


Smith,Crystal

**Submitted:** 4/24/2011 5:38:4 Grade: 26.7%   
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Attempt Number: 2/3

**Questions Attempted:** 30/30

1. **Prior to the assessment meeting with the sexually disordered client, the nurse should:**
- a. Check with police for any outstanding warrants.
  - b. Talk with family members.
  - c. Orient the client to the unit.
  - d. Explore his/her religious and social values.

**Grade:** 0

**User Responses:** b.Talk with family members.

**Feedback:** a.Rationale: The nurse should explore personal religious and social values as part of values clarification, which helps the nurse respect clients' sexual rights and needs. Talking with family members prior to the client does not assist with a developing trust process. Checking with police for any outstanding warrants is a violation of the client's right to privacy. It is not wise to orient the client to the unit prior to assessing the client. There may be issues that must be dealt with prior to the orientation.

Cognitive Level: Analysis

Nursing Process: Assessment

Client Need: Psychosocial Integrity

2. **The delivery and receipt of services to sexually disordered clients has been hindered by which of the following?**

**Select all correct answers.**

- a. Discomfort with sex and sexuality
- b. The expansion of scientific knowledge
- c. Traditional religious values
- d. Controversy over human sexuality
- e. Myths about human sexuality

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**User Responses:** c. Traditional religious values, d. Controversy over human sexuality

**Feedback:** a. Rationale:

Myths about human sexuality. Myths about human sexuality have hindered the delivery and receipt of services to clients with sexual disorders.

Controversy over human sexuality. Controversy over human sexuality has hindered the delivery and receipt of services to clients with sexual disorders.

Discomfort with sex and sexuality. Discomfort with sex and sexuality have hindered the delivery and receipt of services to clients with sexual disorders.

Traditional religious values. Traditional religious values have hindered the delivery and receipt of services to clients with sexual disorders.

The expansion of scientific knowledge. Growing scientific knowledge about sex and sexuality has contributed to expanded and more effective delivery of services to clients with sexual disorders.

Cognitive Level: Analysis

Nursing Process: Assessment

Client Need: Psychosocial Integrity

3. **In order to provide nonjudgmental nursing care to a client with a sexual disorder, the nurse:**

- a. Should ignore personal sexual values.
- b. Does not need to respect the client's sexual rights and needs.
- c. Does not need to agree with the client's values concerning sexuality.
- d. Should discuss her personal beliefs concerning appropriate sexual expression with the client.

**Grade:** 0

**User Responses:** b. Does not need to respect the client's sexual rights and needs.

**Feedback:** a. Rationale: The nurse does not need to agree with the client's beliefs and values about sexuality, although she should respect the client's sexual rights and needs. Part of that respect is refraining from discussing the nurse's own beliefs concerning what is or is not appropriate sexual expression. The nurse should explore and accept rather than ignore personal sexual values.

Cognitive Level: Analysis

Nursing Process: Implementation

Client Need: Psychosocial Integrity

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4. **During the admission assessment of a teenage client who engages in autoerotic asphyxia, the nurse is uncomfortable discussing the client's sexuality. To avert this problem in the future, the nurse should focus on:**
- a. Becoming more sexually active.
  - b. Reviewing sexual physiology.
  - c. Becoming more self-aware.
  - d. Changing his or her attitude.

**Grade:** 0

**User Responses:** a.Becoming more sexually active.

**Feedback:** a.Rationale: The nurse must become more aware of his or her own thoughts, feelings, and actions because they influence client interaction directly or indirectly. Changing one's attitude may occur in the process of becoming more self-aware. Becoming more sexually active or reviewing sexual physiology would not help the nurse become more comfortable communicating with clients about sexual matters.

Cognitive Level: Analysis

Nursing Process: Implementation

Client Need: Psychosocial Integrity

5. **In which of the following questions is the nurse giving permission to the client to bring up sexual concerns?**
- a. "You haven't had any sexual problems, have you?"
  - b. "Has there been any change in your sexual functioning related to your illness or medication?"
  - c. "Tell me all about the sexual problems you are having."
  - d. "Is sex important to you?"

