

# Sexual History Questionnaire



UNIVERSITY OF ILLINOIS SPRINGFIELD  
UIS Health Services • (217) 206-6676  
**SEXUAL HISTORY QUESTIONNAIRE**

place label here

Name: \_\_\_\_\_  
UIN: \_\_\_\_\_  
Birth date: \_\_\_\_\_  
Date: \_\_\_\_\_

Please take a few minutes to fill out these questions about your sexual health. Your information is **strictly confidential** – we will not share it with anyone unless you request us to do so. Your **honest** answers will help us provide the **BEST** possible care for you. If a question does not apply to you, please leave it blank. If you are unsure, please state this in the space provided.

\*Sexual relationships include any vaginal, anal, or oral sex that you have had with another person.

**A. PERSONAL INFORMATION**

Please choose one of the following that best applies to you:  
☐ Male  
☐ Female  
☐ Transgendered – Male to Female  
☐ Transgendered – Female to Male  
☐ Intersexed  
☐ Prefer not to answer

Do you have had a sexual relationship with: (check all that apply)  
☐ Male  
☐ Female  
☐ Transgendered – Male to Female  
☐ Transgendered – Female to Male  
☐ Intersexed  
☐ Not applicable (skip to Section D)

**B. SEXUAL HISTORY**

How old were you the first time you had sex? (oral, vaginal, anal) \_\_\_\_\_  
Number of lifetime sexual partners \_\_\_\_\_  
Number of sexual partners in the last six months: \_\_\_\_\_  
Number of new partners in the last three months: \_\_\_\_\_  
Are you currently in a sexual relationship? ☐ Yes (please answer the next three questions) ☐ No  
• Is this an exclusive/monogamous relationship? ☐ Yes ☐ No  
• If no, how many other sexual partners do you or your current partner have (if known)? \_\_\_\_\_  
• How long have you been in this relationship? (months, years) \_\_\_\_\_

**C. SEXUAL SAFETY**

What type(s) of sexual intercourse have you had? (check all that apply)  
☐ Oral (Given and/or Received) ☐ Vaginal ☐ Anal (Given and/or Received)

What method(s) do you and your partner(s) use to prevent pregnancy, if applicable? (check all that apply)  
☐ Not applicable ☐ Nothing ☐ Male/female condoms  
☐ Withdrawal ☐ Pills, shot, implant, patch ring, IUD  
☐ Other (please specify): \_\_\_\_\_  
How often do you use the above method(s)?  
☐ Always ☐ Most of the time ☐ Sometimes ☐ Never

What method(s) do you and your partner(s) use to protect against sexually transmitted infections? (check all that apply)  
☐ Condoms ☐ Oral barriers ☐ Long-term monogamy  
☐ STD test for self ☐ STD test of contact/partner  
☐ Other (please specify): \_\_\_\_\_  
How often do you use the above method(s)?  
☐ Always ☐ Most of the time ☐ Sometimes ☐ Never

When is the last time you tested for Sexually Transmitted Infections? \_\_\_\_\_, mth/yr \_\_\_\_\_ ☐ Never

Please check all that apply and list approximate date(s) of infection if possible:  
☐ Chlamydia \_\_\_\_\_ ☐ Genital warts \_\_\_\_\_ ☐ Genital herpes \_\_\_\_\_  
☐ Gonorrhea \_\_\_\_\_ ☐ PID \_\_\_\_\_ ☐ Syphilis \_\_\_\_\_  
☐ Trichomonas \_\_\_\_\_ ☐ HIV \_\_\_\_\_ ☐ Other \_\_\_\_\_

Have you or a sexual partner ever...  
• Had sex for money? You: ☐ Yes ☐ No Partner(s): ☐ Yes ☐ No ☐ Unsure  
• Paid for sex? You: ☐ Yes ☐ No Partner(s): ☐ Yes ☐ No ☐ Unsure  
• Had sex with a stranger? You: ☐ Yes ☐ No Partner(s): ☐ Yes ☐ No ☐ Unsure  
• Injected drugs? You: ☐ Yes ☐ No Partner(s): ☐ Yes ☐ No ☐ Unsure  
• Had sex while under the influence of alcohol or drugs? You: ☐ Yes ☐ No Partner(s): ☐ Yes ☐ No ☐ Unsure

**D. MEDICAL HISTORY**

Have you gotten the HPV vaccine series (Gardasil or Cervarix)?  
☐ Yes, all 3 doses ☐ Yes, < 3 doses ☐ No ☐ I do not know

Have you ever had a painful or frightening sexual experience? ☐ Yes ☐ No

Do you feel safe in your current relationships? (family, friends, romantic) ☐ Yes ☐ No

Patient Signature: \_\_\_\_\_  
Date: \_\_\_\_\_

Clinician Comments: \_\_\_\_\_  
Clinician Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed by: UIS Health Services on 07/10/2024

Sexual history questionnaire serves as a vital tool for healthcare professionals to gather comprehensive information about an individual's sexual health and behaviors. This questionnaire aids in assessing risks for sexually transmitted infections (STIs), understanding sexual function, and identifying any issues related to sexual well-being. By collecting detailed information, healthcare providers can tailor their advice, screening, and treatment options, leading to better health outcomes for patients.

## Purpose of a Sexual History Questionnaire

A sexual history questionnaire is designed to serve several essential purposes in medical practice. Understanding the goals behind its use can help both patients and providers appreciate its

significance.

## **1. Assessing Risk Factors**

One of the primary objectives of a sexual history questionnaire is to assess risk factors for STIs and other sexual health issues. This includes:

- Number of Sexual Partners: More partners can increase the risk of exposure to STIs.
- Types of Sexual Practices: Certain practices may carry higher risks than others.
- History of STIs: Previous infections can indicate ongoing risk behaviors.
- Contraceptive Use: Understanding methods used can help assess unwanted pregnancies and risk of STIs.

