Essential Sexual Health Questions to Ask Adults

Ask all of your adult patients the questions on this card to start the conversation and to begin taking a thorough sexual history. For more questions to assess risk, refer to Table 1 of Sexual Health and Your Patients: A Provider’s Guide.

Ask at Least Annually

Have you been sexually active in the last year?
- NO
  - Have you ever been sexually active?
    - YES
      - What types of sex do you have (oral, vaginal, anal, other)?
      - With men, women, both, or another gender identity?
    - NO

→ Ask Older Adults

Has sex changed for you? If so, how?

Conversational Tips
- Ensure confidentiality and emphasize this is routine for all patients
- Ask open-ended questions, for example, “Are there any sexual concerns or questions you’d like to discuss?”
- Be non-judgmental (verbal and non-verbal)

Ask at least once and update as needed. Gender identity and sexual orientation can be fluid.

1. What do you consider yourself to be?
   - A. Lesbian or gay
   - B. Straight or heterosexual
   - C. Bisexual
   - D. Another (please specify)
   - E. Don’t know

2. What is your current gender identity?
   - A. Male
   - B. Female
   - C. Transgender man
   - D. Transgender woman
   - E. Neither exclusively male nor female (e.g. non-binary or nonconforming)
   - F. Another (please specify)
   - G. Decline to answer

3. What sex were you assigned at birth?
   - A. Male
   - B. Female
   - C. Decline to answer

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National Coalition for Sexual Health
## Recommended Preventive Sexual Health Services for Adults

<table>
<thead>
<tr>
<th>Service</th>
<th>Female 18-64</th>
<th>Female 65+</th>
<th>Female Pregnant</th>
<th>Male 18-64</th>
<th>Male 65+</th>
<th>Male MSM</th>
<th>Transgender Individuals</th>
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<tbody>
<tr>
<td>S.T.I. Counseling</td>
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**Notes:**
- **a** = At increased risk: inconsistent condom use, multiple partners, current STI or history of STI within a year, or have sex partners within populations with a high prevalence of STIs
- **b** = Screen male transgender patients who still have a cervix according to the guidelines for non-transgender females
- **c** = Sexually active women aged <25; women aged ≥25 at increased risk (new sex partner, multiple partners, sex partner with concurrent partners, sex partner who has an STI, inconsistent condom use, previous or coexisting STI, exchanging sex for money or drugs, history of incarceration)
- **d** = Young adult males in high-prevalence communities or settings
- **e** = Screen all MSM at least annually on the basis of sexual behavior and anatomic site of exposure (including pharyngeal or rectal testing)
- **f** = Screen those who are HIV-positive, pregnant, and at increased risk: Exchange sex for drugs or money, in high prevalence communities
- **g** = At risk: HIV-positive, unprotected sex, injection drug users, MSM, family member or sexual partner infected with HBV, born in an HBV-endemic country, born to parents from an HBV-endemic country
- **h** = Those who wish to be vaccinated or are at-risk: HIV-positive, illicit drug users, people with chronic liver disease, MSM, international travelers, people experiencing homelessness
- **i** = Recommended for all plus those 60+ at-risk: people who inject drugs or share drug equipment, MSM, family member or sexual partner infected with HBV
- **j** = Everyone through age 26 years. Some adults aged 27-45 may decide to get the vaccine based on discussions with their clinician if they did not get adequately vaccinated when they were younger.

* HIV-negative and at substantial risk for HIV infection (sexual partner with HIV, injection drug user, recent STI, high number of sex partners, commercial sex worker, lives in high-prevalence area or network)

For more information, visit: [nationalcoalitionforsexualhealth.org](http://nationalcoalitionforsexualhealth.org)
Essential Sexual Health Questions to Ask Adolescents

Ask all your adolescent patients the sexual health questions on this card. This will help you assess your patient’s level of sexual risk and determine which additional questions to ask and which preventive services are needed (other side of card).

**Ask at Least Annually**

1. What questions do you have about your body and/or sex?
2. Your body changes a lot during adolescence, and although this is normal, it can also be confusing. Some of my patients feel as though they’re more of a boy or a girl, or even something else, while their body changes in another way. How has this been for you?
3. Some patients your age are exploring new relationships. Who do you find yourself attracted to? (Or, you could ask, “How would you describe your sexual orientation?”)
4. Have you ever had sex with someone? By “sex,” I mean vaginal, oral, or anal sex. (If sexual activity has already been established, ask about sex in the past year.)