**Grade:** 1

**User Responses:** b."Has there been any change in your sexual functioning related to your illness or medication?"

**Feedback:** a.Rationale: "Has there been any change in your sexual functioning related to your illness or medication?" introduces the topic of sexuality in a nonthreatening manner by relating it to the illness or medications. The question "Tell me all about the sexual problems you are having" assumes that the client has sexual problems. Asking "You haven't had any sexual problems, have you?" places the client in an awkward position. It implies that the nurse is uncomfortable and doesn't want to discuss sexual problems. If the nurse asks the closed-ended question "Is sex important to you?" the client may focus on the importance of sex and be less open to discussing any problems.

Cognitive Level: Analysis

Nursing Process: Implementation

Client Need: Psychosocial Integrity

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6. **The nurse is able to facilitate communication on a client's sexuality and/or sexual problems by using which of the following tactics?**

Select all correct answers.

- a. Asking open-ended questions
- b. Stating that the exploration of sexual issues is necessary to provide comprehensive treatment planning
- c. Assuming the client has no sexual problems if the client does not bring them up
- d. Restating the client's response
- e. Moving from general to specific questions

Grade: 0

User Responses:

c.Assuming the client has no sexual problems if the client does not bring them up,e.Moving from general to specific questions

Feedback:

a.Rationale:

Asking open-ended questions. Open-ended questions do not limit the client's response to yes or no. They provide an opportunity for the client to give a more detailed answer.

Moving from general to specific questions. This allows the nurse to offer a broad approach to sexual issues before asking more intimate questions.

Restating the client's response. Restating encourages the client to expand upon feelings.

Stating that the exploration of sexual issues is necessary to provide comprehensive treatment planning. This explains that sex is another aspect of health that needs to be assessed.

Assuming the client has no sexual problems if the client does not bring them up. The nurse should at least introduce the topic of sexuality to give the client permission to discuss any concerns or problems.

Cognitive Level: Analysis

Nursing Process: Implementation

Client Need: Psychosocial Integrity

7. **Psychiatric-mental health nurses involved in nursing activities with sexually disordered clients need to have which of the following?**

Select all correct answers.

- a. Acceptance of their own sexual values and expressions
- b. Skill in communication techniques
- c. An advanced practice nursing degree
- d. Comprehensive knowledge about sexual function and dysfunction
- e. A willingness to separate personal values and attitudes from those of clients

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**Grade:** 0

**User Responses:** a.Acceptance of their own sexual values and expressions,e.A willingness to separate personal values and attitudes from those of clients

**Feedback:** a.Rationale:  
Acceptance of their own sexual values and expressions. The nurse must explore and accept his or her own sexual values, attitudes, and expressions.

Comprehensive knowledge about sexual function and dysfunction. The nurse should be knowledgeable about the range of sexual function and dysfunction.

Skill in communication techniques. The nurse must be skilled at communication.

A willingness to separate personal values and attitudes from those of clients. The nurse must avoid imposing his or her own personal values on clients.

An advanced practice nursing degree. Because the nursing activities do not involve diagnosing or therapy, an advanced practice nursing degree is not necessary.

Cognitive Level: Comprehension

Nursing Process: Implementation

Client Need: Psychosocial Integrity

8. **The nurse generalist involved in the care of sexually disordered clients should be able to:**

- a. Use the nursing process effectively.
- b. Accurately diagnose using the DSM-IV-TR.
- c. Provide group therapy.
- d. Prescribe appropriate medications.

**Grade:** 0

**User Responses:** c.Provide group therapy.

**Feedback:** a.Rationale: The nurse generalist is able to use the nursing process. Diagnosing, prescribing medications, and providing therapy are functions of advance practice nurses.

Cognitive Level: Comprehension

Nursing Process: Implementation

Client Need: Psychosocial Integrity

9. **The major difference between the nurse generalist and the advanced practice clinical nurse specialist or nurse practitioner in gender identity and sexual disorders is:**

- a. Special training.
- b. The use of the nursing process.
- c. The ability to assess the client.
- d. Promotion of optimal sexual health.

