

## **“Taking Your History” Questionnaire**

This questionnaire was adapted from *Breaking the Cycle: Free Yourself from Sex Addiction, Porn Obsession, and Shame* by George Collins. The intention of this questionnaire is to bring awareness to your sexually compulsive behaviors as well as possible driving factors of such behaviors.

Take out your journal or notepad, or sit down at your computer, and answer the following questions as best as you can. If you write down your answers to all of these questions, you may find that your understanding of your own story will deepen, and you may begin to view yourself with more compassion. Take as much time as you need to answer these questions. Even if you need several days to dig up the details, keep trying. It will be worth it.

### **How Did Your Sexually Compulsive Behavior Start?**

- How old are you now, and how long have you been engaged in the same or different sexually compulsive behaviors?
- When you were a child, did you play “doctor”? Did your compulsive behavior start with the girl or boy next door?
- How did you learn about sex - that is, how was sex introduced to you? Did you have “the talk” (about sex) with your parents or with another authority figure? Did the other kids talk about sex? What did they say to you? Did it frighten or arouse you?
- Was there anything good about how you learned about sex?
- Did you masturbate when you were young? How young were you when you started?
- If you had sex: Did anything change after you’d had sex? Did it affect your experience of touching yourself? Of orgasm? What changed in how you felt about yourself before and after you had sex?
- Were you lonely as an adolescent? Were you bullied or hurt by your classmates? Were you hurt by individuals of the sex to which you are attracted?
- Do you feel that you have to continue to use masturbation, pornography or hooking up to achieve sexual satisfaction?

### **Does Your Occupation Have Anything to Do with Your Addiction?**

- Do you smile and are you pleased to be at your workplace when you walk in, or do you wish it were already over so you could go home?
- What part has your addiction played in your choice of jobs? (E.g. unstructured job with lots of downtime to sexually act out, busy schedules so you could avoid your compulsive behaviors, etc.)
- How would you like to convert the energy used by your sexual addiction into positive adult behavior? List some examples.
- What do you want to do with your life? What do you hope to achieve in terms of your personal goals, family life, friendships, religiosity, career, and so on?

### **What Is Your Past and Present Relationship Status?**

*Thinking back over your past relationships may give you clues regarding your relationship patterns and behavior.*

- When you were in high school, did you have any relationships (romantic friendships, platonic friendships, etc.)? Were you a “jock” or a “geek” (or someone else), or were you so isolated that you didn’t identify with any group?
- Were you terrified to talk to members of the sex to which you are attracted, or were you sociable with them? With both sexes or just one? Did you attend school events (social gatherings, sports games, etc.) or did you avoid them?
- Can you imagine having the feelings you have when you’re by yourself being replaced by intimacy with someone you share your whole life with? If yes, how does that make you feel? If no, why not?

### **Do You Have Non-Addictive Hobbies?**

- What do you read? Do you read for pleasure or only for information?
- Are you physically active? Do you exercise?
- What kinds of movies do you like?
- What are some of your most favorite hobbies? How often do you get to practice them?
- If you don’t have any nonsexual hobbies, can you think of some that might appeal to you? If the answer is no, try and listen for another answer and look around you. There are lots of fun and interesting activities available that you might find enjoyable.

### **What Is the Financial Impact of Your Compulsive Behavior?**

*“Financial impact” refers to the money, time and other resources you spend on sexually compulsive behavior.*

- How much money do you spend on sexually compulsive behavior?
- How much time do you spend thinking about sex?
- How much time do you spend engaging in sexually compulsive behavior?
- Does the time you spend thinking about or engaging in sexually compulsive behavior cut into the time you could be working productively and earning money or engaging in an enjoyable hobby or an intimate relationship?
- If you were to spend this time on other activities, on which activities would you like to spend your money and time? How do you envision your life would change?

### **How Does Your Family History Relate to Your Addiction?**

*Taking your history is about you understanding what happened and how that has influenced your life, and then trying to move forward. Remember, you’re seeking information, not ammunition.*

- Did your mother and father (or caregivers) have an active social life? Were you invited to social gatherings? Was there drinking (or other substances) involved?
- Did your father (or male caregiver) have male friends? How much time did he spend with you and the rest of your family members? How was your personal relationship with him?

- Did your mother (or female caregiver) have female friends? How much time did she spend with you and the rest of your family members? How was your personal relationship with her?
- Do you have any siblings? If so, how was your relationship with them growing up?
- Did your family move a lot? If so, how did that impact you?

### **Were There Traumatic Events in Your History?**

*Traumatic events can impact your sexuality and lead to coping behaviors such as sexual addiction.*

- Was there ever sexual contact with anyone in your family? If so, were there any consequences (physical, emotional, mental, familial, social, financial, etc.)?
- If you had any siblings, did you experience abuse from them? If yes, was it emotional, physical, or sexual—or a combination?
- Was there violence? When? With whom? Did you get yelled at a lot? Were you hit or in any other way physically abused?
- Was there any sexual abuse from a parent or another family member?
- Were you angry or upset about treatment you received from your primary caregiver or parent, who was supposed to be a person you trusted more than anyone else in the world?
- Do you feel that such (and other) experiences in your childhood home may have contributed to any sense of isolation from people and a need for self-protection? How so?
- Do you fear intimate relationships with others? In what ways?
- To what extent have such experiences contributed to shame and a negative/critical inner voice?
- Did you have to “compartmentalize” when dealing with others (i.e. appear as “nice” on the outside, hiding the hurt on the inside)?

### **Was there Substance Use in Your Family?**

- Did your parents/caregivers use any substances (e.g. alcohol, drugs)? If so, how did they behave when they consumed such substance(s)? How did that make you feel?
- What did you do about it? (E.g. you left the house, hid yourself from them, resorted to porn/masturbation to occupy yourself, etc.)
- Do you use such substance(s) yourself now?

### **Does Your Social Networking Relate to Your Sex Addiction?**

- To what extent do you consider yourself sociable and outgoing? What portion of your time do you spend alone?
- When you feel alone and isolated, what do you do? Do you connect with other people? If so, how? In real-life or online?
- What proportion of your time do you spend online? What percentage of that time is spent in “sexual situations” (e.g. porn websites, chatrooms or webcam sex)?

## **Do You Feel Guilty About Sex or Your Sexuality?**

*Remember: guilt drives addiction.*

- How was the topic of sex or sexuality treated in your family?
- What role does guilt play in your life? Is there guilt surrounding your sexuality or sexual behaviors?
- Has your sexual orientation influenced your sexually compulsive behavior? If yes, in what ways?
- If you experience same-sex attractions, did you disclose this to people in your life? If so, how long did it take you to do this? How did it make you feel? If not, why not?
- Did you talk to your parents about your sexuality? If so, how did they react? If not, why not?
- Did you talk to your friends about your sexuality? If so, how did they react? If not, why not?

## **Do You Have Abnormal or Scary Thoughts?**

*Your answers to the questions in this section could be warning signs that you need to talk to a professional and seek help.*

- Have you had any thoughts of harming yourself or others?
- Compared to the people you know at work or in your social circle, how abnormal is your thinking?
- Do you wish you were dead?
- Do you find yourself thinking that you would like to hurt yourself or someone else?
- Do you have other addictions or behaviors that are self-destructive?
- Are you overdoing drugs and alcohol to the point of blacking out?
- Are you overeating to the point where you are morbidly obese?