

# Brief Sex History Questionnaire

*This questionnaire may be used as part of the review of systems with patients. The clinician might begin, "I need to ask a few short questions about your sexual health in order to be thorough in providing your medical care."*

Patient name: \_\_\_\_\_

Date of birth: \_\_\_\_\_

Chart number: \_\_\_\_\_

1. Are you sexually active? \_\_\_\_\_
2. If so, when was the last time you engaged in sexual activity? \_\_\_\_\_
3. If you are sexually active, are you sexual with men, women, or both?  
 men                       women                       both
4. How many people have you been sexual with in the past year?  
 0                       1                       2–3                       4–10                       more than 10
5. What, if anything, do you do to protect yourself from getting a sexually transmitted disease (including HIV)? Have you ever had a sexually transmitted disease?
6. *If applicable:* What do you do to protect yourself or your partner from unplanned pregnancy?
7. *For males:* Do you have any problems with sexual functioning; for example, getting aroused, getting or maintaining an erection, or problems with ejaculation or orgasm?
8. *For females:* Do you have any problems with sexual functioning, for example, getting aroused, becoming lubricated, experiencing pain during sexual activity, or problems with orgasm?
9. Is there anything else that I need to know about your sexuality in order to provide you with good medical care?

*Adapted with permission from the Program in Human Sexuality, Department of Family Practice and Community Health, University of Minnesota Medical School. Thanks also to Harold S. Levine of Levine & Co., NY, NY.*

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