



Tamara Payton Bell
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Love Coach Questionnaire

All information provided in this questionnaire will be held in the strictest of confidence. The information will be used for your evaluation by the Love Coach only.

Please provide answers as accurately as possible. For multiple-choice questions, please check as many items as apply to you. The questionnaire is entirely subjective. No scores will be given, and right or wrong answers do not apply.

What is your current marital status?

- A. Married
- B. With a partner, but not married
- C. Single- never married
- D. Separated/ divorced
- E. Widowed

Do you have any children?

- A. Yes
- B. No

Do you have any of the following sexual difficulties?

- A. Orgasm barriers
- B. Erectile dysfunction
- C. Performance anxiety
- D. Sexual guilt
- E. Sexual inhibitions
- F. Lack of desire
- G. Other

What are the goals you hope to attain while working with a Love Coach?





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What perspectives did you have about sex when you were growing up?

- A. Sex is healthy
- B. Sex is dirty
- C. Sex is secretive
- D. Sex is natural
- E. Sex is exciting
- F. Other

Do you associate sex with any of the following?

- A. Release of tension
- B. Fear of pregnancy
- C. Pleasure
- D. Guilt
- E. Shame
- F. Other

Please indicate (if any) which of the following make you feel sexually guilty

- A. Masturbation
- B. Being unfaithful
- C. Not deserving to have pleasure
- D. Other

How does your sexual appetite compare to your partner's?

- A. Our appetites are about equal
- B. My partner likes more sex than I do
- C. I like more sex than my partner does

How do you feel after having sex?

- A. Energized
- B. Drained of energy
- C. Relaxed and peaceful
- D. Satisfied
- E. Unsatisfied
- F. Other

Do you feel inhibited about any of the following?

- A. Talking about sex
- B. My body image
- C. Viewing sexually explicit material
- D. Trying new sexual techniques
- E. Reaching orgasm
- F. Other





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How many of the following items are important in your lovemaking?

- A. Communicating
- B. Getting my needs met
- C. Meeting the needs of my partner
- D. Positive feedback
- E. Constructive criticism
- F. Other

On average how often do you make love?

- A. Once a day
- B. 1 to 3 times per week
- C. Once or twice a month
- D. Other

What enhances lovemaking for you?

- A. Open communication with my partner
- B. Trusting my partner
- C. Feeling free to act on my fantasies
- D. Being in love with my partner
- E. Other

Describe anything that turns you off about lovemaking:

(i.e.: Oral sex, swallowing, mutual masturbation, sex toys, anal sex, etc.)

Describe the results that would be considered an overall success for you.

Describe your perfect partner:





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How important is sex to you, not to your partner or to the relationship, but to you?

- A. Not important
- B. Slightly important
- C. Somewhat important
- D. Very important

How often do you feel satisfied with sex?

- A. Never
- B. Rarely
- C. Sometimes
- D. Much of the time
- E. Most of the time

How much, on a **scale of 1 (lowest) to 10 (highest)** do you enjoy:

- A. Flirting _____
- B. Caressing _____
- C. Cuddling _____
- D. Kissing _____
- E. Petting _____
- F. Masturbation (*mutual or self*) _____
- G. Using sex toys _____
- H. Erotica _____
- I. Oral sex _____
- J. Intercourse _____
- K. Anal sex _____

How satisfied are you with your overall relationship with your partner?

- A. Not satisfied at all
- B. Slightly satisfied
- C. Somewhat satisfied
- D. Satisfied much of the time
- E. Satisfied most of the time

How often- on the average- do you/ did you engage in sexual activity?

- A. Present
- B. Never
- C. Less than once a month
- D. Once or twice a month
- E. Once a week
- F. 2 or 3 times a week
- G. 5 or more times a week
- H. Other





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How do you feel about the frequency of your intercourse?

- A. Desire intercourse less
- B. Satisfied
- C. Desire intercourse more

How would you assess your own freedom to “let go”- to be open, free and uninhibited sexual with your current partner?

- A. Never
- B. Rarely
- C. Sometimes
- D. Much of the time
- E. Most of the time

Can you discuss your feelings about your sexual relationship freely with your partner?

- A. Never
- B. Rarely
- C. Sometimes
- D. Much of the time
- E. Most of the time

Who usually takes the initiative in initiating sexual activity?

- A. You
- B. Your partner
- C. Varies

Is it comfortable for you to take the initiative when it comes to sexual activity?

- A. Yes
- B. No





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Is it comfortable for you if your partner takes the initiative?

Does your partner want sex when you do not?

- A. Never
- B. Rarely
- C. Sometimes
- D. Most of the time

During lovemaking do you let your lover know your needs as to what is most pleasurable or stimulating for you, without fearing your partner's rejection?

- A. Never
- B. Rarely
- C. Sometimes
- D. Most of the time

Do you feel that your partner expresses warmth and intimacy to you through touch without an agenda to engage in sexual activity?

- A. Never
- B. Rarely
- C. Sometimes
- D. Most of the time

Do you have an illness or ailment which might affect sexual function?

When was the last time you had sexual intercourse?

- A. Never
- B. No. of months _____
- C. No. of days _____
- D. No. of years _____
- E. No. of weeks _____





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How often do you masturbate?

What would you change about your sex life?

- A. Increase frequency
- B. Decrease frequency
- C. Equal your partner's desire
- D. Increase ability to delay orgasm
- E. Increase ability to have orgasm
- F. More variety
- G. Other

Do you experience orgasm from?

- A. Self stimulation
- B. Vibrator
- C. Partner stimulation- by mouth
- D. Partner stimulation- by hand
- E. Partner stimulation- during intercourse
- F. Other

Are you satisfied with your orgasm?

- A. No, it is too fast
- B. No, it takes too long
- C. No, but not concerned
- D. Yes

Do you have any additional issues or concerns that you need to work on for yourself?