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**Grade:** 0

**User Responses:** d.Promotion of optimal sexual health.

**Feedback:** a.Rationale: The advanced practice clinical nurse specialist or nurse practitioner has received specialized training. Both the nurse generalist and the advanced practice clinical nurse specialist or nurse practitioner promote optimal sexual health, assess the client, and use the nursing process.  
Cognitive Level: Analysis  
Nursing Process: Assessment  
Client Need: Psychosocial Integrity

10. **When discussing a client's gender dysphoria with the client's family, the nurse explains that it may be a result of fetal exposure to sex hormones and adult levels of sex hormones. Which biopsychosocial theory does this explanation reflect?**

- a. Intrapersonal
- b. Biologic
- c. Sociocultural
- d. Behavioral

**Grade:** 0

**User Responses:** d.Behavioral

**Feedback:** a.Rationale: Biologic theorists look at the early effect of sex hormones in the development of gender dysphoria. Intrapersonal theory focus on problems within the individual such as arrested psychosexual development, sexual guilt, or self-punishment. Behavioral theorists believe the child was rewarded in some way for adopting the behaviors of the opposite sex. Sociocultural theorists base their understanding on cultural values and perceptions of normal and abnormal behavior.  
Cognitive Level: Comprehension  
Nursing Process: Assessment  
Client Need: Psychosocial Integrity

11. **A woman confides to the nurse that she is having difficulty becoming aroused when her husband initiates sexual activity. The husband lost his job 2 months ago, and the couple is feeling the financial strain. This situation reflects which biopsychosocial theory of sexual behavior?**

- a. Behavioral theory
- b. Sociocultural theory
- c. Intrapersonal theory
- d. Interpersonal theory

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**Grade:** 0

**User Responses:** b.Sociocultural theory

**Feedback:** a.Rationale: Interpersonal factors in sexual problems are relationship difficulties caused by conflicts such as money or relatives, negative communication patterns, or dislike of one's partner. In intrapersonal theory, sexual problems occur within the individual as arrested psychosexual development, sexual guilt, or self-punishment. Behavioralists believe the child was rewarded in some way for adopting the behaviors of the opposite sex. Sociocultural theorists base their understanding on cultural values and perceptions of normal and abnormal behavior.

Cognitive Level: Analysis

Nursing Process: Assessment

Client Need: Psychosocial Integrity

12. **Female genital mutilation is a traditional ritual in some countries but has been outlawed in many others. This reflects which factors affecting human sexuality?**

- a. Intrapersonal factors
- b. Biologic factors
- c. Sociocultural factors
- d. Interpersonal factors

**Grade:** 0

**User Responses:** a.Intrapersonal factors

**Feedback:** a.Rationale: Certain sexual practices are accepted in some cultures but not others. This difference is considered a sociocultural factor. Intrapersonal factors are those occurring within the individual. Biologic factors are related to the physiologic aspects of sexual behavior. Interpersonal factors involve relationship dynamics.

Cognitive Level: Analysis

Nursing Process: Implementation

Client Need: Psychosocial Integrity

13. **A male client describes masturbating while wearing silk negligees. This behavior is considered:**

- a. A coercive paraphilia.
- b. Transvestic fetishism.
- c. Noncoercive voyeurism.
- d. Frotteurism.

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**Grade:** 1

**User Responses:** b. Transvestic fetishism.

**Feedback:** a. Rationale: The client's behavior is considered transvestic fetishism because his sexual arousal involves dressing in women's clothing. Frotteurism involves rubbing up against a nonconsenting person. A coercive paraphilia is engaging in sexual activity with an unconsenting adult. Voyeurism is a coercive, not noncoercive, paraphilia that involves observing an unsuspecting person engaged in intimate behavior.  
Cognitive Level: Analysis  
Nursing Process: Assessment  
Client Need: Psychosocial Integrity

14. **A male client describes being sexually aroused by rubbing against women in crowded subway trains. Among other things, this client should be instructed by the nurse that:**
- a. He is engaging in a noncoercive paraphilia.
  - b. He is performing a criminal act.
  - c. He is not performing a criminal act.
  - d. He will be unable to enjoy normal male–female intercourse.

**Grade:** 0

**User Responses:** d. He will be unable to enjoy normal male–female intercourse.

**Feedback:** a. Rationale: The client is displaying frotteurism, considered a coercive paraphilia and a criminal act because the recipient is nonconsenting. There is no indication that this behavior will affect the client's ability to enjoy male–female sexual intercourse.  
Cognitive Level: Comprehension  
Nursing Process: Implementation  
Client Need: Psychosocial Integrity

15. **A client tells the nurse that he likes to look through a bathroom window in the house next door at an unsuspecting woman bathing. The nurse would chart this as:**
- a. Exhibitionism.
  - b. Pedophilia.
  - c. Autoerotic asphyxia.
  - d. Voyeurism.

