QUERIES FOR SPINAL CORD INJURED

All information supplied by you on this form will be held strictly confidential, and used only for a statistical study. Our aim is to act as a clearing house for information for which many of you have expressed a need, as have physicians and other professionals to whom you have applied for help and advice. It is an opportunity for you to assist your fellow spinal cord injured individuals, their friends and families and those who counsel with them, by letting them know your feelings and how you have dealt and are dealing with your own sexuality. Probably the results will be especially helpful to newly injured people and their partners, but also of benefit to those injured long ago.

We greatly appreciate your participation, and pledge to you that the results will be made available to you just as soon as we can do so.

There are separate forms for the spinal cord injured and non-spinal cord injured (though not necessarily able bodied) partners. These should be filled out separately and confidentially.

Please return this form to Dr. Lois Perkins, Department of Anatomy, Indiana University Medical Center, Indianapolis, Indiana 46202. Please make a note of the number at the top of this page, and keep it to be used as the only needed identification on a tape, should you wish to participate in a taping session later. If your partner is also replying please add his or her number in the space provided.

Date ________________

Age ________________

Sex: Male ___ Female ___

What is your religion? _____________________________________________

Would you say that you are:

Very religious ______

Moderately religious ______

Slightly religious ______

Not religious ______

How far did you go in school? _______________________________________

Have you had additional vocational training? Yes ___ No ___

If yes, what sort? ________________________________________________
What was your main job or occupation before your injury? ____________

What is your present job or occupation? ________________

Are you in school now? Yes _____ No _____

If yes, what kind? High school _____ College _____ Vocational _____
Other __________________________

What is your scholastic goal? ____________________________________________

Where are you now living? Home _____ Hospital _____ Rehab Center _____
Nursing Home _____ Other ________________________________

In terms of money would you say you are:

In financial trouble ________

Just making ends meet ________

Making ends meet with a little left over ________

Meeting all your needs and saving some, too ________

Again in terms of money, are you:

Worse off now than before your injury ________

Better off now ________

About the same ________

What was the date of your injury? Year _____ Month _____

How did it happen? ___________________________________________________________________

Are you a veteran of the armed services? Yes _____ No _____

If yes, is your injury service-connected? Yes _____ No _____
Where is the level of your injury? If you don’t know in numbers, please describe where the level of normal sensation changes.

For Quads, is your biceps strength (elbow bending) normal _______. some _______ none _______

Is your hand function normal _______. some _______. none _______.

Is your spinal cord completely severed (no sensation or voluntary movement)? _______. Partially severed or damaged _______. don’t know _______.

Is your paralysis of the spastic type (muscles working without your will)? _______. or the limp flaccid type _______. If spastic, are the movements mainly extension (straightening) or flexion (bending) _______. or both, about equally _______.

Do these movements interfere with your sexual activities? Yes ____ No ____

Have you any sensation (feeling) below your level of injury? Yes ____ No ____.

If yes, where? ________________________________

What kind? Pain _______. Hot and cold _______. Pressure _______. Light touch _______. Pinprick _______.

Have you any muscle control below your level of injury? Yes ____ No ____

If yes, where and how much? ________________________________

Does your bladder: Fill up and then empty itself automatically (reflex, spastic or autonomous bladder) _______. Fill up and then leak or dribble instead of completely emptying itself _______. Or some other way _______.

Have you had any injection into the bladder area? Yes _____ No _____
Don't know ______. Have you had an operation on the bladder? Yes ____ No ____ Don't know ______. Have you had infection of the urethra (the tube through which the urine passes)? Yes _____ No ____ Don't know_____
If yes how many times ____.
Have you had an operation on your spinal cord or nerves to relieve spasticity (unwanted movements)? Yes ____ No ____ Uncertain ______.
Have you had an injection into your back to relieve spasticity? Yes ____ No ____ Uncertain ______.
Have you had pressure sores (bed sores)? Yes _____ No _____. If yes, how many times ___. Where? ____________________________________________

Did they happen when you were: First in the hospital ______ After you left the hospital _______ On later occasions in the hospital ______ Have you any now? Yes ____ No _____. Have they interfered with your sexual activities? _____________. Are you currently taking drugs or other medications? Yes ____ No _____. Have you done so in the past? Yes ____ No ____. What kind and how much? __________________________________________

Do you feel this has had any effect on your sexual activity? Yes _____ No ____ Uncertain ______. If yes, in what way _______________________

For males. Do you ever have the feeling that your penis is erect when it really is not? Yes ____ No _____. Have you had a sperm count? Yes ____ No ____. If yes, please give approximate date __________. What did it show? _______________________

At present, are you Married _____ Widowed _____ Separated ______ Divorced _____ Single _____. If ever married, how many times? ______
How old were you the first time you married? _____ How old were you the
last time you married? ______. If presently unmarried, would you like to get married? Yes _____ No _____ Uncertain ______. Has there been a change in your marital status since your injury? Yes _____ No _____ If yes please specify ____________________________

Has there been a change in your engagement or other meaningful sexual relationship since your injury? Yes _____ No _____ If yes, please specify ____________________________

Do you feel this change was directly related to your injury? Yes _____ No _____ Uncertain ______. If yes, please explain ____________________________

For those injured as children, adolescents or young adults: What was the effect of your injury on your parents feeling and treatment of you regarding your sexuality?

__________________________________________________________________________________

__________________________________________________________________________________

__________________________________________________________________________________

__________________________________________________________________________________

__________________________________________________________________________________
What was your reaction to this treatment?

II.

For the following statements we want you to tell us if you strongly agree (SA), agree (A), are uncertain (neither agree or disagree), (U), disagree (D), or strongly disagree (SD).