**If the Adolescent Has Had Sex, Ask About**

- Number of lifetime partners
- Number of partners in the past year
- Gender of those partners (men, women, both, or another gender identity)
- Types of sex (vaginal, oral, anal, other)
- Use of protection (condoms and contraception)
- Coercion or rape

**Prepare for the Sexual History Interview**

- Explain to a parent or caregiver that you spend a portion of each visit alone with the adolescent.
- Put your patient at ease. Ensure confidentiality except if the adolescent intends to inflict harm or reports being abused. Know your state’s laws that affect minor consent and patient confidentiality.
- Incorporate the four essential sexual health questions into a broader psychosocial history.
- Start with less threatening topics, such as school or activities, before progressing to more sensitive topics, such as drugs and sexuality.
- Use open-ended questions, rather than closed-ended, to better facilitate conversation.
- Listen for strengths and positive behaviors and for opportunities to give praise where praise is due.
# Recommended Preventive Sexual Health Services for Adolescents

<table>
<thead>
<tr>
<th>Service (Ages 13-17)</th>
<th>Female</th>
<th>Male</th>
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<tbody>
<tr>
<td>STI Counseling</td>
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<td>✓⁺ᵃ</td>
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<tr>
<td>Contraceptive Counseling</td>
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<tr>
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<td>PrEP</td>
<td>✓⁺*</td>
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*a = All sexually active adolescents
*b = Consider screening young adult males in high prevalence settings; screen all MSM at least annually on the basis of sexual behavior and anatomic site of exposure (including pharyngeal or rectal testing)
*c = Screen those who are HIV-positive, pregnant, MSM; consider screening those with a history of incarceration or sex work
*d = At risk: HIV-positive, pregnant, unprotected sex, injection drug users, MSM, family member or sexual partner infected with HBV, born in an HBV-endemic country, born to parents from an HBV-endemic country
*e = At risk: pregnant, past/current injection or intranasal drug use, long-term hemodialysis, born to mother with Hepatitis C, unregulated tattoo

For more information, visit: [nationalcoalitionforsexualhealth.org](http://nationalcoalitionforsexualhealth.org)

## If the Adolescent Identifies as Lesbian, Gay, Bisexual, Transgender, Questioning (LGBTQ)

- Ask whether they have a trusted adult to talk to.
- Assess safety at home and school and whether they are being bullied or harassed.
- Link your patient to community or national organizations such as pflag.org or thetrevorproject.org for education and support.
- Counsel about using condoms and contraception. Adolescents who identify as lesbian or gay may also have sex with members of the opposite sex, which increases the risk for unintended pregnancy.
- Before counseling transgender patients, make sure you have knowledge of the patient’s current anatomy and patterns of sexual behavior.

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Conversational Tips
- Ensure confidentiality and emphasize this is routine for all patients
- Ask open-ended questions, for example, “Are there any sexual concerns or questions you’d like to discuss?”
- Be non-judgmental (verbal and non-verbal)

1. What do you consider yourself to be?
   A. Lesbian or gay
   B. Straight or heterosexual
   C. Bisexual
   D. Another (please specify)
   E. Don’t know

2. What is your current gender identity?
   A. Male
   B. Female
   C. Transgender man
   D. Transgender woman
   E. Neither exclusively male nor female (e.g. non-binary or nonconforming)
   F. Another (please specify)
   G. Decline to answer

3. What sex were you assigned at birth?
   A. Male
   B. Female
   C. Decline to answer

Ask at Least Annually

- Have you been sexually active in the last year?
  → What types of sex do you have (oral, vaginal, anal, other)?
  → With men, women, both, or another gender identity?

- Have you ever been sexually active?

- Has sex changed for you? If so, how?

Ask Older Adults

- Have you been sexually active in the last year?
  → What types of sex do you have (oral, vaginal, anal, other)?
  → With men, women, both, or another gender identity?

- Have you ever been sexually active?

- Continue with medical history.

Ask at least once and update as needed. Gender identity and sexual orientation can be fluid.
Essential Sexual Health Questions to Ask Adolescents

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<th>If the Adolescent Has Had Sex, Ask About</th>
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</tr>
<tr>
<td>4. Have you ever had sex with someone? By “sex,” I mean vaginal, oral, or anal sex. (If sexual activity has already been established, ask about sex in the past year.)</td>
<td>✓ Types of sex (vaginal, oral, anal, other)</td>
</tr>
<tr>
<td></td>
<td>✓ Use of protection (condoms and contraception)</td>
</tr>
<tr>
<td></td>
<td>✓ Coercion or rape</td>
</tr>
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