**Grade:** 0

**User Responses:** c. Autoerotic asphyxia.



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**Feedback:** a. Rationale: Voyeurism is observing unsuspecting persons who are naked or engaged in sexual activity. Exhibitionism is displaying one's genitals to strangers. Autoerotic asphyxia is an often fatal sexual behavior that involves constricting the neck and masturbating. Pedophilia is sexual activity with children under 18 years of age.  
Cognitive Level: Comprehension  
Nursing Process: Assessment  
Client Need: Psychosocial Integrity

16. **When planning nursing care for a client with gender dysphoria, the treatment team must determine if the client requires sex counseling or sex therapy. Sex counseling involves:**
- a. Providing highly specialized treatment.
  - b. Helping clients to lead satisfying lives with socially responsible behaviors.
  - c. Helping clients to resolve serious sexual problems.
  - d. Providing in-depth treatment.

**Grade:** 0

**User Responses:** c. Helping clients to resolve serious sexual problems.

**Feedback:** a. Rationale: Helping clients to lead satisfying lives with socially responsible behaviors is the defining principle of sex counseling. Highly specialized or in-depth treatment that helps clients resolve serious sexual problems is a distinguishing feature of sex therapy.  
Cognitive Level: Application  
Nursing Process: Planning  
Client Need: Psychosocial Integrity

17. **When implementing nursing care for clients with sexual disorders, the priority nursing measure is:**
- a. Addressing sexual dysfunction.
  - b. Promoting comfort with the disorder.
  - c. Reducing violence against self.
  - d. Reinforcing sexual health.

**Grade:** 0

**User Responses:** d. Reinforcing sexual health.

**Feedback:** a. Rationale: Reducing violence against self is the priority nursing measure because it is a safety issue. Promoting comfort with the disorder, reinforcing sexual health, and addressing sexual dysfunction are all important measures, but they are not priority safety issues.  
Cognitive Level: Evaluation  
Nursing Process: Implementation  
Client Need: Physiological Integrity

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18. For clients with sexual disorders, which of the following are the most common nursing diagnoses?

Select all correct answers.

- a. Anxiety and fear
- b. Ineffective role performance
- c. Compromised family coping
- d. Spiritual distress
- e. Sensory perceptual alterations

Grade: 0

User Responses: c.Compromised family coping,e.Sensory perceptual alterations

Feedback: a.Rationale:

Anxiety and fear. Anxiety and fear inhibit the physiologic response as well as the client's ability to experience pleasure and joy.

Spiritual distress. Lack of fulfillment in a sexual relationship may be related to a temporary feeling of distance from one's partner or an ongoing lack of intimacy.

Compromised family coping. Sexual fulfillment is difficult to achieve when there are troubled areas in nonsexual spheres.

Ineffective role performance. Many sexually disordered clients are unable to maintain work, family, and social roles.

Sensory perceptual alterations. This is not a common nursing diagnosis for sexually disordered clients. It is a common nursing diagnosis in schizophrenia.

Cognitive Level: Comprehension

Nursing Process: Diagnosis

Client Need: Psychosocial Integrity

19. Transgender is a concept that is best described as:

- a. The range of biologic gradations from male to female.
- b. Two sexes in the same person.
- c. Gender dysphoria.
- d. Ambiguous gender.

Grade: 0

User Responses: c.Gender dysphoria.

Feedback: a.Rationale: Transgender is the collective term for the many gender gradations from male to female. It does not refer to two sexes in the same person, ambiguous gender (intersex condition), or gender dysphoria (also called gender identity disorder).

Cognitive Level: Analysis

Nursing Process: Assessment

Client Need: Psychosocial Integrity

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20. **An adolescent male states he has always felt like a girl even though he has a penis. This client can be described as having:**
- An intersex condition.
  - Gender identity disorder.
  - Gender role stereotyping.
  - Androgyny.

**Grade:** 1

**User Responses:** b.Gender identity disorder.

**Feedback:** a.Rationale: In gender identity disorder, the person feels strong discomfort with his or her assigned gender. Gender role stereotyping occurs when people are expected to behave in certain ways related to gender. Androgyny is flexibility in gender roles. An intersex condition arises in babies born with ambiguous gender.  
Cognitive Level: Analysis  
Nursing Process: Assessment  
Client Need: Psychosocial Integrity

21. **The nurse is discussing androgyny in a community forum on human sexuality. The nurse would explain that:**
- An androgynous person is generally homosexual.
  - Androgynous people have low sexual drive.
  - Androgynous people tend to adopt rigid gender roles.
  - Androgyny reflects the belief that most characteristics and behaviors should not be limited to one specific gender.