1. Husbands or wives who have sexual relations outside the marriage should get divorced.
   SA _____ A _____ U _____ D _____ SD _____

2. Strong legal measures should be taken against homosexual acts.
   SA _____ A _____ U _____ D _____ SD _____

3. Mouth-genital sex play indicates an excessive desire for physical pleasure.
   SA _____ A _____ U _____ D _____ SD _____

4. Premarital intercourse is morally undesirable.
   SA _____ A _____ U _____ D _____ SD _____
5. Masturbation is generally unhealthy.
   SA______ A______ U______ D______ SD______

6. Artificial insemination with semen from anyone except the
   husband is immoral.
   SA______ A______ U______ D______ SD______

7. Abortion is murder.
   SA______ A______ U______ D______ SD______

Now here are four more statements, and we want you to tell us which
are true and which are false.

1. Physical factors are more important than psychological factors
   in their effect on sexual adjustment in marriage.
   T________ F________

2. Orgasmus can be reached in both men and women by stimulating
   parts of the body other than the genitals.
   T________ F________

3. Sexual pleasure and satisfaction do not wholly depend on having
   an orgasm.
   T________ F________

4. Spinal injury does not necessarily interfere with fertility.
   (in men) _______ (in woman) _______
   T________ F________
   T________ F________

How much information have you obtained, either from talking with people
or from reading or from other sources, on the effect of spinal cord injury
on sex? Much ______ Some _______ Little _______ None _______

How, or from whom, did you get most of your information?

Reading ______ Films _______ Tapes _______ Physician _______

Nurse ________

Other cord injured people or their partners _____ Other (please specify)
Was the information satisfying? 

Was this information:
- Actively pursued by you _________, your partner _________
- Offered to you __________________, Your partner _________
- Obtained accidently by you _________, Your partner _________
- Other (please specify) ____________________________

Did you and your partner become sexually involved before or after your injury? Before _______ After _______.

III.

Taking things all together, how would you say you are feeling these days?
- Very happy _______ Pretty happy _______ Not too happy _______ Very unhappy _______.

Generally speaking, are you the kind of person who worries:
- A great deal _______ Somewhat _______ Very little _______ Not at all _______.

On the following page is a list of a number of feelings, and we want you to tell us if in the past month you have had such a feeling often, sometimes, rarely or never.
1. Feeling on top of the world.

2. Very lonely or remote from other people.

3. Angry at something that ordinarily wouldn't bother you.

4. That you couldn't do something because you just couldn't get going.

5. Particularly excited or interested in something.

6. Depressed or unhappy.

7. Pleased about having accomplished something.

8. Bored.

9. Proud because someone complimented you on something you had done.

10. Restless.

11. That there were more things to do than you could get done.

12. Vaguely uneasy about something without knowing why.

13. The goals you are pursuing seem meaningless.

14. That if people really knew what you sometimes felt, you think they wouldn't like you.

15. That you haven't been what you expected yourself to be.

16. That people expect too much of you.

17. That nobody can really know what anyone else thinks.

18. That there are things about yourself that you would like to change.
Next we will list some descriptive words, and ask to what extent they are true of you.

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<thead>
<tr>
<th></th>
<th>Very much</th>
<th>Pretty much</th>
<th>Somewhat</th>
<th>Very little</th>
<th>Not at all</th>
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<tr>
<td>Aggressive</td>
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<td>Dreamy</td>
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<td>Foresighted</td>
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<td>Impulsive</td>
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<td>Shrewd</td>
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<td>Warm</td>
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Now we have five statements and want to know if you strongly agree, agree, disagree or strongly disagree.

1. Sex is no longer important to me.
   SA _______ A _______ D _______ SD _______

2. My sexual activity is done chiefly for the sake of my partner.
   SA _______ A _______ D _______ SD _______

3. Sex is something I want to do better.
   SA _______ A _______ D _______ SD _______

4. Being able to function sexually even to a limited extent is important to me.
   SA _______ A _______ D _______ SD _______
5. Sex is one of life's greatest pleasures for me.

SA _______ A _________ D ________ SD ________

IV

We are interested in finding out what things arouse you or turn you on sexually, what things have no effect on you, and what things repulse you or turn you off. Here are seven possible responses ranging from strong arousal to strong repulsion. Each response has a number to be used in answering.

1. Very repulsive and disturbing, don't want to think about it.
2. Moderately repulsive or somewhat disturbing.
3. Slightly unpleasant to think about or see.
4. Neutral -- means nothing one way or the other.
5. Slightly exciting to think about or see.
6. Moderately exciting and pleasant.
7. Strongly exciting, causes a definite desire for sexual activity.

<table>
<thead>
<tr>
<th>Photographs of nude girls as in <em>Playboy</em> magazine</th>
<th>Before Injury</th>
<th>Now</th>
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<tbody>
<tr>
<td>Photographs of nude males</td>
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<tr>
<td>Photographs of sexual activity</td>
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<td>Motion pictures of sexual activity</td>
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<tr>
<td>Thinking of sexual activity with someone you find attractive</td>
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<tr>
<td>Reading stories about sexual experiences</td>
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<tr>
<td>Photographs or stories about people hurting or being hurt by other people</td>
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</table>
What physical changes occur in you as a result of sexual arousal? Do these things occur usually (U), sometimes (S), rarely (R), or never (N).

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<th></th>
<th>U</th>
<th>S</th>
<th>R</th>
<th>N</th>
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</thead>
<tbody>
<tr>
<td>More rapid heart beat</td>
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<tr>
<td>Change in your breathing</td>
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<td>Warm feeling in your skin</td>
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<tr>
<td>Perspiration</td>
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<tr>
<td>Emptying of the bladder</td>
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<tr>
<td>Emptying of the bowel</td>
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<tr>
<td>Leg tremors</td>
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<td>Legs drawing up</td>
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<tr>
<td>Legs straightening out</td>
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<tr>
<td>Pain anywhere</td>
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</table>

If it does cause pain, where is the pain?

What other non-genital results of sexual arousal have you noticed?
VI

By masturbation, we mean any sort of self-stimulation done in order to achieve sexual excitement and pleasure. How old were you when masturbation began? ______. If you have never tried, why haven’t you? ________________________________

In the last year before your injury, what was the frequency of masturbation? _______________. After your injury, how long was it before masturbation was tried again? _______________. After masturbation began again, what was the frequency during the first year? ______

Times per week ______ Times per month ______ times per year ______.

After your injury, did masturbation cause ______.

