



# Diane Gleim

Licensed Marriage and Family Therapist  
AASECT Certified Sex Therapist & Supervisor  
LIC# MFC44429

## Sexual Health Questionnaire

-- If answering any question makes you uncomfortable, it is OK to leave it blank --

Today's Date: \_\_\_\_\_

Name \_\_\_\_\_

Your preferred pronouns: \_\_\_\_\_

Who do you live with? \_\_\_\_\_

What is your relationship status (i.e. single, dating, partnered, married, in open/poly relationship, CNM, etc.)?  
\_\_\_\_\_

Which gender(s) do you have sex with? \_\_\_\_\_

Do you use birth control and/or STI protection? If so, what method(s)? \_\_\_\_\_

What prompted you to come in at this time? \_\_\_\_\_

Who initiated seeking therapy? Any previous treatment? \_\_\_\_\_  
\_\_\_\_\_

What is the problem(s)? \_\_\_\_\_


When did it/they first begin? \_\_\_\_\_

What was happening in your life at that time of onset? \_\_\_\_\_  
\_\_\_\_\_

© 2024 Diane Gleim MFT CST, CST-S All Rights Reserved (except where otherwise cited).

---

320 10th Street, Suite 302, Santa Rosa, CA 95401

 707.535.9650

 [inquiries@dianegleim.com](mailto:inquiries@dianegleim.com)

 [dianegleim.com](http://dianegleim.com)



# Diane Gleim

Licensed Marriage and Family Therapist  
AASECT Certified Sex Therapist & Supervisor  
LIC# MFC44429

How have you (or you and your partner(s)) attempted to handle the problem(s) to date?

---

What was helpful and what was not? \_\_\_\_\_

---

Under what circumstances have they worked? (people, situations, locations, time, thoughts, feelings)

---

---

Where and when does the problem(s) get better? Get worse? \_\_\_\_\_

---

Alcohol/substance use/abuse? How often and how much do you or your partner(s) use?

---

What medications including over the counter do you use? \_\_\_\_\_

---

Any chronic illnesses? Any surgeries, and/or injuries to your abdomen, pelvis, spine, nervous system including brain, reproductive system or genitalia?


---

---

© 2024 Diane Gleim MFT CST, CST-S All Rights Reserved (except where otherwise cited).

---

320 10th Street, Suite 302, Santa Rosa, CA 95401

 707.535.9650

 [inquiries@dianegleim.com](mailto:inquiries@dianegleim.com)

 [dianegleim.com](http://dianegleim.com)



# Diane Gleim

Licensed Marriage and Family Therapist  
AASECT Certified Sex Therapist & Supervisor  
LIC# MFC44429

If therapy is successful, what will you be able to do that you are unable to do now?

---

How will this change your relationship? \_\_\_\_\_

How does this problem(s) affect your partner's sexual functioning? \_\_\_\_\_

---

Any downside(s) if this problem(s) goes away? \_\_\_\_\_

---


What is your motivation for changing? \_\_\_\_\_

---

© 2024 Diane Gleim MFT CST, CST-S All Rights Reserved (except where otherwise cited).

---

320 10th Street, Suite 302, Santa Rosa, CA 95401

 707.535.9650

 [inquiries@dianegleim.com](mailto:inquiries@dianegleim.com)

 [dianegleim.com](http://dianegleim.com)