

Essential Sexual Health Questions to Ask Adults

Ask all of your adult patients the sexual health questions on this card. They 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

Have you been sexually active in the last year?

YES

Do you have sex with men, women, or both?

In the past 12 months, how many sexual partners have you had?*

NO

Have you ever been sexually active?

YES

Do you have sex with men, women, or both?

How many sexual partners have you had?*

NO

Continue with medical history

*If patient answered "both" to previous question, ask this question for each gender.

Ask Older Adults

Has sex changed for you?
If so, how?

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, gay, or homosexual
 - B. Straight or heterosexual
 - C. Bisexual
 - D. Other (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. Other (please specify)
 - G. Decline to answer
3. What sex were you assigned at birth?
 - A. Male
 - B. Female
 - C. Decline to answer

Recommended Preventive Sexual Health Services for Adults

Service	Females			Males			Transgender Individuals
	18-64	65+	Pregnant	18-64	65+	MSM	
STI Counseling	✓ ^a	✓ ^a	✓ ^a	✓ ^a	✓ ^a	✓ ^a	✓ ^a
Contraceptive Counseling	✓		✓	✓	✓		✓
Cervical Cancer Screening	✓ ^b	✓ ^b	✓ ^b				✓ ^c
Chlamydia Screening	✓ ^d	✓ ^d	✓ ^d	✓ ^e		✓ ^f	✓ ^a
Gonorrhea Screening	✓ ^d	✓ ^d	✓ ^d			✓ ^g	✓ ^a
HIV Testing	✓	✓ ^a	✓	✓	✓ ^a	✓	✓
Syphilis Screening	✓ ^h	✓ ^h	✓	✓ ^h	✓ ^h	✓	✓ ^h
Hepatitis B Screening	✓ ⁱ	✓ ⁱ	✓	✓ ⁱ	✓ ⁱ	✓	✓ ⁱ
Hepatitis C Screening	✓ ^{jk}	✓ ^{jk}	✓ ^j	✓ ^{jk}	✓ ^{jk}	✓ ^{jk}	✓ ^{jk}
Hepatitis A Vaccine	✓ ^l	✓ ^l	✓ ^l	✓ ^l	✓ ^l	✓	✓ ^l
Hepatitis B Vaccine	✓ ^m	✓ ^m	✓ ^m	✓ ^m	✓ ^m	✓	✓ ^m
HPV Vaccine	✓ ⁿ			✓ ⁿ		✓ ⁿ	✓ ⁿ
PrEP	✓ [*]	✓ [*]	✓ [*]	✓ [*]	✓ [*]	✓ [*]	✓ [*]

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

a = At increased risk: inconsistent condom use, multiple partners, partner with concurrent partners, current STI, or history of STI within a year

b = Aged 21 to 65 or when adequate screening history has been established

c = FTM transgender patients who still have a cervix according to guidelines for non-transgender women

d = Sexually-active women aged <25; women aged ≥25 at increased risk

e = Young adult males in high-prevalence communities or settings

f = Screen for urethral infection if insertive anal sex in preceding year; rectal infection if receptive anal sex in preceding year

g = Screen for urethral infection if insertive anal sex in preceding year; rectal infection if receptive anal sex in preceding year; pharyngeal infection if receptive oral sex in preceding year

h = HIV-positive; at increased risk: exchange sex for drugs or money; in high prevalence communities

i = At risk: HIV-positive, unprotected sex, share needles, family member or sexual partner infected with HBV; born in a HBV-endemic country; born to parents from a HBV-endemic country

j = HIV-positive, history of injection or intranasal drug use or incarceration; blood transfusion prior to 1992

k = Born between 1945 and 1965 (at least once)

l = Use illicit drugs; have chronic liver disease; receive clotting factors; travel to HAV-endemic countries; wish to be vaccinated

m = At risk: multiple partners, share needles, family member or sexual partner infected with HBV

n = Women and men aged ≤45

For more information, visit: 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
- ✓ The gender of those partners
- ✓ The types of sex (vaginal, oral, anal)
- ✓ Use of protection (condoms and contraception)
- ✓ Coercion, rape, statutory rape, and incest

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

Service	Females (Aged 13-17)	Males (Aged 13-17)
STI Counseling	✓ ^a	✓ ^a
Contraceptive Counseling	✓	✓
Cervical Cancer Screening		
Chlamydia Screening	✓ ^b	✓ ^c
Gonorrhea Screening	✓ ^b	✓ ^d
HIV Testing	✓	✓
Syphilis Screening	✓ ^e	✓ ^e
Hepatitis B Screening	✓ ^f	✓ ^f
Hepatitis C Screening	✓ ^g	✓ ^g
Hepatitis A Vaccine	✓	✓
Hepatitis B Vaccine	✓	✓
HPV Vaccine	✓	✓
PrEP	✓ [*]	✓ [*]

*** =** HIV-negative and at substantial risk for HIV infection (sexual partner with HIV, injection drug user, recent bacterial STI, high number of sex partners, commercial sex worker, lives in high prevalence area or network) weighing at least 35 kg

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.

a = All sexually-active adolescents

b = Sexually-active women aged ≤ 24 ; women aged ≥ 25 at increased risk

c = Consider screening young adult males in high prevalence communities or settings

d = At least annually for sexually-active MSM at sites of contact

e = HIV-positive; at increased risk: exchange sex for drugs or money; in high-prevalence communities

f = At risk: unprotected sex, had a prior STI, share needles, family member or sexual partner infected with HBV; born in a HBV-endemic country; born to parents from a HBV-endemic country

g = At risk: past/current injection or intranasal drug use, long-term hemodialysis, born to mother with Hepatitis C, unregulated tattoo

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Ask at Least Annually

Have you been sexually active in the last year?

YES

Do you have sex with men, women, or both?

In the past 12 months, how many sexual partners have you had?*

NO

Have you ever been sexually active?

YES

Do you have sex with men, women, or both?

How many sexual partners have you had?*

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Continue with medical history

*If patient answered "both" to previous question, ask this question for each gender.

Ask Older Adults

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Ask at least once, and update as needed.
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Essential Sexual Health Questions to Ask Adolescents

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
- The gender of those partners
- The types of sex (vaginal, oral, anal)
- Use of protection (condoms and contraception)
- Coercion, rape, statutory rape, and incest

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

- Ask whether they have a trusted adult to talk to.
- Assess the adolescent's 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 all sexually active adolescents 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.

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