APPENDIX B

SEXUAL GENOGRAM AND SEXUAL TIMELINE

REFLECTION QUESTIONS

1. How did you learn about sex/sexuality?

a. From whom (e.g., parents, siblings, friends, school, media, internet)?

b. At what age?

c. Was it accurate? Your reaction to this information?

2. In what ways did your religion or spiritual beliefs influence your attitudes

toward sex/sexuality?

3. What messages did you receive about masturbation, premarital sex, etc.?

4. In what ways did your culture, ethnicity, or family background influence

your attitudes toward sex/sexuality?

5. Overall, do you consider the family you grew up in to be sex positive,

negative, or neutral?

a. What were your parent’s attitudes towards sex? Your siblings?

b. How about on your mother’s side? Your father’s side?

6. What were the sexual boundaries in your house growing up (e.g., naked-

ness, privacy)

7. How was affection shown in your family?

a. Did your parents show affection to each other? If so, in what way?

b. Did your parents show affection to you and/or your siblings? If so, in

what way?

c. Was there anything that made you uncomfortable about how affection

was shown in the family?

8. What messages did you get about gender in your family of origin?

a. What do men do? What do women do?

b. How should men be sexually? How should women be sexually?

9. Were you ever caught or punished for sexual activity?

10. When did you first become aware of your gender?

a. Did it coincide with your biological sex? How well did it conform to

traditional gender expectations in society and/or your family?

b. How do you currently categorize your gender identity? (e.g., male,

female, transgender, genderqueer)

c. Do you currently have any discomfort with your gender or gender

identity?

11. When did you first become aware of your attraction to others?

a. Were you attracted primarily to the same gender, opposite gender,

or both?

b. What was your reaction to this? Your families?

12. How do you currently categorize your sexual orientation/attraction? (e.g.,

asexual, lesbian, gay, bisexual, queer/questioning, attracted to a person,

not a gender)

a. Do you currently have any discomfort with your sexual orientation?

b. Did you ever have to hide your gender or sexual orientation prefer-

ences? If so why? How?

13. Were you teased as a kid? If so, about what? How did this affect you?

14. At what age did you start puberty?

a. Was this earlier, later, or about the same as your peers?

b. What was your reaction to puberty?

c. Did you have accurate information about what would happen in

puberty?

d. Did you have someone you felt comfortable asking questions about

puberty?

15. At what age did you discover masturbation?

a. What was your reaction to this?

b. Were there ever any embarrassing issues related to masturbation?

c. Do you continue to masturbate? If so, how often? If not, why?

d. Is there currently anything about masturbation that concerns you?

16. At what age did you first have an orgasm?

a. What was your reaction to this?

b. Were there ever any embarrassing issues related to orgasm?

c. Do you currently have orgasms? If so, what percentage of the time?

If not, reasons why?

d. In what ways can you experience orgasm (e.g., self stimulation, oral

sex, penetrative, etc.)?

e. Are you able to have multiple orgasms?

f. Have you ever faked an orgasm?

g. Is there currently anything about having orgasms, or not having or-

gasms, that concerns you?

17. At what age were you exposed to pornography?

a. What was your reaction to it?

b. How much, if any, do you currently use/view pornography?

c. Do you have concerns about the amount of time, or content of what

is viewed?

18. As a child, did you ever see anyone engaging in overt sexual activity?

a. What was your reaction to it? How do you think it affected your

sexuality?

19. How would you describe your dating experiences in high school?

20. How old were you when you had your first sexual experience with an

opposite sex partner?

a. How old was the partner?

b. What was your relationship with the partner? Was it consensual vs.

non-consensual?

c. What was your reaction to this experience (e.g., positive, negative,

neutral)?

21. How old were you when you had your first sexual experience with a

same sex partner?

a. How old was the partner?

b. What was your relationship with the partner? Was it consensual vs.

non-consensual?

c. What was your reaction to this experience (e.g., positive, negative,

neutral)?

22. Have you had any negative or upsetting sexual experiences?

a. How old were you? What effects has it had on you?

b. Have you ever told anyone about this? If so, who? If not, why?

23. How attractive do you feel in general? What are the factors that contribute

to this?

a. Are there any body image issues that affect your ability to be sexual?

24. How is your general health?

a. Any chronic illnesses? Injuries? Past surgeries? Current medications?

25. How is your sexual health?

a. Females:

i. Menstrual difficulties: menorrhagia, dysmenorrhea or amenorrhea?

ii. Fibroids? Ovarian Cysts?

iii. When was your last gynecological check up? Any abnormalities?

b. Males:

i. Discharge from penis during urination?

ii. Testicular cancer?

iii. Last prostate check? Any abnormalities?

c. Have you ever been diagnosed with a sexually transmitted infec-

tion/disease or HIV?

d. If so, how old were you?

e. From whom did you get it from? What was your reaction to it?

26. Are you (or have you ever) experienced any of the following?

a. Pain during sexual activity, Inability to orgasm, Orgasm too quickly,

Lack of desire, Unable to lubricate (women), Unable to achieve or

maintain an erection (men), Involuntary contraction of the vagina

preventing penetration (women), Intense fear of sexual contact or

thoughts about sexuality

27. How do you feel about your genitals, and about touching and observing

a partner’s genitals?

28. How often do you have sexual fantasies?

a. Are you comfortable with the content of your fantasies?

29. Have you or your partner ever had a sexual fetish?

30. Have you ever engaged in sexual behavior that you worried or knew

was illegal?

31. What is your history of being faithful to partners? Your current partner?

a. Are you currently attracted to anyone other than your partner?

b. Is there a history of affairs (or suspected affairs) in your family?

32. How would you ideally raise your own children? Would it be different

from the way that you were raised?

33. Have you ever been pregnant, or gotten someone pregnant?

a. Was this planned or unplanned? What was/were the outcome(s) of

the pregnancy?

b. If you have had children, how did they affect your sexuality?

c. Have you ever struggled with infertility?

34. Are there sexual events or information in your family that no one talks

about?

a. What are they?

b. Who knows and who doesn’t

35. Do you suspect that there are sexual secrets that have never been told?

a. Can you currently talk to your parents about sexuality? Your siblings?

Your children?

b. Do you have information or events about yourself sexually that you

have not told anyone about?

36. Is there anything about your sexuality or what/who you are attracted to

that you are ashamed of?

a. If so, what? When did this begin?

b. Have you ever talked to someone close to you about it before? How

did that turn out?

37. What is the meaning/purpose of sex for you?

38. How has aging affected your sexuality?

a. What do you think your sexual future holds?