

Patient-Answered Sexual History Questionnaire

The questions below ask about your sexual health. Please answer the questions as best you can. Your answers are private. No one will see your answers except your health care provider. Your answers will help your provider give you the best care possible and help you stay healthy.

1. Have you had more than one sexual partner in the last year?

Yes No, I've had one partner No, I've never had sex
(You may skip the rest of the questions)

2. Do you have sex with:

Men Women Both

3. What do you use to keep from getting pregnant? (check all that apply)

Condoms Foam, spermicides, film, or suppositories
 Birth control pills Depo provera shot or Implanon
 I/my partner and I are trying to get pregnant Rhythm method or withdrawal
 I am not worried about getting pregnant Nothing
 Other (please explain) _____

4. How often do you use condoms?

Always Most of the time Sometimes Never

5. Have you ever had a sexually transmitted disease?

No Yes (check 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)? _____

6. 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

7. Have you ever gotten hepatitis B vaccine (3 injections)?

No I do not know Yes (all 3 doses) Yes (less than 3 doses)

8. Have you ever been tested for HIV, the virus that causes AIDS? No Yes

9. Have you had sex while under the influence of alcohol or drugs in the past year? 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 ever had sex when you didn't want to? No Yes

Adapted from California Chlamydia Action Coalition

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