(Males) Erection? Yes ____ No ____ Don’t know ____. Twitching of the penis without ejaculation? Yes ____ No ____ Don’t know ____.

Ejaculation? Yes ____ No ____ Don’t know ____.

(Females) Vaginal lubrication (wetness)? Yes ____ No ____ Don’t know ____.

(Both) Sensation of orgasm? Yes ____ No ____.

Any other sensation or response? Please specify ________________________________

________________________________________________________________________

Before your injury, what percentage of the time did masturbation result in orgasm? ______ percent.

Since your injury, what percentage of the time does masturbation result in orgasm? ______ percent.

Was this percentage stayed about the same? ______ Increased ______

Decreased ______ as time has passed.

Before your injury, how long a time would it take to reach an orgasm? __________
After your injury, how much time does masturbation take? __________
Has the amount of time tended to increase? ______ Decrease? ______ or stayed about the same? ________.
Before your injury, was there masturbation: By using just the hand ______ by lying face-down and making movements on the bed or pillow ______. (Females) by inserting some object in the vagina ______ by crossing the legs and squeezing the thighs together ______ by stimulating the breasts ______.
In any other ways? Please specify __________________________
________________________________________________________________________________________
Since your injury, what methods of masturbation have been tried?
________________________________________________________________________________________
What way seems to be the most effective? __________________________
________________________________________________________________________________________
Before your injury, was there imagining or daydreaming of sexual things during the masturbation? Usually _____ Sometimes _____ Rarely _____
Never _____.
Did you imagine:
Having sex with men? Usually _____ Sometimes _____ Rarely _____
Never _____.
Having sex with women? Usually _____ Sometimes _____ Rarely _____
Never _____.
Other people having sex? Usually _____ Sometimes _____ Rarely _____
Never _____.
What other sort of things did you imagine during masturbation? ______
Since your injury, what do you imagine during masturbation?

Having sex with men? Usually ___ Sometimes ___ Rarely ___
Never ___.

Having sex with women? Usually ___ Sometimes ___ Rarely ___
Never ___.

Other people having sex? Usually ___ Sometimes ___ Rarely ___
Never ___.

Other, please specify ____________________________________________

_______________________________________________________________

In these imaginations, do you imagine yourself as having had your
injury? Usually ___ Sometimes ___ Rarely ___ Never ___.

VII

In the year before your injury, how often did you have sleeping dreams
about sexual things? ____________________________________________

After your injury, how long was it before you started having sexual
dreams? ________________________________________________________

How often do you now have sexual dreams? _______ per week _______
per month _______ per year _______.

Have you ever had an orgasm while asleep? _________________________

In the year preceding your injury, how often did you have an orgasm
during sleep? _______ per week _______ per month _______ per
year _______.

Since your injury, how often have you had orgasm while asleep? _______
per week _______ per month _______ per year _______.

Before your injury did you dream of:

Having sex with men? Usually ___ Sometimes ___ Rarely ___ Never ___.

Having sex with women? Usually ___ Sometimes ___ Rarely ___
Never ___.
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Other people having sex? Usually _____ Sometimes _____ Rarely _____ Never _____.

What other sorts of sexual things did you dream of? ____________

Since your injury do you dream of:

Having sex with men? Usually _____ Sometimes _____ Rarely _____ Never _____.

Having sex with women? Usually _____ Sometimes _____ Rarely _____ Never _____.

Other people having sex? Usually _____ Sometimes _____ Rarely _____ Never _____.

Since your injury, what other sexual things do you dream of? ________

In your sexual dreams since your injury, do you dream of yourself as having your injury? Usually _____ Sometimes _____ Rarely _____ Never _____ No Dreams ________.

How would you say your dreams have changed since your injury?

__________

__________

VIII

By petting, we mean any sort of physical sexual stimulation between men and women, including the petting which occurs before or during sexual intercourse. How old were you when petting began? ____________

In the year before your injury, how often was there petting? ____________
If you were married in the year before injury, how often was there petting? _______ in the year before you married? _______

What petting techniques were used in the year before your injury?

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<th></th>
<th>Often</th>
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<tbody>
<tr>
<td>1. Kissing</td>
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<td>2. Deep or tongue kissing</td>
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<td>3. Male hands on female breast</td>
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<td>4. Male mouth on female breast</td>
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<td>5. Male hands on female genitals</td>
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<td>6. Female hand on penis</td>
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<td>7. Male mouth on female genitals</td>
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<td>8. Female mouth on penis</td>
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<td>9. Male stimulation of female anus</td>
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<td>10. Female stimulation of male anus</td>
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</table>

Did any of these techniques cause you to have an orgasm? _______

Which ones? _______________________________________

In the year before your injury, with how many different people was there petting? ________________________.

In that last year before your injury, if there was petting that did not end in orgasm or intercourse, did it usually leave you feeling:

Pleased and calm ________, Pleased but frustrated ________, Unhappy and frustrated ________.

What other feelings did you have? ________________________________________

____________________________________

After your injury how long was it before you tried petting?

Weeks ______, Months ______, Years ______, Never ______.
After your injury, how often have you petted:

While unmarried __________ While married __________

Since your injury, what petting techniques are used?

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<thead>
<tr>
<th>Technique</th>
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<th>Rarely</th>
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<tbody>
<tr>
<td>1. Kissing</td>
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<tr>
<td>2. Deep or tongue kissing</td>
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<td>3. Male hands on female breast</td>
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<td>5. Male hands on female genitals</td>
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<td>6. Female hand on penis</td>
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<td>7. Male mouth on female genitals</td>
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<td>8. Female mouth on penis</td>
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<tr>
<td>10. Female stimulation of male anus</td>
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What other techniques have been used since your injury? ____________

Which techniques result in erection or lubrication for you? __________

Which techniques result in ejaculation or vaginal contraction for you?

Which techniques result in sensation of orgasm for you? ____________

What other responses do you experience from petting? ____________

With how many persons have you petted since your injury? __________

Since your injury, how often have you brought your partner to orgasm by petting? __________ percent.
Since your injury what percentage of the time of your being petted by your partner do you have the sensation of orgasm? ______ percent.

