# **Purpose**

This interval clinic visit sexual history template was created for use by clinicians to assess potential sexually transmitted infection (STI) risks associated with an individual’s sexual history and behavior. This template includes questions that are recommended at each patient visit after the initial visit (when the more comprehensive sexual history is completed) for routine screening and testing of bacterial STIs. Users are free to modify the template for their own settings.

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# **References**

* U.S. Centers for Disease Control and Prevention. [A Guide to Taking a Sexual History](https://www.cdc.gov/std/products/provider-pocket-guides.htm). Accessed October 8, 2019.
* National LGBT Health Education Center and National Association of Community Health Centers. (2015). [Taking Routine Histories of Sexual Health: A System-Wide Approach for Health Centers](https://www.lgbthealtheducation.org/publication/taking-routine-histories-of-sexual-health-a-system-wide-approach-for-health-centers/).

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**1.** Since your last health care provider visit, have you had:

1. Any discharge or mucus of any color coming from your penis

* No
* Yes
* Not applicable

1. Any discharge or mucus of any color coming from your vagina

* No
* Yes
* Not applicable

1. Any discharge or mucus of any color coming from your rectum or anus or butt

* No
* Yes

1. Any burning or pain when you urinate or pee
   * No
   * Yes
2. A rash anywhere on your body
   * No
   * Yes
3. A “sore”, even if it does not hurt, on your penis

* No
* Yes
* Not applicable

1. A “sore”, even if it does not hurt, on or inside your vagina

* No
* Yes
* Not applicable

1. A “sore”, even if it does not hurt, in your mouth

* No
* Yes

1. A sore throat

* No
* Yes

1. Swollen, painful lymph nodes or “glands” in your neck

* No
* Yes

1. Swollen, painful lymph nodes or “glands” in your groin

* No
* Yes

**2.** Since your last health care provider visit, have you had any sex including oral or vaginal or rectal?

* No (If “no”, skip to question 16)
* Yes

**3.** Since your last health care provider visit, have you had any sex with someone with a penis?

* No
* Yes

**4.** How many different people? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**5.** Were any of them **new** sexual partners since your last health care provider visit?

* No
* Yes

1. Since your last health care provider visit, have you had sex with someone with a vagina?

* No
* Yes

1. How many different people? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. Were any of them **new** sexual partners since your last health care provider visit?

* No
* Yes

1. Since your last health care provider visit, have you had any oral or mouth sex?

* No
* Yes

1. Since your last health care provider visit, which types of oral or mouth sex have you had? (Check all that apply)

* Partner’s mouth to your penis or vagina
* Partner’s mouth to your anus or butt
* Your mouth to your partner’s penis or vagina
* Your mouth to your partner’s anus or butt

1. Since your last health care provider visit, have you had any vaginal sex, that is someone’s penis in your vagina or your penis in someone’s vagina?

* No
* Yes

1. Since your last health care provider visit, have you had any anal or butt sex?

* No
* Yes

1. Since your last health care provider visit, which types of anal or butt sex have you had?

(Check all that apply)

* Anal insertive, that is your penis in your partner’s rectum or butt
* Anal receptive, that is your partner’s penis in your rectum or butt

1. Since your last health care provider visit, have you used alcohol **before** having sex?

* No
* Yes

1. Since your last health care provider visit, have you used marijuana or any other drug(s) **before** having sex?

* No
* Yes

1. Since your last health care provider visit, have you received or given money or housing or food for sex?

* No
* Yes

1. Since your last health care provider visit, with how many different sexual partners did you receive or give money or housing or food for sex? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. Has your current or past partner or partners been diagnosed or treated for a sexually transmitted infection since your last health care provider visit?

* No
* Yes
* Unsure

**19.** What was the infection and treatment? (Check all that apply)

* Partner got a shot and took some pills for gonorrhea
* Partner took some pills only for chlamydia
* Partner got a shot(s) once for syphilis
* Partner got shot(s) each week for 3 weeks syphilis
* Partner got some pills for another infection
* I do not know what the infection or treatment was

**20.** If you have only one sexual partner, does this partner have sex with other people in addition to you?

* No
* Yes
* Unsure
* Not applicable

**21.** Since you were last seen in the clinic, have you used a male condom?

* No
* Yes

**22.** For what kinds of sex did you use a male condom? (Check all that apply)

* Oral sex
* Vaginal sex
* Rectal sex
* Not applicable

**23.** Since you were last seen in the clinic, have you used a female condom?

* No
* Yes

**24.** For what kinds of sex did you use a female condom? (Check all that apply)

* Oral sex
* Vaginal sex
* Rectal sex
* Not applicable

**25.** Since you were last seen in the clinic, have you used a dental dam?

* No
* Yes

**\*26.** Do any of the following apply to you since your last clinic visit? (Check all that apply)

* I keep an undetectable HIV viral load with antiretroviral therapy to prevent my partner(s) from getting HIV
* My partner uses PrEP
* My partner uses PEP when needed
* None of the these

***\*Question 26 is only for patients with HIV***

**\*\*27.** Since your last clinic visit, have you used any of the following measures to prevent HIV infection? (Check all that

apply)

* I use PrEP and take it everyday
* I use PrEP but do not take it everyday
* I have used PEP
* I have had condomless sex with a partner with HIV, but that partner has an undetectable HIV viral load
* None of these

***\*\*Question 27 is only for patients without HIV but at-risk for HIV infection***

**28.** If you need a test for gonorrhea and chlamydia in your throat, which would you prefer?

* I would prefer to swab my own throat after being told how
* I would prefer a health care team member swab my throat

**29.** If you need to test your penis or vagina for gonorrhea and chlamydia, which would you prefer?

* I would prefer to collect the swab myself after being told how
* I would prefer to urinate or pee in a cup
* I would prefer that a health care team member collect the swab

**30.** If you need a test for gonorrhea and chlamydia from your rectum or butt, which would you prefer?

* I would prefer to collect the swab myself after being told how
* I would prefer that a health care team member collects the swab