**Grade:** 1

**User Responses:** d.Androgyny reflects the belief that most characteristics and behaviors should not be limited to one specific gender.

**Feedback:** a.Rationale: Androgyny is flexibility in gender roles and reflects the belief that most characteristics and behaviors are human qualities and should not be limited by gender. Androgyny does not imply homosexuality or low sexual drive. Androgynous people tend to be more flexible in their gender roles.  
Cognitive Level: Analysis  
Nursing Process: Assessment  
Client Need: Psychosocial Integrity

22. **A female client describes preferring a very short hairstyle, jeans and polo shirts, and big wristwatches. The nurse knows this client is exhibiting an adaptive:**
- Lesbianism.
  - Bisexuality.
  - Exhibitionism.
  - Androgyny.

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**Grade:** 0

**User Responses:** c.Exhibitionism.

**Feedback:** a.Rationale: The client is exhibiting adaptive androgyny. The client is not exhibiting signs of lesbianism (sex with females), bisexuality (sex with both males and females), or exhibitionism (exposing genitals to strangers).  
Cognitive Level: Analysis  
Nursing Process: Assessment  
Client Need: Psychosocial Integrity

23. **A male client inserts items such as paper clips and ballpoint pens in his penis. He wants to have his penis removed so he can be a female. This behavior would be considered a:**
- a. Homosexual sexual response.
  - b. Maladaptive sexual response.
  - c. Bisexual sexual response.
  - d. Adaptive sexual response.

**Grade:** 0

**User Responses:** a.Homosexual sexual response.

**Feedback:** a.Rationale: Deliberately injuring the penis for this reason would be considered a maladaptive sexual response. Homosexuality and bisexuality would be adaptive sexual responses.  
Cognitive Level: Analysis  
Nursing Process: Assessment  
Client Need: Psychosocial Integrity

24. **A married man enjoys dressing in his wife's clothes and going out to dinner with his understanding wife. This behavior is which of the following?  
Select all correct responses.**
- a. An expression of the feminine side of his personality
  - b. A coercive paraphilia
  - c. A threat to his wife
  - d. A conscious choice
  - e. An adaptive sexual response

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**Grade:** 0

**User Responses:** a.An expression of the feminine side of his personality,e.An adaptive sexual response

**Feedback:** a.Rationale:  
A conscious choice. This man is making a conscious choice to dress in his wife's clothes.

An expression of the feminine side of his personality. This behavior expresses the feminine side of his personality.

An adaptive sexual response. This is an adaptive sexual response.

A threat to his wife. The wife is not threatened.

A coercive paraphilia. This behavior is noncoercive because it is not done against a person's will.

Cognitive Level: Analysis

Nursing Process: Assessment

Client Need: Psychosocial Integrity

25. **The assessment process for a client with erectile dysfunction should include which subjective data?**

- a. Sexual experiences and concerns
- b. Measure of erectile capacity
- c. Physical exam results
- d. Laboratory data results

**Grade:** 1

**User Responses:** a.Sexual experiences and concerns

**Feedback:** a.Rationale: Subjective data would be elicited by a discussion of the client's sexual experiences and concerns. Erectile capacity, physical examination results, and laboratory results are all objective data.

Cognitive Level: Comprehension

Nursing Process: Assessment

Client Need: Psychosocial Integrity

26. **When taking a sexual history of the client, the nurse asks, "Do you dislike or feel an aversion to any part of your body?" This is part of a/an:**

- a. Affective assessment.
- b. Behavioral assessment.
- c. Cognitive assessment.
- d. Sensation assessment.

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**Grade:** 0

**User Responses:** c.Cognitive assessment.

**Feedback:** a.Rationale: The question requests affective information. It does not reflect behavioral, cognitive, or sensation assessment.

Cognitive Level: Analysis

Nursing Process: Assessment

Client Need: Psychosocial Integrity

27. **To elicit behavioral information when taking a sexual history, one question might be:**

- a. "How has religion influenced your sexual behavior?"
- b. "Do you have concerns about your future sexual functioning?"
- c. "Can you describe how much pleasure you experience during sexual activity?"
- d. "How does anger interfere with your sexual functioning?"

