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APPENDICES

APPENDIX A - MEDICAL HISTORY QUESTIONNAIRE

Medical History Questionnaire

Personal Data

Date Name

Home Address

City State Zip

Home Phone Work Phone Cell/Pager

Date of Birth Occupation

Referring Physician

Name Phone

Address

City State Zip

Do you wish a report sent to this physician? Yes No

Present Symptoms

Please briefly describe your symptoms, giving their date of onset, treatments prescribed, and the physicians you have consulted.

Have you had or do you have now any of the following conditions?

	Yes	No	Don't Know
1. Diabetes			
2. Tuberculosis			
3. Anemia			
4. Bleeding tendency or easy bruising			
5. Other tumors or cancer			
6. Mumps			
7. Rheumatic fever			
8. Scarlet fever			
9. Nervous disorder			
10. Gallbladder disease			
11. Venereal disease			
12. Hepatitis			
13. Cirrhosis			
14. Epilepsy			
15. Headaches			
16. Dizziness or fainting spells			
17. Eye injuries			
18. Double vision			
19. Blurring vision			
20. Eye Pain			
21. Cataracts			
22. Glaucoma			
23. Earaches			
24. Ringing or buzzing in the ear			
25. Loss of hearing			
26. Sensation of spinning			
27. Sinus trouble			
28. Nose bleeds			
29. Skin disease			
30. Bleeding gums			
31. Skin tumors or moles removed			
32. Chronic or frequent colds			
33. Thyroid problems			
Diagnosed with hypothyroid			
Diagnosed with hyperthyroid			
Medication & dosage (please list overleaf)			
Surgery			
Radiation			
34. Frequent laryngitis			
35. Hoarseness			
36. Lumps in breast			
37. Pain in breast			
38. Nipple discharge			
39. Heart disease			
40. High blood pressure			
41. Pain or pressure in chest			

	Yes	No	Don't Know
42. Shortness of breath			
43. Ankle swelling			
44. Pain in legs while walking			
45. Fast or irregular heartbeat			
46. Heart murmurs			
47. Heart attack			
48. Chronic cough, coughed up blood			
49. When was your last chest X-ray?			
50. Soaking Sweats			
51. Asthma			
52. Stomach, liver intestinal trouble			
53. Recent gain or loss of weight			
54. Decreased appetite			
55. Difficulty with swallowing			
56. Nausea, vomiting			
57. Diarrhea			
58. Constipation			
59. Change in bowel movements			
60. Black bowel movements			
61. Blood in stool			
62. Jaundice			
63. Kidney trouble			
64. Painful urination			
65. Kidney stones or blood in urine			
66. Sugar or albumin in urine			
67. Passing urine at night			
68. Slow starting of urine stream			
69. Arthritis			
70. Back or bone pain			
71. Clumsiness of hands or feet 72. Numbness of hands or feet			
73. Muscle pain or weakness			
74. Memory loss			
75. Reaction to drugs or medication			
76. Swollen glands			
77. Unusual fatigue			
78. Excessive depression			
79. Sexual impotence			
80. Smoking			
81. Daily alcohol intake			
82. Hepatitis (A, B, C)			
83. STD's			
HIV/AIDS			
HPV (genital warts)			
Herpes			
Gonorrhea			
Chlamydia			
Syphilis			

Illnesses, Accidents, and Hospitalizations

Please list in chronological order.

Year	Type	Hospital	Physician's Name

Past Surgeries

Please list in chronological order.

Year	Type of Operation	Reason	Hospital

Past Radiation Therapy Treatment

Please list in chronological order.

Please note dates treatment started and ended.

Started		Stopped		Area of Body Treated	Hospital	Physician's Name
Mo	Yr	Mo	Yr			

Medications

Please list any medications you are now taking:

Pain Pills

_____ _____
_____ _____
_____ _____
_____ _____

Tranquilizers

_____ _____
_____ _____
_____ _____

Sleeping Pills

_____ _____
_____ _____
_____ _____

Other

_____ _____
_____ _____
_____ _____

Please list any medications to which you have had an allergic reaction:

_____ _____
_____ _____
_____ _____

Family History

Have any of your blood relatives, husband, or children had the following conditions? Please check each item.

Yes	No	Condition	Relation
		Tuberculosis	
		Diabetes	
		Cancer	
		Leukemia	
		Anemia	
		Bleeding tendency	
		Heart disease	
		High blood pressure	
		Kidney disease	
		Asthma, hay fever, other disorder	
		Chronic arthritis	
		Nervous or mental disorder	
		Goiter	
		Emphysema	
		Any other illness	

Current Health Status

Relation	Age	State of Health	If Deceased, Cause	Age at Death
Mother				
Father				
Spouse				
Brothers				
Sisters				
Children				

Urologic and Gynecologic History

Please circle "Yes" or "No", check the appropriate blank, or write your answer in the blanks. Feel free to add any other comments in the margins, on the back of the page, or on a separate sheet of paper.

I. Incontinence

Do you ever have difficulty controlling your urine, or lose urine accidentally? Yes No
If no, please go to Part II on the next page.
If yes, please answer the questions below.

How long have you had trouble controlling your urine? months _____ years_____

How often does it happen that you lose urine accidentally?

_____ More than once a day
_____ Approximately once a day
_____ Not daily, but at least once a week
_____ 1 to 4 times a month
_____ Less than once a month

Do you wear pads or devices to protect yourself against accidental urine loss? Yes No
If yes, how many pads do you need each day?_____

Do you leak urine during certain activities? Yes No
If yes, which activities?

