGLY AGREE</th>
<th>NA</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>4</td>
<td>5</td>
<td>6</td>
</tr>
<tr>
<td>7</td>
<td>0</td>
<td></td>
</tr>
</tbody>
</table>

6. Compared to how I was during the year after I became sexually active for the first time ever with a partner (in a genital way, whether or not intercourse was included), I have changed in sex in the following ways (CIRCLE THE NUMBER ON EACH LINE THAT BEST INDICATES HOW YOU HAVE CHANGED). If your first-ever genital contact with a partner occurred less than a year ago, circle 0 and skip to question 7.

I now:

<table>
<thead>
<tr>
<th>Described Change</th>
<th>MORE</th>
<th>SAME</th>
<th>LESS</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Desire sex</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>b. Get aroused easily</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>c. Express my sexual needs</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>d. Am inhibited</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>e. Have erotic thoughts</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>f. Orgasm easily</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>g. Initiate</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>h. Am sexually satisfied</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>i. Have fun</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>j. Engage in casual sex</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>k. Am comfortable with sex</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>l. Focus on my partner’s satisfaction</td>
<td>1</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>m. Focus on my own satisfaction</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
</tbody>
</table>

7. On the whole, I have been satisfied with my sexual life

<table>
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<th>STRONGLY DISAGREE</th>
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Thank You!

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