CHECKLIST: Sexual History – Full Form

Checklist:

□ Are you currently sexually active?
   If No: □ Have you ever been sexually active?
   If Yes: Continue
□ Do you have sex with men, women or both?
□ Are you currently in an intimate relationship?
   If Yes: □ Is your current partner your only partner?
□ Do you have a history of having multiple sexual partners?
   If Yes: □ Within the past year, how many partners have you had?
□ Do you have vaginal sex?
□ Do you have oral sex?
   If Yes: □ Do you give it, receive it, or both?
□ Do you have anal sex?
   If Yes: □ Do you give it, receive it, or both?

Pregnancy:
□ Female – Is there a possibility that you are pregnant or do you desire to become pregnant?
□ Male – Are you concerned about impregnating your partner?
□ Do you use condoms or other protection when having sex?
   If No: □ Why not?
□ Have you ever been treated for a sexually transmitted disease?
   □ If Yes: What was the name of the STD? Did you complete the treatment?
□ Has your partner ever been treated for a sexually transmitted disease?
□ Does your partner have symptoms now of an STD?
□ Are you satisfied with your sexual function?
□ Do you think that you are at risk for HIV infection?
□ Have you or your partner(s) ever had a blood transfusion?
□ Do you or your partner(s) use alcohol? IV drugs?
□ Have you paid or exchanged sex for money, drugs, or shelter?
□ Have you ever been in a relationship where you felt emotional or physical abuse from a loved one? (SAFE Screening)
SAFE Questions:

Stress/Safety
   □ What stresses do you have in your relationship?
   □ Do you feel safe in your relationship?
   □ Should I be concerned for your safety?

Afraid/Abused
   □ Are there situations in your relationship where you feel afraid?
   □ Has your partner ever threatened or abused you or your children?
   □ Have you been physically hurt by your partner?
   □ Has your partner forced you to have sexual intercourse that you did not want?

Friends/Family
   □ If you have been hurt, are your friends and family aware of it?
   □ If it did happen, do you think you could tell them?
   □ Would they be able to give you support?

Emergency Plan
   □ Do you have a safe place to go and the resources you need in an emergency situation?
   □ If you are in danger now, would you like help in locating a shelter?
   □ Would you like to talk with a social worker to develop an emergency plan?