_____ Coughing
_____ Sneezing
_____ Sports
_____ Exercise
_____ Lifting
_____ Other_____

Do you ever accidentally leak urine while you are sitting still? Yes No

If yes, do you feel the urge to urinate before the accident occurs? Yes No

Do you accidentally leak urine while you are lying flat (but not sleeping)? Yes No

If no: If your bladder is full, what happens when you rise to a standing position?

Do you accidentally leak urine while you are sleeping? Yes No

Have you tried any medication(s) to keep you from losing urine accidentally? Yes No

If yes, which medication(s)?

Have you had any operation(s) to keep you from losing urine accidentally? Yes No

If yes, what type of operation(s) and dates?

If yes, what happened after the operation(s)?

II. Frequency and Urgency

How often do you urinate during the daytime?

_____ Every 3 hrs or longer
_____ Every 2 to 3 hrs
_____ Every 1 to 2 hrs
_____ Every 30 minutes or less

If this varies, please tell about your best days and your worst days.

How many times do you have to urinate at night?

_____ None
_____ 1 time
_____ 2 times
_____ 3 times
_____ 4 times
_____ 5 to 8 times
_____ more than 8 times

If this varies, please tell about your best nights and your worst nights.

When you feel the urge to urinate, can you wait a few minutes or do you have to rush to the bathroom?

_____ Have to rush
_____ Can wait

III. Pain

Do you now have pain or burning when you urinate? Yes No

Have you ever had pain or burning during urination? Yes No
If yes, please describe the situation(s) in which pain occurred.

Have you tried any medication(s) or treatments for pain? Yes No
If yes, how did they affect you?

Do you have pain or discomfort with a full bladder, which is relieved by urinating? Yes No
If yes, please describe any factors (diet, activity, time in menstrual cycle, etc.) that make the discomfort either better or worse.

Have you tried any medication(s) or treatment for the pain? Yes No
If so, how did they affect you?

Do you experience vaginal pain? Yes No

IV. Urinary Infection

Have you ever had an infection of the urinary tract? Yes No
If no, please go to Part V.
If yes, please answer the following questions:

What symptoms did you have when you had the infection(s)?

Did the symptoms improve quickly with antibiotics? Yes No

How old were you when you had the first infection?

When was your most recent infection?

Has any other doctor ever sent your urine to the laboratory for culture? Yes No
If yes, what were the results?

V. Gynecology

When was your most recent Pap smear?

How old were you when you had your first menstrual period?

Are you presently using any method of birth control? Yes No
If yes, what method?

How many babies have you had by vaginal delivery?

How many babies have you had by cesarean section?

Have you had twins, triplets or other multiple births?

Were any of your deliveries especially prolonged or difficult? Yes No
If yes, please describe what happened.

Are you still having menstrual periods? Yes No
If yes: What was the date of your last period?

Please describe any problems you are having with your periods –
such as pain, excessive bleeding, irregularity, etc

If you are no longer having menstrual periods:
How old were you when your periods stopped?

Did they stop because of menopause, or did you have a hysterectomy?

If you had a hysterectomy, please answer the following:

What was the reason for surgery?

Was the hysterectomy done through the abdomen or the vagina?

Were the ovaries removed at the same time? Yes No Don't know

Were any other surgical procedures done at the same time? Yes No Don't know
If yes, what were the other procedures?

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PHYSICAL EXAMINATION -9-

Date: _____ Pt. Name: _____

L.U.M.C. S.D.C.

Use the following codes to indicate findings for those categories reviewed during this examina
☑WNL = All category items are within normal limits POS = An item with positive findin
X = Mark X across names of categories not examined

GENERAL ☐WNL
a. Posture ____
b. Gait ____
c. Speech ____
d. Appearance ____
e. Emotion ____

HEAD ☐WNL
a. Hair ____
b. Masses ____
c. Shape ____
d. Bruits ____
e. Tenderness ____
f. Sinus ____

EYES ☐WNL
a. Lids R__L__
b. Sclera R__L__
c. Conjunctiva R__L__
d. Muscles R__L__
e. Cornea R__L__
f. Pupils R__L__
g. Fundi R__L__
h. Light R__L__
i. Bruit R__L__
j. Accommodation R__L__

EARS ☐WNL
a. Pinna R____L____
b. Canal R____L____
c. Drum R____L____
d. Weber ____
e. Rinne ____

NOSE ☐WNL
a. Septum ____
b. Mucosa R__L__
c. Obstruction ____

MOUTH/THROAT ☐WNL
a. Lips ____
b. Breath ____
c. Tongue ____
d. Pharynx ____
e. Tonsils ____
f. Teeth ____
g. Dentures ____
h. Caries ____
i. Larynx ____
j. Floor ____
k. Mucosa ____

NECK ☐WNL
a. Thyroid ____
b. Trachea ____
c. Veins ____
d. Spine ____
e. Nodes R__L__
f. Bruit R__L__
g. Carotid R__L__
h. Motion ____

LUNGS ☐WNL
a. Chest ____
b. Symmetry ____
c. Diaphragm ____
d. Rubs ____
e. Bruit ____
f. Sounds ____
g. Fremitus ____

HEART ☐WNL
B.P. ✓
Pulse: ____
a. PMI ____
b. Rate ____
c. Rhythm ____
d. Thrill ____
e. Tones ____
f. Rub ____
g. Murmurs ____

