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### SEXUAL RESPONSE SURVEY

1. My sexual complaints are :
  - A. Lack of sexual interest
  - B. Difficulty getting aroused
  - C. Difficulty achieving orgasm with intercourse
  - D. Difficulty achieving orgasm with oral stimulation
  - E. Difficulty achieving orgasm with manual stimulation by partner
  - F. Difficulty achieving orgasm by myself
  - G. I have never had an orgasm
  - H. I'm not sure whether I'm having orgasms or not
  - I. Pain with intercourse
  - J. Difficulty with penetration (vaginismus)
  - K. Difficulty with vaginal dryness
  - L. Concern about my partner's sexual functioning,
  
2. My sexual complaints have affected my desire for sex.  
True \_\_\_\_\_ False \_\_\_\_\_
  
3. I have the same sexual complaints with masturbation as with my partner.  
True \_\_\_\_\_ False \_\_\_\_\_
  
4. I have never masturbated.  
True \_\_\_\_\_ False \_\_\_\_\_
  
5. I am being treated with medication for anxiety or depression.  
True \_\_\_\_\_ False \_\_\_\_\_
  
6. I am post-menopausal.  
True \_\_\_\_\_ False \_\_\_\_\_
  
7. I take birth control pills or injections.  
True \_\_\_\_\_ False \_\_\_\_\_
  
8. I take medications for a neurological disorder.  
True \_\_\_\_\_ False \_\_\_\_\_
  
9. I was molested or raped.  
True \_\_\_\_\_ False \_\_\_\_\_