## **2. Understanding Sexual Function**

Sexual history questionnaires also help in gathering information about an individual's sexual function, which can lead to diagnosing issues such as erectile dysfunction, low libido, or sexual pain conditions. Key areas include:

- Desire and Arousal: Questions about frequency and interest in sexual activities.
- Orgasm: Information on the ability to achieve orgasm and any difficulties experienced.
- Pain During Intercourse: Specific questions about discomfort can reveal underlying physical or psychological issues.

## **3. Identifying Relationship Dynamics**

The questionnaire can provide insight into an individual's relationship dynamics, which can play a significant role in sexual health. It may explore:

- Monogamous vs. Non-Monogamous Relationships: Understanding the structure of relationships can inform risk assessments.
- Relationship Satisfaction: Questions about emotional and physical satisfaction can help providers offer relevant counseling.

## **Components of a Sexual History Questionnaire**

A comprehensive sexual history questionnaire typically includes multiple components that cover various aspects of sexual health. Here are some of the critical sections:

### **1. Demographic Information**

Collecting basic demographic data is essential for contextualizing responses. This includes:

- Age
- Gender identity
- Sexual orientation
- Relationship status

## **2. Sexual Practices**

This section focuses on the types of sexual practices an individual engages in, including:

- Vaginal intercourse
- Anal intercourse
- Oral sex
- Use of sex toys

Questions may assess how frequently these activities occur and whether they are consensual.

## **3. Contraceptive and STI Prevention Practices**

Understanding the methods used for preventing STIs and unwanted pregnancies is crucial. This may include questions about:

- Types of contraceptives (pill, condom, IUD, etc.)
- Consistency in use
- Knowledge of STI prevention strategies

## **4. History of STIs**

Inquiring about previous STIs is vital for understanding risks. Questions may include:

- Previous diagnoses
- Treatment received
- Testing frequency

## **5. Sexual Function and Satisfaction**

This section aims to gauge the individual's sexual function, including:

- Frequency of sexual activity
- Ability to achieve orgasm
- Levels of sexual desire
- Any discomfort or pain experienced

# Implementing a Sexual History Questionnaire in Clinical Practice

Incorporating a sexual history questionnaire into clinical practice requires careful consideration to ensure it is conducted respectfully and effectively. Here are some strategies:

## 1. Create a Safe Environment

Patients should feel safe and comfortable when discussing sexual health. To achieve this:

- Ensure privacy during consultations.
- Use non-judgmental language.
- Respect patients' confidentiality.

## 2. Build Rapport

Establishing a good rapport can help patients feel more at ease. Consider:

- Engaging in small talk before delving into sensitive topics.
- Showing empathy and understanding.

## 3. Provide Clear Explanations

Explain the purpose of the questionnaire and how the information will be used. This can include:

- Clarifying that the information helps in providing better care.
- Assuring patients that their responses will remain confidential.

## Challenges and Considerations

While sexual history questionnaires are invaluable, there are several challenges and considerations to keep in mind.

### 1. Patient Reluctance

Many patients may feel uncomfortable discussing their sexual history. To mitigate this, providers can:

- Normalize the conversation by discussing sexual health as a routine part of healthcare.
- Offer the option to complete the questionnaire anonymously or in private.

## 2. Cultural Sensitivity

Cultural beliefs and values can influence how individuals perceive sexual health discussions. Healthcare providers should be:

- Aware of cultural differences and tailor their approach accordingly.
- Use inclusive language that respects diverse sexual orientations and identities.

## 3. Keeping Up-to-Date

Sexual health guidelines and best practices can evolve. Providers should:

- Stay informed about the latest research and recommendations.
- Regularly update their questionnaires to reflect current knowledge and practices.

## Conclusion

The sexual history questionnaire is an essential tool in healthcare that helps providers gather important information about a patient's sexual health. By addressing risk factors, understanding sexual function, and identifying relationship dynamics, healthcare professionals can offer tailored advice and interventions. Implementing these questionnaires in clinical practice requires sensitivity, empathy, and a commitment to confidentiality. By navigating the challenges and fostering an open, respectful dialogue, providers can enhance the quality of care for their patients and promote better sexual health outcomes overall. As sexual health continues to be a critical component of overall well-being, the importance of comprehensive sexual history assessments cannot be overstated.

## Frequently Asked Questions

### **What is a sexual history questionnaire and why is it important?**

A sexual history questionnaire is a tool used by healthcare providers to gather information about an individual's sexual behavior, practices, and history. It is important for assessing risk factors for sexually transmitted infections (STIs), understanding sexual health needs, and providing appropriate care and counseling.

### **What types of questions are typically included in a sexual history questionnaire?**

Typical questions may include inquiries about the number of sexual partners, types of sexual practices engaged in, history of STIs, contraceptive use, and any concerns regarding sexual function or satisfaction.

## How can individuals prepare for filling out a sexual history questionnaire?

Individuals can prepare by reflecting on their sexual history, considering their partners and practices, and being ready to answer questions honestly. It may also help to understand that the information is confidential and aimed at improving their health.

## Are sexual history questionnaires used in both primary care and specialized sexual health clinics?

Yes, sexual history questionnaires are utilized in both primary care settings and specialized sexual health clinics. They help providers in both environments to tailor health advice, screenings, and treatments based on individual risk and health status.

## How do healthcare providers ensure confidentiality when using sexual history questionnaires?

Healthcare providers ensure confidentiality by securely storing the questionnaires, limiting access to authorized personnel only, and discussing the information in a private setting. Patients are often informed about privacy policies to foster trust and encourage openness.

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## Sexual History Questionnaire

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