BREASTS ☐WNL
a. Nodes R__L__
b. Discharge R__L__
c. Nipple R__L__
d. Areolar R__L__
e. Symmetry R__L__
f. Consistency R__L__
g. Scars R__L__

ABDOMEN ☐WNL
a. Contour ____
b. Tenderness ____
c. Organs ____
d. Masses ____
e. Hernia R__L__
f. Bruit R__L__
g. Sounds R__L__
h. Femoral pulse R__L__
i. Ing nodes R__L__

BACK ☐WNL
a. Curvation ____
b. Mobility ____
c. Tenderness ____
CVA Renal ____
Bone ____

FEMALE GENITALS ☐WNL
a. Labia ____
b. Bartholin's gland ____
c. Urethra ____
d. Vagina ____
e. Cervix ____
f. Uterus ____
g. Adnexa R__L__
h. Pap smear done ____
i. Discharge ____

MALE GENITALS ☐WNL
a. Penis ____
b. Scrotum ____
c. Testicles ____
d. Discharge ____
e. Scars ____
f. Meatus ____
g. Epididymis ____
h. Varicocele ____

RECTAL ☐WNL
a. Pilonidal ____
b. Anus ____
c. Sphincter ____
d. Fissure ____
e. Prostate ____
f. Masses ____
g. Hemorrhoids ____
h. Sigmoid ____
____cm.
i. Mucosa ____
j. Other ____

SKIN ☐WNL
a. Scars ____
b. Birthmarks ____
c. Other marks ____
d. Texture ____
e. Sweat ____
f. Color ____
g. Ulcers ____

NEUROLOGIC ☐WNL

	Strength*	Reflex**
a. Biceps	R____L____	R____L____
b. Triceps	R____L____	R____L____
c. Knee	R____L____	R____L____
d. Ankle	R____L____	R____L____
e. Romberg	____	
f. Babinski	____	
g. Cranial N	____	
h. Sensory	____	
i. Coordination		____
j. Tremor		____
k. Vibratory		____

EXTREMITIES ☐WNL

a. Shoulder	R____L____	i. Hip	R____L____
b. Arm	R____L____	j. Leg	R____L____
c. Elbow	R____L____	k. Knee	R____L____
d Radial pulse	R____L____	l. Ankle	R____L____
e. Wrist	R____L____	m. Foot	R____L____
f. Hand	R____L____	n. Pedal pulse	R____L____
g. Fingers	R____L____	o. Toes	R____L____
h. Nails	R____L____	p. Nails	R____L____

Comments: Δ:

*When testing strength use grades: Weak (W); Normal (N); Strong (S)
**When testing reflexes use Absent (A); Present (P); Brisk (B)

M.D/LUMS
Signature

PROGRESS NOTES: WEEK THREE:

WEEK FOUR:

WEEK FIVE:

WEEK SIX:

WEEK SEVEN: CLOSING SUMMARY:

APPENDIX B - SEXUAL HISTORY QUESTIONNAIRE

LOYOLA UNIVERSITY SEXUAL DYSFUNCTION CLINIC
2160 South First Avenue, Maywood, Illinois, 60153

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5/1/91

SEXUAL HISTORY

DATE: _____

NAME: _____ SPOUSE: _____

ADDRESS: _____

Phone: Home: _____ Work: _____

Age: _____ Age of Spouse: _____

Occupation: _____ Of Spouse: _____

Education: _____ Of Spouse: _____

Religion: _____ Of Spouse: _____

How did you feel about coming to the Sexual Dysfunction Clinic?

_____

How did your spouse feel about coming here? _____

_____

Which of you suggested it? _____

Who made the first call? _____

Did you or your partner feel any pressure from the other to come? _____

What discussion did you have in the car coming here? _____

How do you think we can best be of help to you personally?

_____

How do you think we can best be of help to your partner? _____

How do you think we can best be of help to your relationship? _____

Are you committed to this marriage? _____

Is your spouse? _____

MEDICAL HISTORY

Present state of health: _____
Last check-up: _____
Serious medical illnesses: _____
Surgery: _____
Medications: _____
Over-the-counter medicines: _____
Cigarettes (daily): _____
Alcohol (daily intake): _____
Problem due to alcohol (self or spouse): _____
Psychiatric illness: Self: _____ Describe: _____
Hospitalization: _____
Spouse: _____ Describe: _____
Child: _____ Describe: _____
Family member: _____ Describe: _____
Suicide sttempt: Self: _____ Describe: _____
Spouse: _____ Describe: _____
Child: _____ Describe: _____
Family member: _____ Describe: _____
Violent episode: Self: _____ Describe: _____
Spouse: _____ Describe: _____

FAMILY HISTORY:

Duration of this marriage:_____ Children:_____

Names and ages of children: Problems with child/ren:

_____ _____ _____

_____ _____ _____

_____ _____ _____

_____ _____ _____

_____ _____ _____

_____ _____ _____

No. of previous marriage/s:_____ Duration:_____

No. of children:_____ Name/s & Age/s:_____

Custody:_____ Visits:_____ Conflicts:_____

Description (including sexual adjustment):_____

financial adjustment:_____

Ex. spouse's name:_____

Who left/filed for divorce?_____

Why ended:_____

Effect on this marriage:_____

Spouse's previous marriage/s:_____ Duration:_____

No. of children:_____ Name/s & Age/s:_____

Name of ex. spouse:_____

Sexual problem: Self:_____ Spouse:_____

What do you see as your own greatest problem?_____

How long has it existed?_____

Why are you now seeking help?_____

_____

Previous help:_____ From:_____

Are you committed to this marriage?_____

Is your spouse committed to this marriage?_____

In this marriage, how are these handled?

