**Sexual Health History**

1. Are you currently sexually active? Have you ever been?

2. Are you currently sexually active with more than one partner?

3. Are your partners men, women, or both?

4. How many partners have you had in the past month? Six months? Lifetime?

5. How satisfied with your (and/or your partner’s) sexual functioning are you?

6. Has there been any change in your (or your partner's) sexual desire or the frequency of sexual activity?

7. Do you have, or have you ever had, any risk factors for HIV? (List blood transfusions, needlestick injuries, IV drug use, STDs, partners who may have placed you at risk.)

8. What kind of protection do you and your partner use during sexual activity?

9. Have you ever had any sexually related diseases?

10. Have you ever been tested for HIV? Would you like to be?

11. What do you do to protect yourself from contracting HIV?

12. Do you participate in oral sex? Anal sex?

13. Do you or your partner(s) use any particular devices or substances to enhance your sexual pleasure?

14. How has your disease or disability affected your sexual activity?

15. Some people on these medications notice sexual problems. Is that something that has affected you at all?

16. Do you ever have pain with intercourse?

17. Do you have any difficulty achieving orgasm?

18. Males: Do you have any difficulty obtaining and maintaining an erection? Difficulty with ejaculation?

19. Do you have any questions or concerns about your sexual functioning?

20. Are you experiencing any problems in your sexual life?
Tips for Conducting the Interview

- The physical environment should be welcoming and comfortable but consultations should take place in private and behind soundproofed doors.
- Partners or relatives may prevent a patient from revealing personal information - ideally, see patients alone.
- Patients should be assured of confidentiality. Duty of confidentiality should be explained to the patient verbally but also reflected in patient literature, posters, etc.
- Only ask for the information that you need to manage the patient correctly. Avoid intrusive and unnecessary questions.
- Questions should be asked in a matter-of-fact, yet sensitive, way. Start with the least intrusive questions before asking ones that are potentially more embarrassing. Explain why you need to ask the questions.
- Appropriate greeting and maintaining eye contact (if culturally acceptable) are crucial.
- Patients are often vague or use euphemisms if embarrassed. Listen and watch to ensure you have understood and whether you need to ask further questions to confirm. Use open questions to initiate the consultation, clarifying with closed questions if required.
- Non-verbal cues are particularly important.
- Do not make assumptions; use neutral terms such as 'person' or 'partner' until you have confirmed an individual's sexual orientation and relationship status. Do not ask whether individuals are married or monogamous; rather, ask how many partners they have had.
- If discussing sexual behaviors, ensure that the patient understands any medical terminology you may use and that you understand their slang terms. Some patients prefer to use colloquial terms to discuss sex; others would find this off-putting.
- There should be capacity to accommodate and communicate with those whose first language is not English.
- Human sexual behavior is diverse. Health professionals should avoid moral or religious judgement of their patient's behavior. Concentrate instead on managing health-related needs and take time to address the patient's concerns.
- Requests for clinician gender on cultural or religious grounds, or due to personal preference, should be accommodated where possible.