While petting your partner, do you also ever experience orgasm? ______

If so, how often? __________ percent of the time.

Has this percentage changed much, or stayed about the same? ______

If it has changed, can you tell us in what way, and for what reason?

Would you like to have more petting? ______ less petting ______, about the same as you are having now ______.

IX

By sexual intercourse, we mean the insertion of the penis into the vagina or female anus. How old were you when sexual intercourse began? Age ______ Never ______. (If never, go on to section XI).

In the year before your injury, how often was there sexual intercourse? ______

If you were married in that year, how often in the year before you married was there sexual intercourse? ______

What positions were used in the year before your injury? ______

<table>
<thead>
<tr>
<th>Position</th>
<th>Often</th>
<th>Sometimes</th>
<th>Rarely</th>
<th>Never</th>
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<tbody>
<tr>
<td>1. Male above, female on her back below</td>
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<tr>
<td>2. Female above, male on his back below</td>
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<tr>
<td>3. Side by side facing</td>
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<tr>
<td>4. Sitting, facing</td>
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<td>5. Female with her back to the male kneeling, lying or sitting</td>
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<tr>
<td>6. Anal intercourse</td>
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</table>
In the year before your injury, with how many people was there intercourse? _______.

In that year, what percentage of the intercourse caused you to have an orgasm? _______ percent.

In that year, what percentage of the intercourse caused an orgasm for your partner? _______ percent. Don't know _______.

Before your injury, generally how much time would pass between the insertion of the penis and the male orgasm _______. The female orgasm _______.

In the last year before your injury, if there was sexual intercourse which did not end in orgasm for you, did it usually leave you feeling: Pleased and calm _______, pleased but frustrated _______, unhappy and frustrated _______. What other feeling would you have? ________________________________________________________________________

___________________________________________________________________________

After your injury, how long was it before you tried intercourse? weeks _______, months _______, years _______.

After your injury, how often have you had intercourse: While unmarried _______ per week _______ per month _______ per year _______. While married _______ per week _______ per month _______ per year _______.

Since your injury what positions have you used in intercourse?

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<thead>
<tr>
<th></th>
<th>Often</th>
<th>Sometimes</th>
<th>Rarely</th>
<th>Never</th>
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<tbody>
<tr>
<td>1.</td>
<td>Male above, female on her back, below</td>
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<td>2.</td>
<td>Female above, male on his back, below</td>
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<td>3.</td>
<td>Side by side facing</td>
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<td>4.</td>
<td>Sitting, facing</td>
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<td>5.</td>
<td>Female with her back to the male kneeling, lying or sitting</td>
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<td>6.</td>
<td>Anal intercourse</td>
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</table>
What other positions have you tried? __________________________
__________________________________________________________
What positions seem best for you? __________________________
__________________________________________________________
Please explain why. ________________________________________
__________________________________________________________
Since your injury, does sexual intercourse result in erection or
lubrication? Often ____ Sometimes ____ Rarely ____ Never ____ Uncertain ____
Is erection maintained long enough for satisfactory intercourse:
Often ____ Sometimes ____ Rarely ____ Never ____.
Have you used any device to fit over or around the penis to make it
seem erect or to help get it erect? Yes ____ No ____
If yes, what kind of device? ________________________________
How satisfactory is it? ____________________________________
Since your injury does sexual intercourse result in ejaculation or
vaginal contraction? Often ____ Sometimes ____ Rarely ____
Never ____ Don't know ____.
Since your injury, does sexual intercourse result in the sensation of
orgasm? Often ____ Sometimes ____ Rarely ____ Never ____.
What percentage of intercourse results in orgasm for you?
_______ percent, for your partner? _______ percent.
What other responses or sensations do you experience in sexual
intercourse? _____________________________________________
__________________________________________________________
For males: How long does your penis stay erect after inserting it into
the vagina? __________ seconds, __________ minutes.
For both: Do you generally empty your bladder before beginning petting or intercourse? ________________.

Do you generally fill your bladder before beginning petting or intercourse? ________________

Do you generally empty your bowel before beginning petting or intercourse? ________________

What do you do about your catheter when you intend to have sex? ________________

For males: Have you ever urinated into your partner's vagina? _____

Did she find this objectionable? ________

Compared to before your injury, does the entire sexual act - petting and intercourse both take more time _______ about the same _____ or less time _______.

Would you like to have intercourse: more often _____, less often _____ about the same as you are having it now _______.

X

(This should be completed by both males and females)

Before your injury, were there any pregnancies? Yes ____ No ____

No intercourse _____.

Since your injury, have there been any pregnancies? Yes ____ No ____

No intercourse ______. How many pregnancies? ________

Do you want children, or more children? Yes ____ No ____ Uncertain ______

Do you think your ability to produce children has been decreased by your injury? Yes ____ No ____ Uncertain ______.

Please explain. ________________________________________________________

_____________________________________________________________
If there have been pregnancies since your injury, how many have ended in: The birth of a baby ____ , a miscarriage ____ , an abortion ____ .

Is there a pregnancy now? Yes ____ No ____.

Before your injury, did you use birth control? Yes ____ No ____

No intercourse ____.

If yes, did you use: The Pill ____ , The diaphragm ____ , Douches ____ ,
Jellies or suppositories ____ , condoms (rubbers) ____ , Intrauterine devices (loops or coils) ____ , Foams ____ , Rhythm ____ ,
Withdrawal ____.

Other (please specify) __________________________

What was the main method you used? __________________________

Since your injury, have you used birth control? Yes ____ No ____.

No intercourse ____.

If yes, what kinds? __________________________

What was the main method used? __________________________

For females: Since your injury, has your menstruation changed in any way (other than by surgery or menopause)? Yes ____ No ____.

If yes, in what way __________________________

Have you tried artificial insemination? Yes ____ No ____.