	Self	Spouse
Communication		
Finances		
In-laws		
Orderliness		
Arguments		
Affection		
Suspicions		
Control		
Trust		
Faithfulness		
Love		
Religion		
Cooking		
Health		
Humor		
Fun/play		
Time		
Transport		
Stepfamily issues		
Children		
Decisions		
Leadership		

What attracted you to this partner?_____
How did you meet your partner?_____
What did you like best?_____
What do you now like least?_____
Courtship:_____ Duration:_____ Petting:_____
Premaritally any sex?_____ Love;_____ Communication:_____
First sexual encounter: (with spouse):_____

First sexual encounter: (with other):_____

Honeymoon: Duration:_____ Description:_____

Has there been a change in your relationship in this marriage?_____
Describe:_____

How do you account for this?_____

How do you fight? (fair/unfair):_____
Details: (recurrent issues of conflict):_____

ORIGINAL FAMILY OF BIRTH:

Father: Age:_____ Occupation:_____
Background (educational and cultural):_____

Type of relationship with his wife:_____

Attitude toward sex:_____

Type of relationship with you as a child:_____
Now:_____

Mother: Age:_____ Occupation:_____
Background (educational and cultural):_____

Type of relationship with her husband:_____

Attitude toward sex:_____

Type of relationship with you as a child:_____
Now:_____
Parents' sex life:_____

Home sex education:_____

Brothers and sisters: type of relationship with you and their adjustment to marri and life:

Name	Age	Marital Status	Positives/Negatives

Who was most important to you as a child?_____
Did you feel part of your family?_____

What kind of a family were you?_____
How was discipline handled?_____
Did anything about your family trouble you as a child or teenager?_____
_____
_____
_____

Childhood sex exploration and sex play (age and outcome - pleasure/trauma):_____
_____
_____

First menstruation: age:_____ feelings:_____
Parental attitude:_____
Instructions at onset:_____
Prior education/preparation:_____
_____
Was contraception discussed?_____
Specific fears regarding menses/pregnancy:_____
_____

PRESENT NUCLEAR FAMILY:

Own children and how you relate to them:_____
_____
_____
_____
What kind of family life do you have now?_____
_____
What kind of parent are you?_____
How do you handle discipline?_____
What kind of parent is your spouse?_____
How does he/she handle discipline?_____
How do you handle sex education for your children?_____
Has family/child counseling been used?_____
In-laws: (positives/negatives):_____

PERSONAL:

Own Education: Level:_____
Learning Problems:_____
Grades:_____
Sports:_____
Social activities:_____
Problems:_____
Civic activities:_____
Problems:_____
Hobbies:_____
Problems:_____
Job: Description:_____
Satisfaction:_____
Problems: holding:_____ Changing:_____ Coping:_____
Supervisors:_____ Co-workers:_____ Supervisees:_____
Money/Bills/Bankruptcy:_____
Other:_____

Military Service: Yes/No_____ Date:_____ Details:_____
_____

EMOTIONAL:

What kind of a person are you?_____
Feelings of inferiority:_____
Sensitivity:_____

EMOTIONAL:

Anxiety
Depression
Appetite
Weight loss
Insomnia (duration and details):

Self-confidence
Influence of religion on your marriage

Influence of religion on yourself (seminary, convent, etc.)

Influence of religion on your sexuality

Influence of religion on your partner's sexuality

How would you describe your marriage?

What would you change about your marriage?

What would you change about your partner?

Do you think your partner loves you?
Do you love your partner?
Did you, in the past, fear/wish the loss of your partner? and now?
Did your partner, in the past, fear/wish the loss of you? and now?
Miscarriages: Details: What year/s:
Extramarital activity:
Does spouse know?
Details:

SEXUAL HISTORY:

Have you, in the past, ever thought of/threatened/attempted separation or divor

If yes, how did you resolve the conflict?

Did you have sexual problems before?
How does this affect your spouse's sexual function?

How does he/she view your sexuality?
How do you view his/her sexuality?
How have you as a couple tried to handle the sexual problem so far?

Own remedies: alcohol? other partners? etc.
Reading: sex manuals, magazines, etc.
What is your concept of the optimum sexual function for a woman?

Should she approach him for sex?
For a man?
Should he always make sex advances?
What is your concept of marital roles for a wife?
in bed Conflict?
socially Conflict?
financially Conflict?
with children Conflict?
other Conflict?

What is your concept of marital roles for a husband?
in bed _____ Conflict? _____
socially _____ Conflict? _____
financially _____ Conflict? _____
with children _____ Conflict? _____
other _____ Conflict? _____
Own sexual satisfaction: Yes____ No____ Comment: _____
Frequency of affectionate expression per week: _____
Frequency of intercourse per week: _____
Difficulties: irregular climax: _____ no climax: _____
Repulsion: _____ Why? _____
Pain? _____ Where? _____
Erection difficulty: _____ What? _____
Morning erections? _____ Frequency per week: _____
With masturbation? _____ With specific partner? _____
Describe in detail first episode of erection problem: (alcohol/anxiety/anger): ___
_____
_____
Ejaculation: premature: _____ delayed _____
KISSING: yes/no____ Who initiates?____ Preference:____ Aversion:____ Conflict:__
FOREPLAY: yes/no____ Who initiates?____ Preference:____ Aversion:____ Conflict:__
MASTURBATION: Religious attitude: _____ Feared consequences: _____
Guilt: _____ Aversion: _____ Attempts to control: _____
Age first masturbation: _____ Frequency pre-marriage: _____
Frequency per week now: _____ Does partner know? _____
Feelings: _____ Masturbatory fantasies: _____
Discovery/Trauma: _____

