

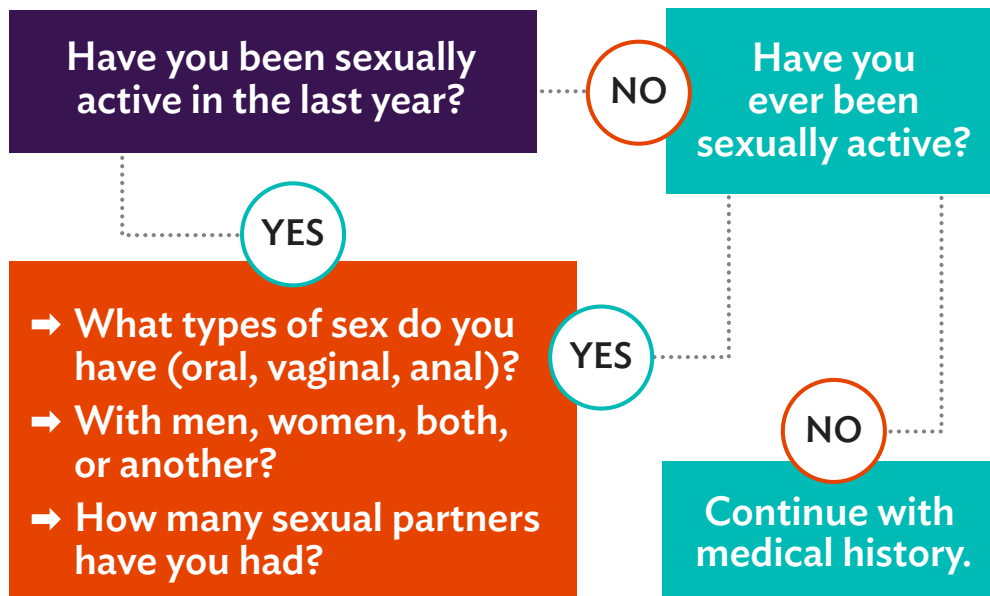
Sexual Health Questions to Ask All Patients

Essential Questions to Ask at Least Annually

Ask every patient the following questions as part of the overall medical history. Try to have this conversation, even if your patient seems uncomfortable or you feel awkward.

Consider using the following script to help you ask these questions and let your patient know that you ask these questions of everyone. If a partner, relative, or caregiver is in the room, ask that person to step into the waiting room. They can be invited back after the examination.

“I’m going to ask you a few questions about your sexual health. Since sexual health is very important to overall health, I ask all my patients these questions. If you’re uncomfortable answering any of these, just let me know, and we’ll move on. To begin, what questions or sexual concerns would you like to discuss today?”



Additional Questions to Ask Adults and Adolescents (table on next page)

To understand your patient’s sexual health, determine frequency of STI/HIV screenings, vaccinations and/or medications, and guide counseling, ask questions from CDC’s 5 Ps sexual history-taking (Partners, Practices, Past History of STI(s), Protection, and Pregnancy Prevention/Reproductive Life Plan). The table (on next page) includes a new sixth P (Plus)—Pleasure, Problems, and Pride—developed by NCSH. Questions explore sexual satisfaction, functioning, concerns, and support for one’s gender identity and sexual orientation (partly derived from Rubin et al’s best practices approach).

More resources for health care providers are found within NCSH’s [Compendium of Sexual & Reproductive Health Resources for Healthcare Providers](#).

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| Partners | Could you tell me about your current relationships (e.g., no partner, one partner, multiple partners)? |
| | In the past 3 months, have you had sex with someone you didn't know or had just met? |
| | Have you ever been forced or coerced to have sex/sexual activity against your will as a child or an adult?* |
| | If yes , does that experience affect your current sex life or sexual relationships? (Probe: In what ways?) |
| | If yes , does that make seeing a health care provider or having a physical exam difficult or uncomfortable? |
| Are you having any difficulties with your sexual relationships? | |
| Do you or your partners have problems with sexual functioning (see "Problems" below)? | |
| Practices | In the past 3 months, what types of sex have you had? Anal? Vaginal? Oral? (Also, ask whether they give or receive each type of sexual activity.) |
| | Have you or any of your partners used alcohol or drugs when you had sex? |
| | Have you ever exchanged sex for drugs or money? |
| Past History of STI (s) | Have you ever had a sexually transmitted infection (or disease)? If yes , which STI(s)? Where on your body were the infections? When did you have it? Were your partners tested and treated too? |
| | Have you ever been tested for HIV? If yes , how long ago was that test? What was the result? |
| Protection | What do you do to protect yourself from STIs, including HIV? |
| | When do you use this protection? With which partners? |
| | Have you been vaccinated against HPV? Hepatitis A? Hepatitis B? |
| Pregnancy Prevention/ Reproductive Life Plan | Do you have any desire to have (more) children? If yes , how many children would you like to have? When would you like to have a child? What are you and your partners doing to prevent pregnancy until that time? If no , are you doing anything to prevent pregnancy? How important is it to you to prevent pregnancy? Would you like to talk about birth control options? |
| Plus | Start the conversation with, "It is part of my routine to ask about sexual health, including sexual functioning and pleasure, as part of your visit." <ul style="list-style-type: none"> How is your sex life going? What concerns do you have about your sex life? <ul style="list-style-type: none"> Are you currently involved in any sexual relationships? Is the sex you're having pleasurable for you? If no, why not? Are you and your partners on the same page about what's pleasurable? Do you and your partners talk openly about sexual desires and boundaries? Are you able to advocate for sexual pleasure in your relationships? If not sexually active: <ul style="list-style-type: none"> Would you like to have a sexual relationship or a better sex life? Is there anything holding you back or getting in your way? (This could lead to a discussion of problems (see "Problems" below) and of other issues such as sexual assault and porn use.) |
| | Are you having any difficulties when you have sex (e.g., pain, discomfort, vaginal dryness, lack of arousal, lack of orgasm, lack of erection)? |
| | Are you concerned about your sex drive or the sex drive of your partners (e.g., low or high level of interest in having sex, mismatched sex drives)? |
| | What support, if any, do you have from your family and friends about your gender identity? |
| | What support, if any, do you have from your family and friends about your sexual orientation? |
| | Are you experiencing any harassment or violence—at home, at work, at school, or in your community—due to your sexual orientation or gender identity? |

*This could include, forced anal, vaginal, or oral sex; [drug facilitated sexual assault](#); sexual harassment; stalking; groping; and/or birth control sabotage. Patient resources and a 24/7 hotline: [The National Sexual Assault Online Hotline](#). **CDC, other government agencies, and community organization materials: [Lesbian, Gay, Bisexual, and Transgender Health](#) and [LGBT Youth Resources](#)