

## LIFE MANAGEMENT – SEXUAL BEHAVIORS QUESTIONNAIRE

The information you provide is strictly confidential and will not be released without your written consent.

1. Do you often find yourself preoccupied with sexual thoughts?  
[ ] No [ ] Yes
2. Do you feel that your sexual behavior is not normal?  
[ ] No [ ] Yes
3. Does your spouse/significant other ever worry or complain about your sexual behavior?  
[ ] No [ ] Yes
4. Do you have trouble stopping your sexual behavior when you know it is inappropriate?  
[ ] No [ ] Yes
5. Do you ever feel bad about your sexual behavior?  
[ ] No [ ] Yes
6. Has your sexual behavior ever created problems for you or your family?  
[ ] No [ ] Yes
7. Have you ever sought help for sexual behavior you did not like?  
[ ] No [ ] Yes
8. Have you ever worried about people finding out about your sexual activities?  
[ ] No [ ] Yes
9. Has anyone been hurt emotionally because of your sexual behavior?  
[ ] No [ ] Yes
10. Are any of your sexual activities against the law?  
[ ] No [ ] Yes
11. Have you made promises to yourself to quit some aspect of your sexual behavior?  
[ ] No [ ] Yes
12. Have you made effort to quit a type of sexual activity and failed?  
[ ] No [ ] Yes
13. Do you have to hide some of your sexual behavior from others?  
[ ] No [ ] Yes
14. Have you ever felt degraded by your sexual behavior?  
[ ] No [ ] Yes
15. Has sex been a way for you to escape your problems?  
[ ] No [ ] Yes
16. When you have sex, do you feel depressed or humiliated afterwards?  
[ ] No [ ] Yes
17. Have you felt the need to discontinue certain types of sexual activity?  
[ ] No [ ] Yes
18. Has your sexual activity interfered with your family life?  
[ ] No [ ] Yes
19. Do you feel controlled by your sexual desire?  
[ ] No [ ] Yes
20. Do you ever think your sexual desire is stronger than you are?  
[ ] No [ ] Yes

Total Number of "YES" responses \_\_\_\_\_

**PLEASE FAX COMPLETED FORM TO (310) 388-5548.**