

Sexual History Questionnaire

These are very personal questions. The answers help us to determine your risk level for getting infections or HIV. Some may not apply to your lifestyle, but we must ask.

Name _____ DOB ___/___/___

When (if ever) have you:

- Had sex when you were drunk or high on drugs? _____
- Had a gay or bisexual male partner? _____
- Given or received money or drugs for sex? _____
- Had a partner who used injection drugs or used injection drugs yourself? _____
- Had a partner who tested positive for HIV? _____
- Had a tattoo or body piercing? _____

Specific Questions:

- How old were you the first time you had sex? _____
- When was your most recent sexual encounter? _____
- How many people have you had sex with in the past month? _____
- How many of these partners were new for you? _____
- If you use condoms, how many times did you use one in the past month? _____
- How many people have you had sex with in the past four months? _____
- How many people have you had sex with in your lifetime? _____
- Have your partners had sex with other people? _____ How do you know this? _____
- Have you ever been forced or pressured to have sex? ___ Age ___ Was it reported? ___ Counseling? _____
- When you have sex, are you having sex with men, women, or both? _____
- Have you ever been involved with a pregnancy before? If yes, what happened? _____

We need your help to know where to look for infection. In the past, have you:

- Had vaginal sex? _____ When? _____
- Given oral sex? _____ When? _____
- Received oral sex? _____ When? _____
- Received anal sex? _____ When? _____
- (For males) Given anal sex? _____ When? _____

Contraception/Protection against disease:

- What is the status of your current relationship? _____
- How do you feel after you have sex? _____
- How at risk do you think you are for having a STD? _____
- What are you doing to prevent disease? _____
- What could you do to reduce your risk level? _____
- Do you see yourself making these healthier choices? Yes No _____

Comments: _____

Reviewed By: _____ **Date:** _____