ORAL SEX: Fellatio: Yes/No____ Who initiates?____ Preference____ Aversion____
Conflict _____
Cunnilingus: Yes/No____ Who initiates?____ Preference____ Aversion___
Conflict _____
Anal intercourse: Yes/No____ Who initiates?____ Preference____ Aversi
Conflict _____
Age first intercourse: ____ Details (pleasure/trauma): _____
Preferred I/C position: _____
First childhood sex play: Age:____ Details (pleasure/trauma): _____
Sex fantasy: frequency _____
questions _____
concerns _____
content _____
Reading sexual material: Yes/No____ Who initiates____ Preference____ Aversion___
Conflict _____
Vibrator: Yes/No____ Comment: _____
Venereal Disease: Yes_____ No_____ Type: _____
Method of Contraception:
B.C. pill _____ Duration _____ Feelings _____
Brand _____ Symptoms _____
Intrauterine Device _____ Diaphragm _____ Vasectomy _____
Foam _____ Jelly _____ Rhythm _____ Condom _____
Conflict in this area: _____
Rape (real): _____ Age:____ Details: _____
Rape (fantasies): _____
Specific fears about sex? _____
_____
Specific guilts about sex: _____
_____
Specific hang-ups about sex: _____
_____

Child molestation: _____

Incest: (Details - touch/full coitus. How much alcohol involved?) Trauma/pleasur

_____

Name relative: _____

Fertility problems: Details: _____

Fertility issues: Duration: _____ Cost: _____ Details: _____

Reactions: Self: _____ Partner: _____

Sex during pregnancy: _____

Sex feelings during delivery of babies: Yes/No/Maybe & afterwards? _____

Labor anesthetic: Yes/No _____

Breast feeding: Yes: _____ No: _____

Sexual feelings while breast feeding: No: _____ Yes: _____

Homosexual fears: _____

_____

Homosexual episode/s: pleasure/trauma: _____

_____

Specific sexual enjoyment today: _____

_____

Summary: (end of visit one)

a.)	nudity in bed	never/sometimes/often
b.)	lights on during sexplay	never/sometimes/often
c.)	touching own genitals	never/sometimes/often
d.)	touching partner's genitals	never/sometimes/often
e.)	foreplay in bed (over 3 min.)	never/sometimes/often
f.)	new sexual positions	never/sometimes/often
g.)	sexual discussion with partner	never/sometimes/often
h.)	guilt around sex act	never/sometimes/often
i.)	anxiety around sex act	never/sometimes/often
j.)	shame about sex activity	never/sometimes/often
k.)	enjoyment of sexplay	never/sometimes/often
l.)	enjoyment of sex act	never/sometimes/often
m.)	frequency of masturbation	per month
n.)	frequency of intercourse	per month

Any special comments? _____

_____

_____

_____

_____

MENTAL STATUS: _____

_____

Judgement: _____

Orientation: _____

Intellect: _____

Memory: _____

Affect: _____

_____

_____

_____

_____

_____

DIAGNOSIS: _____

_____

_____

_____

IMPRESSION: _____

_____

_____

_____ Signature: _____

_____

_____ Signature: _____

_____

_____

WEEK TWO: Date: _____

Home loveplay: _____

Frequency: _____

Details: _____

Arousal/Erections with loveplay: _____

Arousal/Erections with masturbation: _____

Sexual fantasy: _____

Other: _____

Surprise: _____

I-Language: _____

_____

Conflicts: _____

_____

Questions: _____

_____

_____

_____

Important issues to discuss: _____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

APPENDIX C - SENSATE FOCUS EDUCATION

SENSATE FOCUS EDUCATION

Sensate Focus is a phrase for "petting", massaging, intimate touch, foreplay both sensual and sexual. Note the differences between sexual and sensual in yourself (many have not learned to differentiate them, especially men). Feelings of affection and sex are a natural, normal, healthy part of each of us.

These 30 minute daily suggestions are for you at home. Bathe, undress totally. Lock your door, take the phone off the hook. Soft lights & music. Sensual first rather than sexual, i.e., sound, sight, smells, thoughts, taste, and touch that are pleasing to each. Freely tell your partner. Become self aware. Relax and enjoy. This is a "joy" break to refresh you. Avoid the pressure of time and performance. Each be acutely SELF-AWARE of feelings, both as a giver and a receiver. Express in sound, smile or words your reactions. It is a wonderful gift to your partner to know that you are enjoying. Many women do not realize this. If you are solo, use lots of fantasy and do the same touch pleasuring. A warm soaping and a hot soak, a top-to-toe lotion, a towel massage, a cottonbud tickle are some ways to have fun end experiment with your skin responses.

STEP 1

A: Face exploration, with fingertips and lips, eyes open and closed. Also, ears and neck. Light, firm, brush, feather etc. Be creative.

B: Explore body; stroke lightly and firmly, massage, caress, kiss areas of pleasurable sensation on entire back, arms, chest, abdomen, legs, etc. Take turns. Guide with words, own hand, sounds. Say how it feels. RELAX. Breathe in and out slowly. Use Fantasy.