If yes, were the sperm from the injured male partner? Yes ____ No ____

How were they obtained? __________________________

Was a pregnancy produced? Yes ____ No ____

Was a child born? Yes ____ No ____

Have you considered (but not tried) artificial insemination? Yes ____

No ____
Has a vasectomy (tying of the spermatic cords to produce non-fertility in the male) been performed on you or your partner? Yes ___ No ___
If yes, what was the reason? ____________________________________________

XI
A significant number of people have had some sexual activity with persons of the same sex, so it is worth our inquiring about such homosexual experience. We are not interested in childhood sex play.
How old were you when there was sex with someone of your own sex ___
Never ______
In the year before your injury, how often was there sex with someone of your own sex? ________________________________
If you were married during that year, how often in the year before you married was there sex with another person of your own sex? _______

What sexual techniques were used? Was there:

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<th>Often</th>
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<th>Rarely</th>
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<tbody>
<tr>
<td>1. Kissing</td>
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<td>2. Deep or tongue kissing</td>
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<tr>
<td>3. Partner's hand on your breast</td>
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<tr>
<td>4. Your hand on partner's breast</td>
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<td>5. Partner's mouth on your breast</td>
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<tr>
<td>6. Your mouth on partner's breast</td>
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<tr>
<td>7. Partner's hand on your sex organs</td>
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<td>8. Your hand on partner's sex organs</td>
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<tr>
<td>9. Partner's mouth on your sex organs</td>
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</tbody>
</table>
10. Your mouth on partner's sex organs

11. (Males)
    Partner's penis in your anus

12. Your penis in partner's anus

What other techniques were used? ________________________________

Which of the techniques would result in orgasm for you? ___________

Before your injury, what percentage of the time would you reach
orgasm with someone of your own sex? ___________ percent.

What percentage of the time would your partner reach orgasm?
___________ percent. Don't know ____________.

On the average, how long would it take you to reach orgasm? ________

With how many persons of your own sex have you had intercourse? _____

With how many before your injury? ________________________________

In that last year before your injury, if there was sexual activity with
someone of your own sex which did not result in orgasm for you did it
usually leave you feeling: Pleased and calm __________ Pleased
but frustrated __________ Unhappy and frustrated __________.
What other feelings would you have? 

After your injury how long was it before you tried sex with someone of your own sex? 

After your injury, how frequently have you had sex with someone of your own sex? 

What techniques have been used since your injury?

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<th>Sometimes</th>
<th>Rarely</th>
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<tbody>
<tr>
<td>1.</td>
<td>Kissing</td>
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<td>2.</td>
<td>Deep or tongue kissing</td>
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<td>3.</td>
<td>Partner's hand on your breast</td>
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<td>4.</td>
<td>Your hand on partner's breast</td>
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<td>5.</td>
<td>Partner's mouth on your breast</td>
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<td>6.</td>
<td>Your mouth on partner's breast</td>
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<td>7.</td>
<td>Partner's hand on your sex organs</td>
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<td>8.</td>
<td>Your hand on partner's sex organs</td>
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<td>9.</td>
<td>Partner's mouth on your sex organs</td>
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<td>10.</td>
<td>Your mouth on partner's sex organs</td>
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<tr>
<td>11.</td>
<td>(Males) Partner's penis in your anus</td>
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<tr>
<td>12.</td>
<td>Your penis is partner's anus</td>
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</tbody>
</table>

What other techniques were used? 

Since your injury, which techniques would cause erection or lubrication? 

Which would cause ejaculation or vaginal contraction?
Which would cause you to have the sensation of orgasm? 

If you have had the sensation of orgasm since your injury with a person of your own sex, what percentage of the time have you had it ______ percent. Your partner? ______ percent. Don't know ________.

What other responses or sensations have you had? 

Compared to before your injury, does your sex with someone of your own sex take more time ____ about the same ____ less time ____.

For males: How long does your penis stay continuously erect? ______

Don't know ________.

XII

Have your partners been: Other spinal cord injured ______ Other non-SCI handicapped ______ Able-bodied ______ Combination (please specify) ____________________________

XIII

What do you think are the main problems your injury has caused in terms of how you and your sexual partner(s) get along? ______

If there has been rejection of any kind, what do you think are the reasons? (for example, loss of interest, fear of injuring you, lack of communication, pressure sores, others) ____________________________

How have you tried to solve these problems? ____________________________
In addition to the many things you have told us, is there anything else that you have learned through your own experience that might be helpful in the sexual adjustment of other people with spinal cord injuries?
Questions for Able Bodied Partners of Spinal Cord Injured
(Or those with non-spinal cord injured disability)

All information supplied by you on this form will be held strictly confidential, and used only for a statistical study. Our aim is to act as a clearing house for information for which many of you have expressed a need, as have physicians and other professionals to whom you have applied for help and advice. It is an opportunity for you to assist spinal cord injured individuals, their friends and families and those who counsel with them, by letting them know your feelings and how you have dealt and are dealing with your own sexuality. The results will be especially helpful to newly injured people and their partners, but also of benefit even to those injured long ago. There are separate forms for the spinal cord injured and their non-spinal cord injured (though not necessarily able bodied) partners. These should be filled out separately and confidentially.

We greatly appreciate your participation, pledge to you that the results will be made available to you just as soon as we can do so. Please return this form to Dr. Lois C. Perkins, Department of Anatomy, Indiana University Medical Center, Indianapolis, Indiana 46202.
I.

Please make a note of the number at the top of this page, and keep it to be used as the only needed identification on a tape, should you wish to participate in a taping session later. If your partner is also replying, please add his or her number in the space provided.

