1. Are you sexually active? __________________________

2. If so, when was the last time you engaged in sexual activity? __________________________

3. If you are sexually active, are you sexual with men, women, or both?
   - [ ] men
   - [ ] women
   - [ ] both

4. How many people have you been sexual with in the past year?
   - [ ] 0
   - [ ] 1
   - [ ] 2–3
   - [ ] 4–10
   - [ ] more than 10

5. What, if anything, do you do to protect yourself from getting a sexually transmitted disease, (including HIV)? Have you ever had a sexually transmitted disease?

6. If applicable: What do you do to protect yourself or your partner from unplanned pregnancy?

7. For males: Do you have any problems with sexual functioning; for example, getting aroused, getting or maintaining an erection, or problems with ejaculation or orgasm?

8. For females: Do you have any problems with sexual functioning, for example, getting aroused, becoming lubricated, experiencing pain during sexual activity, or problems with orgasm?

9. Is there anything else that I need to know about your sexuality in order to provide you with good medical care?

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