C: Avoid the breast and genital areas. No intercourse. If arousal or erections occur, simply stop, hug, let the erections subside deliberately. Tell your partner of the arousal, embrace awhile. Then start to play again. This connects your sensual end sexual self and build confidence. Think of this special fun during the day, tomorrow. It's yours free to repeat. Add surprises and laughter.

APPENDIX D - KEGEL EXERCISES

KEGEL EXERCISES

SLOW KEGELS

Tighten the P.C. muscle and hold it as you did when you stopped the flow of urine for a slow count to 3. Then relax the muscle.

QUICK KEGELS

Tighten and relax the P.C. muscle as rapidly as you can. At first it will feel like a flutter. You will gradually gain more control.

PULL IN / PUSH OUT

Pull up the entire pelvic area as though trying to suck up water into your genitals. Then push out or bear down as if trying to push the imaginary water out. (This exercise will use a number of "stomach" or "abdominal" muscles as well as the P.C. muscle).

REPETITIONS

At first do ten of these exercises (pone set), 3 times a day.
(3 exercises X 10 X 3 times a day = 90 total exercises to start).

Each week add 5 more times to each exercise.
Example: Week 2 – 3 sets X 15 times X 3 times a day
Week 3 – 3 sets X 20 times X 3 times a day
Week 4 – 3 sets X 25 times X 3 times a day.
Keep doing 3 sets a day.

You can help yourself remember to do the exercises by associating them with some activity you do every day: talking on the phone, watching television, waiting in line, or lying on the bed. Think of activities which don't require much moving around.

Don't worry if your muscles seem to get tired easily at first, that's normal for exercising any new muscle group. Rest between sets for a few seconds and start again. Remember to keep breathing naturally.

You can place one or two fingers into the vagina in order to feel the movement and strength of the muscle. You may watch the movement by looking at your genitals in a hand mirror. Doing these things with your Kegels will help you learn more rapidly.

Optional exercise for men with too much time on their hands: when the penis is erect, sit or stand with you legs apart and try wagging your penis up and down or sideways by squeezing the muscles in the groin.

APPENDIX E - VAGINISMUS SPECIFIC EXERCISES

VAGINISMUS - SPECIFIC EXERCISES

- Lock the door, disconnect the phone, and lie down in a comfortable spot. Breathe very slowly and open your mouth when you exhale.
- Insert a well-lubricated finger, into your vagina and continue to breathe deeply.
- Relax. Explore your vagina. Breathe slowly and deeply.
- Deliberately contract the muscles in the lower third of the vagina very tightly around your finger. Relax and repeat.
- Repeat these exercises for five minutes twice daily. On the first two days use one finger. For the next two days, insert two fingers, while breathing slowly in and out with your mouth open. Contract and relax the muscles surrounding the opening of the vagina.
- On the next two days ask your partner to insert one lubricated finger into your vagina while you continue your slow, open-mouthed breathing. Guide his finger into your vagina. Use plenty of sexual fantasy to keep your mind focussed on your sexuality.
- On the following two days, after an extended period of foreplay, let your partner lie passively, straddle him, and stuff his non-erect penis into your vagina. Contract and relax your vaginal muscles around his soft penis.
- The important thing is to remember that you are in control.
- Do not be concerned if you need more time for any of these stages.

APPENDIX F - THE GOLOMBOK RUST INVENTORY OF MARITAL STATE (GRIMS) QUESTIONNAIRE

The Golombok Rust Inventory of Marital State (GRIMS) Questionnaire

Before beginning the questionnaire, please complete this section in block capitals.

NAME: ..... SEX: .....

DATE: ..... AGE: ..... LENGTH OF RELATIONSHIP: .....Years ..... Months

Instructions

Each statement is followed by a series of possible responses: strongly disagree (SD), disagree (D), agree (A), strongly agree (SA). Read each statement carefully and decide which response best describes how you feel about your relationship with your partner, then circle the corresponding response.

Please respond to every statement: if none of the responses seem completely accurate, circle the one which you feel is most appropriate. Do not spend too long on each question.

Please answer this questionnaire without discussing any of the statements with your partner. In order for us to obtain valid information, it is important for you to be as honest and as accurate as possible.

All information will be treated in the strictest confidence.

1. My partner is usually sensitive to and aware of my needs.	SD	D	A	SA
2. I really appreciate my partner's sense of humor.	SD	D	A	SA
3. My partner doesn't seem to listen to me any more.	SD	D	A	SA
4. My partner has never been disloyal to me.	SD	D	A	SA
5. I would be willing to give up my friends if it meant saving our relationship.	SD	D	A	SA
6. I am dissatisfied with our relationship.	SD	D	A	SA
7. I wish my partner was not so lazy and didn't keep putting things off.	SD	D	A	SA
8. I sometimes feel lonely even when I am with my partner.	SD	D	A	SA
9. If my partner left me, life would not be worth living.	SD	D	A	SA
10. We can "agree to disagree" with each other.	SD	D	A	SA
11. It is useless carrying on with a marriage beyond a certain point.	SD	D	A	SA
12. We both seem to like the same things.	SD	D	A	SA
13. I find it difficult to show my partner that I am feeling affectionate.	SD	D	A	SA
14. I never have second thoughts about our relationship.	SD	D	A	SA
15. I enjoy just sitting and talking with my partner.	SD	D	A	SA
16. I find the idea of spending the rest of my life with my partner rather boring.	SD	D	A	SA
17. There is always plenty of "give and take" in our relationship.	SD	D	A	SA
18. We become competitive when we have to make decisions.	SD	D	A	SA
19. I no longer feel I can really trust my partner.	SD	D	A	SA
20. Our relationship is still full of joy and excitement.	SD	D	A	SA
21. One of us is continually talking and the other is usually silent.	SD	D	A	SA
22. Our relationship is continually evolving.	SD	D	A	SA
23. Marriage is really more about security and money than about love.	SD	D	A	SA
24. I wish there were more warmth and affection between us.	SD	D	A	SA
25. I am totally committed to my relationship with my partner.	SD	D	A	SA
26. Our relationship is sometimes strained because my partner is always correcting me.	SD	D	A	SA
27. I suspect we may be on the brink of separation.	SD	D	A	SA
28. We can always make up quickly after an argument.	SD	D	A	SA

