

BACKGROUND HISTORY

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This form will gather information about what each of you brought to your sexual experience from your childhood and your past. Complete this individually, taking plenty of time to reflect on each question. Memories may keep coming to you that you can add to your initial responses. Set aside at least a two-hour block of uninterrupted time to share your responses with each other. Be sure to utilize the active listening skills of the Communication Format on page 16 of *RtheP*. If the information or hurt revealed is too big for the two of you to handle, seek professional help.

FAMILY HISTORY

Describe your family of origin.

Who lived in the household? Describe each person.

Relationship with your mother? Her attitude toward you?

Relationship with your father? His attitude toward you?

Relationship with each of your siblings?

Parents' relationship with each other?

How were you punished as a child?

What type of affection was expressed?

What was your general impression of your household?

SEXUAL DEVELOPMENT

What were your parents' attitudes toward sex?

What were the names used for genitals, urination, and defecation?

What is your first remembrance of your genitals?

Education about Sex

When were you educated about sex? By whom? What was the content of the education?

How were your sexual questions answered?

SEXUAL EXPERIMENTATION

Did you participate in exploratory play (playing doctor, house, etc.)?
When? What was your reaction?

How did your peers influence your sexual experimentation (sex play, dirty jokes, pornography, etc.)?

What is your history of masturbation?
Describe your first experience: when, where, and source of stimulation.

What is your technique? What were you taught? Were there any reactions to your activity? How did you feel about it?

Describe any adolescent sexual activity.

Describe any homosexual play and/or fantasies.

Describe any compulsive habits that developed for you.

SEXUAL ABUSE

How was nudity handled in your home?

As a child, were you ever exposed to an adolescent's or adult's body in a way that made you feel uncomfortable?

Were you ever touched on your breasts or genitals by an adolescent or adult?

Were sexual or uncomfortable feelings ever stirred up in you in relation to an older person?

At what age did you first witness an explicit sexual scene in/on each of the following:

Magazines?

Movies?

Television?

Computer or other devices?

Describe any traumatic sexual experience(s).

DATING HISTORY

First date or romance?

Other dating relationships or romances?

Dating history with spouse?

SEXUAL HISTORY

Age of first sexual intercourse:

Describe the circumstances.

What was your reaction?

List negative sexual role models (men or women you believe negatively affected your development as a man or woman).

List positive sexual role models (men or women who you believe positively influenced who you are today as a man or a woman).

MARITAL HISTORY

Previous marriages (include wedding dates, length of marriages, and reasons for termination):

Current marriage (include wedding date and length of marriage):

Areas of compatibility:

Areas of tension:

Children:

RELIGIOUS HISTORY AS IT RELATES TO YOUR SEXUALITY

Home influence:

Church or group worship experience and influence:

Personal faith and beliefs:

PERSONAL DATA

What fearful or distressing experiences have you never shared?

How would you describe yourself?

How would you describe your spouse?