

# Sexual Health Questionnaire

Patient Name: \_\_\_\_\_ DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

## Part 1 - Preliminary Screening

These questions help us determine your risk of sexually transmitted infections (STIs), including viral hepatitis. If you answer “yes” to anything in Part 1, you will also need to complete Part 2. **Please answer honestly.**

Have you ever had unprotected sex (sex without a condom)?

- yes
- no

Have you had multiple sexual partners in the last year?

- yes
- no

Have you ever shared needles or syringes (for drugs, tattoos, or any other reason)?

- yes
- no

Have you ever had a sexual partner who has been diagnosed with an STI or viral hepatitis?

- yes
- no

Have you ever exchanged sex for money, drugs, or other goods/services?

- yes
- no

Have you ever had a blood transfusion or received blood products before the year 1992?

- yes
- no

Have you ever been diagnosed with an STI in the past?

- yes
- no

If you answered “yes” to anything above, proceed to Part 2.  
If all of your answers were “no,” your screening is complete.

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## Part 2: Detailed Screening

This section helps us gather more specific information about your potential risk factors.

How many sexual partners have you had in the last six months?

- 1-2
- 3-5
- 6 or more

Do you know the STI status of your current or recent sexual partners?

- yes
- no
- not sure

Have you ever been vaccinated for hepatitis B?

- yes
- no
- not sure

Have you ever been tested for hepatitis C?

- yes
- no
- not sure

In the past year, have you noticed any unusual symptoms (like sores, itching, or unusual discharge) in your genital area?

- yes
- no
- not sure

Do any of your close family members have a history of viral hepatitis?

- yes
- no
- not sure

If you answered "yes" or "not sure" to anything above, your provider will discuss whether more information or further actions are necessary.