Date

Age

Sex: Male___ Female___

Are you disabled? Yes___ No___. If yes please describe____________________________________

____________________________________________________________________________________

____________________________________________________________________________________

What is your religion?____________________________________

Would you say that you are:

  Very religious_____
  Moderately religious_____
  Slightly religious_____
  Not religious_________

How far did you go in school?____________________________________

Have you had additional vocational training? Yes___ No____

If yes, what sort?____________________________________

____________________________________________________________________________________

What is your main job or occupation____________________________________

____________________________________________________________________________________

If this has changed because of your partner's injury what was it before the injury____________________________________

____________________________________________________________________________________
Are you now in school? Yes___ No___
If yes, what kind? High School___ College___ Vocational___ Other___
What is your scholastic goal______________________________________________
In terms of money, would you say you are:

In financial trouble____
Just making ends meet____
Making ends meet with a little left over____
Meeting all your needs and saving some, too____
Again in terms of money, are you:
Worse off than before your partner's injury____
Better off now____
About the same____
Is it necessary to assist your partner with:
Bowel care? Yes___ No___
Catheter? Yes___ No___
Bathing? Yes___ No___
Dressing? Yes___ No___
Eating? Yes___ No___
Transferring to and from wheelchair? Yes___ No___
Do any of these things upset or bother you? Yes___ No____. If yes please specify_____________________________________________________
At present are you: Married____ Widowed____ Separated____ Divorced____ Single____. If ever married, how many times____. How old were you when you first married____. How old were you the last time you married____. If presently unmarried, would you like to get married? Yes___ No___ Uncertain___, Has there been a change in you marital status since your partner's injury? Yes___ No____ If yes, please specify
Do you feel this change was directly related to the injury? Yes___
No___ Uncertain___ If yes, please explain__________________________________________

II.

For the following statements, we want you to tell us if you strongly agree (SA), agree (A), are uncertain (neither agree nor disagree) (U), disagree (D), or strongly disagree (SD)

1. Husbands and wives who have sexual relations outside the marriage should get divorced.
   SA___ A___ U___ D___ SD___

2. Strong legal measures should be taken against homosexual acts.
   SA___ A___ U___ D___ SD___

3. Mouth-genital sex play indicates an excessive desire for physical pleasure.
   SA___ A___ U___ D___ SD___

4. Premarital intercourse is morally undesirable.
   SA___ A___ U___ D___ SD___

5. Masturbation is generally unhealthy.
   SA___ A___ U___ D___ SD___

6. Artificial insemination with semen from anyone except the husband is immoral.
   SA___ A___ U___ D___ SD___

7. Abortion is murder
   SA___ A___ U___ D___ SD___

Now here are four more statements, and we want you to tell us which are true and which are false.

1. Physical factors are more important than psychological factors in their effect on sexual adjustment in marriage.
   T___ F___
2. Orgasm can be reached in both men and women by stimulating parts of the body other than the genitals.

T ___ F ___

3. Sexual pleasure and satisfaction do not wholly depend on having an orgasm.

T ___ F ___

4. Spinal injury does not necessarily interfere with fertility.

(In men) T ___ F ___

(In women) T ___ F ___

How much information have you obtained from talking with people or from reading or other sources on the effects of spinal cord injury on sex?

Much ___ Some ___ Little ___ None ___ . How, or from whom, did you get most of your information? Reading ___ Films ___ Tapes ___ Physician ___ Nurse ___ Cord injured people or their partners ___ Other (please specify)  

________________________________________

________________________________________

________________________________________

Was this information:

Actively pursued by you ___ Your partner ___

Offered to you ___ Your partner ___

Obtained accidentally by you ___ Your partner ___

Other (please specify) __________________________

Taking all things together, how would you say you are feeling these days?

Very happy ___ Pretty happy ___ Not too happy ___ Very unhappy ___

Generally speaking are you the kind of person who worries:

A great deal ___ Somewhat ___ Very little ___ Not at all ___
III.

Here is a list of a number of feelings, and we want you to tell us if in the past month you have had such a feeling often, sometimes, rarely or never.

<table>
<thead>
<tr>
<th>Feeling</th>
<th>Often</th>
<th>Sometimes</th>
<th>Rarely</th>
<th>Never</th>
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<tbody>
<tr>
<td>1. Feeling on top of the world</td>
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<td>2. Very lonely or remote from other people</td>
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<td>3. Angry at something that ordinarily wouldn't bother you</td>
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<td>4. That you couldn't do something because you just couldn't get going</td>
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<td>5. Particularly excited or interested in something</td>
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<td>6. Depressed or unhappy</td>
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<td>7. Pleased about having accomplished something</td>
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<td>8. Bored</td>
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<td>9. Proud because someone complimented you on something you had done</td>
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<td>10. Restless</td>
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<td>11. That there were more things to do than you could get done</td>
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<td>12. Vaguely uneasy about something without knowing why</td>
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<td>13. The goals you are pursuing seem meaningless</td>
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<td>14. That if people really knew what you sometimes felt, you think they wouldn't like you</td>
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<td>15. That you haven't been what you expected yourself to be.</td>
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<tr>
<td></td>
<td>Often</td>
<td>Sometimes</td>
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<tr>
<td>16. That people expect too much of you</td>
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<td>17. That nobody can really know what anyone else thinks</td>
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<tr>
<td>18. That there are things about yourself that you would like to change</td>
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Next we will list some descriptive words, and ask to what extent they are true of you.

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<thead>
<tr>
<th></th>
<th>Very Much</th>
<th>Pretty Much</th>
<th>Somewhat</th>
<th>Very Little</th>
<th>Not at all</th>
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<tr>
<td>Aggressive</td>
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<td>Cool</td>
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<td>Dreamy</td>
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<td>Emotional</td>
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<td>Foresighted</td>
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<td>Impulsive</td>
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<td>Shrewd</td>
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<td>Submissive</td>
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<td>Tough</td>
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<td>Warm</td>
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Now we have five statements and want to know if you strongly agree, agree, disagree, or strongly disagree.

1. Sex is no longer important to me.
   SA _____ A _____ D _____ SD _____

2. My sexual activity is done chiefly for the sake of my partner.
   SA _____ A _____ D _____ SD _____

3. Sex is something I want to do better.
   SA _____ A _____ D _____ SD _____
4. Being able to function sexually even to a limited extent is important to me.

SA A D SD

5. Sex is one of life's greatest pleasures for me.

SA A D SD

We are interested in finding out what things arouse you or turn you on sexually, what things have no effect on you, and what things repulse you or turn you off. Here are seven possible responses ranging from strong arousal to strong repulsion. Each response has a number to be used in answering.