APPENDIX G - QUESTIONNAIRE: "THE KNOWLEDGE OF SOCIAL WORKERS IN PRIVATE PRACTICE REGARDING HUMAN SEXUALITY AND SEX THERAPY"

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My ref. Elmari Craig 2002-07-23
Masters Candidate
Prof M S E du Preez
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Dear Colleague,

Many marriages in South Africa today end in divorce, as you may well be aware off. According to literature sexual problems and dysfunctions remain some of the most prominent reasons for marital problems. During the last few years sex therapy shifted from being considered to be an individual problem, to being a couple's problem and even a family problem, thereby becoming part of marital and couple therapy.

I am currently conducting research about the knowledge of social workers in private practise regarding human sexuality and sex therapy. This research is conducted with the goal of obtaining a Masters Degree in Social Work from the Department of Social Work at the University of Pretoria, and to develop a curriculum for sex therapy training within the social work discipline in future. Applied research will be conducted and it would be exploratory in nature.

I would appreciate it if you could spare 20 minutes of your time to complete the attached questionnaire. It is important to establich the current knowledge of social workers regarding human sexuality and sex therapy. A pre-paid envelope is included to minimise cost and effort on your part.

This is an anonymous questionnaire and no identifying particulars are being required. All information will be treated confidentially and will be analysed via computer.

Feel free to contact Elmari Craig at 082 783 6633 or (012) 997-4633 for any further information or enquiries.

Your co-operation in this regard is highly appreciated.

Regards.

Elmari Craig
MASTERS CANDIDATE

Prof. M.S.E. (Rita) du Preez
STUDY LEADER

UNIVERSITEIT VAN PRETORIA
UNIVERSITY OF PRETORIA
YUNIBESITHI YA PRETORIA

Questionnaire

"The knowledge of social workers in private practice regarding human sexuality and sex therapy"

Respondent Number:

For office use

V1 [ ][ ][ ] 1-3

Please supply your response to the following questions by indicating the correct answer with an X.

SECTION I

1. Sex:

Male	1	
Female	2	

V2 [ ] 4

2. Age:

[ ] Years

V3 [ ][ ] 5-6

3. Marital status:

Never married	1	
Married	2	
Living together	3	
Divorced	4	
Widowed	5	

V4 [ ] 7

4. Which year did you obtain your first degree/diploma:

[ ]

V5 [ ][ ][ ][ ] 8-11

5. Highest qualification:

3-year diploma	1	
4-year degree	2	
Honours	3	
Masters	4	
Doctoral	5	

V6 [ ] 12

6. Name any other educational or training courses you attended related to marriage counselling and sex therapy.

Course	Duration	Institution

V7 [ ][ ][ ] 13-15
V8 [ ][ ][ ] 16-18
V9 [ ][ ][ ] 19-21
V10 [ ][ ][ ] 22-24

7. Years social work experience:

	V11 25-26

8. Years practising as a social worker in private practice?

	V12 27-28

9. Home language:

English	1		V13 29-30
Afrikaans	2		
Zulu	3		
Venda	4		
Tswana	5		
Xhosa	6		
Northern Sotho	7		
Tshonga	8		
Swazi	9		
Ndebele	10		
Southern Sotho	11		
Other	12		

Specify:.....

10. Race:

White	1		V14 31
Coloured	2		
Indian	3		
Black	4		

11. Religious denomination:

Protestant	1		V15 32
Roman Catholic	2		
Jewish	3		
Moslem/Islam	4		
Tamil/Hindu	5		
No Religion	6		
Other	7		

Specify:.....

SECTION II

1. Are you aware of specialists in the field of sexology/sex therapy to refer clients to?

Yes	1		V16 ☐33
No	2		
Unsure	3		

2. Is there in your opinion a need for social workers to be trained in the field of human sexuality and sex therapy?

Yes	1		V17 ☐34
No	2		
Unsure	3		

2.1 If no, why not? V18 ☐35

2.2 If yes ...

	1 Yes	2 No	3 Unsure		
Pre-graduate				V19	☐36
Post-graduate as a specialty (e.g. Masters)				V20	☐37
Post-graduate as short course/seminar				V21	☐38

3. What is the most frequent sexual difficulty of married couples according to your experience? V22 ☐39

4. Rate the following sexual problems in order of the frequency that clients present with it in your practice:

	1 very often	2 often	3 seldom		
Lack of desire				V23	☐40
Libido differences between male and female				V24	☐41
Anorgasmia				V25	☐42
Premature ejaculation				V26	☐43
Erectile dysfunction				V27	☐44
Painful intercourse				V28	☐45
Other Specify:.....				V29	☐46

2. Do you take a complete sexual history from your clients?

Never	1		V37 ☐54
Rarely	2		
Occasionally/when necessary	3		
Frequently	4		
Always	5		