**Grade:** 1

**User Responses:** b."Do you have concerns about your future sexual functioning?"

**Feedback:** a.Rationale: "Do you have concerns about your future sexual functioning?" is a behavioral assessment question. "How does anger interfere with your sexual functioning?" is an affective assessment question. "How has religion influenced your sexual behavior?" is a cognitive assessment question. "Can you describe how much pleasure you experience during sexual activity?" is a sensation assessment question.

Cognitive Level: Comprehension

Nursing Process: Assessment

Client Need: Psychosocial Integrity

28. **The nurse uses the PLISSIT model to help clients with gender identity issues. Which level encourages clients to discuss their gender identity?**

- a. IT
- b. P
- c. SS
- d. LI

**Grade:** 1

**User Responses:** b.P


**Feedback:** a.Rationale: *P* stands for giving permission to the client to discuss sexuality issues. *LI* is giving limited information. *SS* is offering specific suggestions. *IT* is intensive therapy.

Cognitive Level: Comprehension

Nursing Process: Implementation

Client Need: Psychosocial Integrity

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29. A client with a history of compulsive sexual behavior is seen by the nurse in the outpatient clinic. The nurse says, "People with sexual addiction respond well to community-based programs." This is an example of which level of the PLISSIT model?
- a. IT
  - b. P
  - c. SS
  - d. LI

Grade: 0

User Responses: c.SS

Feedback: a.Rationale: In this situation, the nurse is giving limited information (LI) to the client. Specific suggestions (SS) are not being offered, and intensive therapy (IT) is not being conducted. Prior to this point, the nurse has given permission (P) to the client to discuss sexual issues.  
Cognitive Level: Analysis  
Nursing Process: Implementation  
Client Need: Psychosocial Integrity

30. The nurse states, "You may not be aware that there are support groups for cross-dressers and their families. Tri-Ess is an option you might want to explore." This is an example of which PLISSIT level?
- a. LI
  - b. SS
  - c. P
  - d. IT

Grade: 1

User Responses: b.SS

Feedback: a.Rationale: The SS level involves offering specific suggestions, in this case concerning Tri-Ess. IT (intensive therapy) is not being provided in this situation. P would be giving permission to the client to discuss the cross-dressing, which has already occurred. LI is giving limited information, which has already occurred.  
Cognitive Level: Application  
Nursing Process: Implementation  
Client Need: Psychosocial Integrity

**Activity Name:** Chapter 20 Pre Test

1. d. Explore his/her religious and social values.
2. e. Myths about human sexuality and d.Controversy over human sexuality and a.Discomfort with sex and sexual ity and c.Traditional religious values
3. c. Does not need to agree with the client's values concerning sexuality.
4. c. Becoming more self-aware.
5. b. "Has there been any change in your sexual functioning related to your illness or medication?"
6. a. Asking open-ended questions and e.Moving from general to specific questions and d.Restating the client's re sponse and b.Stating that the exploration of sexual issues is necessary to provide comprehensive treatment plan ning and c.Assuming the client has no sexual problems if the client does not bring them up
7. a. Acceptance of their own sexual values and expressions and d.Comprehensive knowledge about sexual function and dysfunction and b.Skill in communication techniques and e.A willingness to separate personal values and attitudes from those of clients
8. a. Use the nursing process effectively.
9. a. Special training.
10. b. Biologic
11. d. Interpersonal theory
12. c. Sociocultural factors
13. b. Transvestic fetishism.
14. b. He is performing a criminal act.
15. d. Voyeurism.
16. b. Helping clients to lead satisfying lives with socially responsible behaviors.
17. c. Reducing violence against self.
18. a. Anxiety and fear and d.Spiritual distress and c.Compromised family coping and b.Ineffective role performance
19. a. The range of biologic gradations from male to female.
20. b. Gender identity disorder.
21. d. Androgyny reflects the belief that most characteristics and behaviors should not be limited to one specific gender.
22. d. Androgyny.
23. b. Maladaptive sexual response.
24. d. A conscious choice and a.An expression of the feminine side of his personality and e.An adaptive sexual response
25. a. Sexual experiences and concerns
26. a. Affective assessment.
27. b. "Do you have concerns about your future sexual functioning?"
28. b. P
29. d. LI
30. b. SS