1. Very repulsive and disturbing, Don't want to think about it.
2. Moderately repulsive or somewhat disturbing.
3. Slightly unpleasant to think about or see.
4. Neutral - means nothing one way or the other.
5. Slightly exciting to think about or see.
6. Moderately exciting and pleasant.
7. Strongly exciting. Causes a definite desire for sexual activity.

| Photographs of nude girls as in Playboy Magazine | Number |
| Photographs of nude males | |
| Photographs of sexual activity | |
| Motion pictures of sexual activity | |
| Thinking of sexual activity with someone you find attractive | |
| Reading stories about sexual experiences | |
| Photographs or stories about people hurting or being hurt by other people | |
What physical changes occur in you as a result of sexual arousal? Do these things occur usually (U), sometimes (S), rarely (R) or never (N)

<table>
<thead>
<tr>
<th></th>
<th>U</th>
<th>S</th>
<th>R</th>
<th>N</th>
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<tbody>
<tr>
<td>More rapid heart beat</td>
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<tr>
<td>Change in your breathing</td>
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<tr>
<td>Warm feeling in your skin</td>
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<tr>
<td>Perspiration</td>
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<tr>
<td>Pain anywhere</td>
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If it does cause pain where is the pain?

VI.

By masturbation, we mean any sort of self stimulation done in order to achieve sexual excitement and pleasure. How old were you when masturbation began? __. If you have never masturbated, why haven't you?

In the last year what has been the frequency of masturbation? __________

Does masturbation cause:

(males) Erection? Yes __ No __. Twitching of the penis without ejaculation? Yes __ No __. Ejaculation? Yes __ No __

(females) Vaginal lubrication (wetness)? Yes __ No __. Vaginal contractions? Yes __ No __ (Both) Sensation of orgasm Yes __ No __. Any other sensation or response? Please specify __________

What percentage of time does masturbation result in orgasm? __ __ %.

How long does it take to reach orgasm? __ __ Seconds __ __ Minutes.

Do you: Use just the hands __. Lie face down and make movements on the bed or pillow __. (females) Insert some object in the vagina __.
-10-

Cross your legs and squeeze your thighs together? _. Stimulate your breast? _ Any other way? Please specify __________________________

What way seems to be the most effective? __________________________


VII.

In the past year, how often have you had (sleep) dreams about sexual things? __________. Have you ever had an orgasm while asleep? __________. How often? _____ per week _____ per month _____ per year

Do you dream of:

- Having sex with men? Usually __ Sometimes __ Rarely __ Never __
- Having sex with women? Usually __ Sometimes __ Rarely __ Never __
- Other people having sex? Usually __ Sometimes __ Rarely __ Never __
- What other sexual things do you dream of? __________________________

VIII.

By petting, we mean any sort of physical sexual stimulation between men and women, including the petting which occurs before and during sexual intercourse. How old were you when petting began? __. How often
in the past year has there been petting? ___ per week ___ per month ___ per year. How often in the year before your marriage was there petting? ___ per week ___ per month ___ per year. If you were married at the time of your partner's injury, how often in the year before the injury was there petting? __________. How often since the injury? __________.

What petting techniques were used in the year before you became the partner of a cord injured person? (Before your marriage or if married at the time, before the injury)

<table>
<thead>
<tr>
<th></th>
<th>Often</th>
<th>Sometimes</th>
<th>Rarely</th>
<th>Never</th>
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</thead>
<tbody>
<tr>
<td>1.</td>
<td>Kissing</td>
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<td>2.</td>
<td>Deep or tongue kissing</td>
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<td>3.</td>
<td>Male hands on female breast</td>
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<td>4.</td>
<td>Male mouth on female breast</td>
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<td>5.</td>
<td>Male hands on female genitals</td>
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<td>6.</td>
<td>Female hands on penis</td>
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<td>7.</td>
<td>Male mouth on female genitals</td>
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<td>8.</td>
<td>Female mouth on penis</td>
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<tr>
<td>9.</td>
<td>Male stimulation of female anus</td>
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<tr>
<td>10.</td>
<td>Female stimulation of male anus</td>
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</table>

Did any of these techniques cause you to have orgasm? ______. Which ones ______.

During that year, with how many people was there petting? _______. In that year, if there was petting that did not end in orgasm or intercourse, did it usually leave you feeling: Pleased and calm, Pleased but frustrated, Unhappy and frustrated. What other feelings would you have?
After you became the partner of a cord-injured person, how long was it before you tried petting? ___ Weeks, ___ Months, ___ Years ___ Never.

Since that time, how often have you petted: While unmarried___, While married____. Since that time what petting techniques are used?

<table>
<thead>
<tr>
<th>Technique</th>
<th>Often</th>
<th>Sometimes</th>
<th>Rarely</th>
<th>Never</th>
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<tbody>
<tr>
<td>1. Kissing</td>
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<td>3. Male hands on female breast</td>
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<td>6. Female hand on penis</td>
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<td>7. Male mouth on female genitals</td>
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<td>9. Male stimulation of female anus</td>
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<td>10. Male stimulation of female anus</td>
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</tbody>
</table>

What other techniques have you used?

What techniques result in erection or lubrication for you?

What techniques result in ejaculation or vaginal contraction for you?

What techniques result in sensation of orgasm for you?

What other responses do you experience from petting?

Since the injury, have you brought your partner to orgasm by petting_____.

If so, how often ___% of the time. In what percentage of being petted do you have the sensation of orgasm? ___%. 
During your petting of your partner, do you also experience an orgasm? 

How often?______%.

Has this percentage changed much, or stayed about the same?_______

If it has changed, can you tell us in what way, and for what reasons?

______________________________________________________________

________________________________________________________________

Would you like to have: More petting____ Less petting____, about the same 
as you are having now____.

IX.

By sexual intercourse, we mean the insertion of the penis into the vag-
ina or female anus.

How old were you when sexual intercourse began?____ Age____ Never (If 
never go on to section XI).

How often in the past year has there been sexual intercourse?

____ Per week ____ Per month ____ Per year.

How often in the year before you marriage was there sexual intercourse?