3. Please indicate whether you agree with the following statements:

	1 Yes	2 No	3 Unsure		
Masturbation offers a satisfactory outlet at all ages for the release of sexual tension				V38	☐55
Oral sex is something that the majority of sexually active people engage in				V39	☐56
It is difficult to refer to the various parts of the genitals by their scientific names when discussing sexually-related issues with clients				V40	☐57
It is possible to discuss sexual related matters with my partner				V41	☐58
Sexual fantasies are a powerful aphrodisiac because they offer people a chance to enjoy sexual activities they might not normally - or necessarily ever - want to experience				V42	☐59
Sexual fantasies can lead to immoral behaviour				V43	☐60
Masturbation practised too frequently causes fatigue and physical debilitation				V44	☐61
Masturbation is sometimes an effective alternative to penetrative sex within a marriage				V45	☐62
Oral sex is dangerous and should be avoided				V46	☐63
Pre-marital sex is harmful and should be avoided				V47	☐64
It is normally a comfortable situation counselling clients with sexually related problems				V48	☐65
Anal sex is painful and leads to HIV infection				V49	☐66
Homosexuality can effectively be reversed by behavioural modification				V50	☐67
Anal sex is only practised during male sex				V51	☐68
There are some heterosexual couples who enjoy the practise of anal sex				V52	☐69
Functionally speaking the circumcised penis does not have a foreskin to retract during coitus or masturbation as the uncircumcised penis has				V53	☐70

	Yes	No	Unsure		
Priapism is an ability of some men to attain erections frequently and with minimum stimulation				V54	71
Retrograde ejaculation means delayed ejaculation				V55	72
Males have a greater sexual capacity than females				V56	73
The most important hormone in sexual motivation in males and females is testostorone				V57	74
All orgasms are intense, explosive events				V58	75

SECTION IV

1. Would you describe the following as sexual dysfunctions?

	1 Yes	2 No	3 Unsure		
Sexual aversion				V59	76
Hypo-active sexual arousal				V60	77
Anorgasmia				V61	78
Vaginismus				V62	79
Dyspareunia				V63	80
Retarded ejaculation				V64	81
Pedophilia				V65	82
Voyeurism				V66	83

2. The following is a term used to describe a condition in which a person's sexual gratification is dependant on an unusual sexual experience. A neutral term for sexual alternatives that have been called deviant.

Fetishisms	1	V67	84
Paraphilias	2		
Gender Identity Disorders	3		
Sexual dysfunctions	4		

3. Which one of the following models is the basis for sex therapy and describes permission-giving, basic information giving, home loveplay exercises and intensive therapy as the last resort?

Masters and Johnson	1	V68	85
Plissit	2		
Freudian	3		
Kinsey	4		

4. How much longer does women on average take to reach orgasm than a man?

Twice as long	1		V69 ☐86
Four times as long	2		
Six times as long	3		
Ten times as long	4		

5. How many women are able to reach orgasm with penetration only?

80-100%	1		V70 ☐87
60-80%	2		
40-60%	3		
20-30%	4		

6. Is it possible for women to be multi-orgasmic?

Yes	1		V71 ☐88
No	2		
Unsure	3		

7. Endowing inanimate objects with erotic properties is most closely related to a sexual variation known as:

Voyeurism	1		V72 ☐89
Exhibitionism	2		
Fetishism	3		
Zoophilia	4		

8. With his 0-6 scale, Kinsey measures the:

libido differences between men and women	1		V73 ☐90
balance of hetero- and homosexual feelings	2		
frequency of hetero- and homosexual experiences per year	3		

9. Menopause is caused by:

	1 Yes	2 No	3 Unsure		
atrophy of the uterus				V74	☐91
shrinkage of the vagina				V75	☐92
cessation of sexual drive				V76	☐93
poor diet				V77	☐94
decreased production of estrogen				V78	☐95

10. Penis size usually determines ...

	1 Yes	2 No	3 Unsure		
the male's ability to impregnate a female.				V79	☐96
the degree of male pleasuring during coitus.				V80	☐97
the female's sexual satisfaction.				V81	☐98
little, if anything, physiologically.				V82	☐99

11. In older men ...

	1 Yes	2 No	3 Unsure		
the refractory period becomes longer.				V83	100
the excitement phase becomes shorter.				V84	101
the plateau phase becomes shorter.				V85	102

12. Which of the following are the phases of the sexual response cycle in proper sequence according to Masters and Johnson?

plateau, orgasm, excitement, resolution	1		V86 103
excitement, orgasm, resolution, plateau	2		
refractory period, orgasm, resolution, plateau	3		
excitement, plateau, orgasm, resolution	4		

13. Removal of the penis before ejaculation, is ...

ejaculatory control.	1		V87 104
the rhythm method.	2		
coitus interruptus.	3		
expulsion.	4		

14. An involuntary muscular spasm that closes the vaginal entrance is called ...

vaginitus	1		V88 105
vaginismus	2		
hymenitis	3		
dyspareunia	4		

15. Medication, the stop-start technique and the squeeze technique, are suitable treatments for ...

erectile dysfunction	1		V89 106
premature ejaculation	2		
hypo-sexual desire disorder	3		

16. Sensate focus can involve ...

	1 Yes	2 No	3 Unsure		
non-genital touching of one partner by the other.				V90	107
prolonged touching of one's partner's genitals.				V91	108
giving and receiving pleasure.				V92	109
focusing on the journey and not on the destination				V93	110

Any other comments:

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Thank you for your co-operation!