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Client Questionnaire

Please answer these questions to the best of your ability. Please consider your current relationship and your past as well when answering these questions. We will review your answers at our intake session.

1. How often do you in engage in sexual activity with a partner?
2. How often do you feel like being sexual?
3. Do you believe there is a problem with the current level of sexual desire or other problems?
4. Have you always been this way?
5. How long has this been a problem?
6. When did you first notice this as a problem?
7. What was happening at the time?
8. Did the problem happen rapidly or slowly?
9. When did you lose desire in your current relationship? Past relationships?
10. Have you experienced any health changes?
11. What medications are you currently taking?

Boulder Sex Therapy
www.BoulderSexTherapy.com

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12. Medical concerns?
13. On a scale from 1 to 10, how would you rate the problem **prior** to engaging in sexual activity with a partner? **During** sex?
14. How often do you think about or fantasize about sex?
15. How often do you think about or fantasize about a romantic scenario?
16. Do you masturbate or engage in any solo sexual activity or related fantasies?
17. What are your desired forms of erotic stimulation and your ease of articulating your erotic desires?
18. Do you have fantasies that make you comfortable or uncomfortable?
19. Do you have unusual sexual preoccupations?
20. Is there a history of affairs? Secrets? Broken emotional contracts?
21. How is sex initiated in current relationship?
22. What is the level of discord in current relationship? Conflict resolution style?

Please note your relationship history below, include significant relationships, duration, how they began, and how they ended.