____ Per week ____ Per month ____ Per year.

If you were married at the time of your partner's injury, how often 
in the year before the injury was there sexual intercourse?__________

How often since the injury?__________ What positions were used in 
the year before you became the partner of a spinal cord injured person? 
(Before your marriage, or if married at the time, before the injury).
<table>
<thead>
<tr>
<th></th>
<th>Often</th>
<th>Sometimes</th>
<th>Rarely</th>
<th>Never</th>
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</thead>
<tbody>
<tr>
<td>1. Male above, female on her back below</td>
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<td>2. Female above, male on his back below</td>
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<tr>
<td>3. Side by side facing</td>
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<tr>
<td>4. Sitting, facing</td>
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<td>5. Female with her back to the male kneeling, lying or sitting</td>
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<tr>
<td>6. Anal intercourse</td>
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</table>

During that year, with how many people was there intercourse? __________

In that year, what percentage of the intercourse caused you to have an orgasm? ____ %. In that year, what percentage of the intercourse caused an orgasm for your partner? _____ % Don't know ____. In that year, generally how much time would pass between the insertion of the penis and the male orgasm? __________ The female orgasm __________. If there was intercourse that did not end in orgasm for you, did it usually leave you feeling: Pleased and calm ____, Pleased but frustrated ____, Unhappy and frustrated ____, What other feelings would you have? ____________________________

After you became the partner of a cord-injured person, how long was it before you tried intercourse? __________. Since then, how often have you had intercourse: While married __________, While unmarried __________. Since then what positions have you used in intercourse?
1. Male above, female on her back below

2. Female above, male on his back below

3. Side by side, facing

4. Female with her back to the male

5. Sitting, facing

6. Anal intercourse

What other positions have you tried?

What positions seem best for you?

Please explain why:

Does intercourse result in erection or lubrication for you? Often______ Sometimes______ Rarely______ Never_____. Does intercourse result in ejaculation or vaginal contractions for you? Often______ Sometimes______ Rarely______ Never_____. Does sexual intercourse result in the sensation of orgasm for you? Often______ Sometimes______ Rarely______ Never_____. What percentage of intercourse results in orgasm for you? ____% for your partner? ____%. What other responses or sensations do you experience in sexual intercourse?

For females: Has your partner ever urinated into your vagina? _______. Did you find this objectional? _______. Would you like to have intercourse more often______ Less often______ About the same as you are having it now______.
X.

(This section to be completed by both males and females)

Before your partner's injury, were there any pregnancies? Yes____ No____
No intercourse____. Since the injury, have there been any pregnancies?
Yes____ How many____ No____ No intercourse____. Do you want children, or
more children? Yes____ No____ Uncertain____. Do you think your partner's
ability to produce children has been decreased by the injury, Yes____
no____ Uncertain____. Please explain:

Before the injury, did you use birth control? Yes____ No____ No inter-
course____. If yes, did you use: The Pill____, The Diaphragm____, Douches____,
Jellies or suppositories____, Condoms (rubbers)____, Intrauter-
ine devices (loops or coils), foams____, Rhythm____ Withdrawal____
Other____ (please specify)____________________________________
________________________________________________________________

What was the main method you used?
________________________________________________________________

Since the injury, have you used birth control Yes____ No____ No intercourse____
If yes, what kinds?
________________________________________________________________

What was the main method used?
________________________________________________________________

Have you tried artificial insemination? Yes____ No____
If yes, were the sperm from the injured male partner? Yes____ No____
How were they obtained _______________________________________
________________________________________________________________

Was a pregnancy produced? Yes____ No____. Was a child born? Yes____ No____
Have you considered (but not tried) artificial insemination? Yes____ No____
Has a vasectomy (tying of the spermatic cords to produce non-fertility
in the male) been performed on you or your partner? Yes __ No __. If yes, what was the reason?

---

-AI-

A significant number of people have had some sexual activity with persons of the same sex, so it is worth our inquiring about such homosexual experience. We are not interested in childhood sex play, but only what happened later when you were an adolescent or adult. How old were you when there was sex with someone of your own sex? __, Never __. (If never, go on to section XII.) In the year before you were married, how often was there sex with another person of your own sex? _ . How often since marriage:

<table>
<thead>
<tr>
<th>Answer</th>
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<th>Sometimes</th>
<th>Rarely</th>
<th>Never</th>
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<td>3. Partner's hand on your breast</td>
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<tr>
<td>4. Your hand on partner's breast</td>
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<td>5. Partner's mouth on your breast</td>
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<tr>
<td>6. Your mouth on partner's breast</td>
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<td>7. Partner's hand on your sex organs</td>
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<tr>
<td>8. Your hand on partner's sex organs</td>
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<tr>
<td>9. Partner's mouth on your sex organs</td>
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<tr>
<td>10. Your mouth on partner's sex organs</td>
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</tbody>
</table>

What sexual techniques were used: Was there:
11. (Males)  
Partner’s penis in your anus

<table>
<thead>
<tr>
<th>Often</th>
<th>Sometimes</th>
<th>Rarely</th>
<th>Never</th>
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</table>

12. Your penis in partner’s anus

What other techniques were used?

Which techniques have caused erection or lubrication for you

Which have caused ejaculation or vaginal contractions for you?

For your partner?

Which have caused the sensation of orgasm for your partner?

Which of the techniques would result in orgasm for you

What percentage of the time have you reached orgasm in sex with someone of your own sex__% . What percentage of the time would your partner reach orgasm__% Don’t know__.

On the average, how long would it take you to reach orgasm__?

With how many persons of your own sex have you had intercourse__?

If there has been sexual activity with someone of your own sex which did not result in orgasm for you, did it usually leave you feeling: Pleased and calm__, Pleased but frustrated__, Unhappy and frustrated__ What other feelings would you have__?
What do you think are the main problems your partner's injury has caused in terms of how to get along sexually? (For example, loss of sensation, spasms, pressure sores, pain, lack of communication, etc.)

How have you tried to solve these problems?
In addition to the many things you have told us, is there anything else that you have learned through your experience that might be helpful in the sexual adjustment of other couples where spinal cord injury is involved?