

Patient-Administered Sexual History Questionnaire

Please take a few minutes to fill out these questions about your sexual health. Your information is strictly confidential. This form will be shared with no one but your health care provider. Your honest answers will help your provider to provide the best care possible and work with you to help you be healthy. Leave all questions blank that do not apply to you.

1. Have you had more than one partner in the last year?
 Yes No, I've had one partner No, I've never had sex
 If you were sexually active in the past year, with one or more partners, please proceed to the next question. If you have never had sex, skip to question 9.
2. Do you have sex with ...
 Males only Females only Both
3. What method do you currently use to prevent a pregnancy, if applicable? (*check all that apply*)
 Condoms (for men or for women) Foam, spermicides, film, or suppositories
 Oral contraceptives (birth control pills) Depo provera shot or Norplant
 I/my partner and I are trying to get pregnant Rhythm method or withdrawal
 I am not concerned about getting pregnant Nothing
 Other (*please specify*) _____
4. How often do you use condoms with vaginal sex?
 Always Most of the time Sometimes
 Never I do not have vaginal sex
5. How often do you use condoms with anal sex (penis in anus or rectum)?
 Always Most of the time Sometimes
 Never I do not have anal sex
6. Have you ever been told by a doctor or nurse that you had a sexually transmitted disease?
 No
 Yes (*circle all that apply*)

Chlamydia	Genital herpes	Genital warts
Gonorrhea	PID	HIV
Trichomonas	Syphilis	Other _____

 If yes, when was the last time you had one of these diseases? _____ month/_____ year
7. Have any of your sexual partners ...
 - a. had a sexually transmitted disease in the past year?
 No I do not know Yes (*please specify*): _____
 - b. had other partners while still in a relationship with you?
 No I do not know Yes
 - c. had sex with prostitutes?
 No I do not know Yes
 - d. injected drugs?
 No I do not know Yes
8. Have you ever gotten hepatitis B vaccine (3 injections)?
 No I do not know Yes (all 3 doses) Yes (less than 3 doses)
9. Have you ever been tested for HIV, the virus that causes AIDS?
 No Yes
10. Have you ever injected drugs?
 No Yes
11. How many drinks of beer, wine, or hard liquor did you have in the past week?
 _____ drink(s)
12. Have you had sex while under the influence of alcohol or drugs in the past year?
 No Yes
13. Have you ever had sex when you didn't want to?
 No Yes