

**TABLE 3**

## **Questions for a Detailed Sexual History Using the 5 Ps Model**

### **General questions**

Are you currently sexually active? Have you ever been? What is your gender? How do you identify? What pronouns do you prefer?

### **Partners**

How do your partners identify? Do they identify as male, female, or another? or What are the genders of your partners?

How many partners have you had in the past month? The past six months? Your lifetime?

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

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

### **Practices**

What type of sexual activities do you participate in?

Do you participate in vaginal sex? Oral sex? Anal sex?

### **Past history/protection from sexually transmitted diseases and sexually transmitted infections**

Have you ever had any sex-related diseases?

Do you have, or have you ever had, any risk factors for HIV? (List blood transfusions, needle stick injuries, intravenous drug use, sexually transmitted diseases, partners who may have placed the patient at risk.)

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

What do you do to protect yourself from contracting HIV?

### **Pregnancy plans**

Are you trying to become a parent? Would you like to get pregnant (or father a child)?

What method do you use for contraception?

### **Pleasure**

Do you (or your partners) use any particular devices or substances to enhance your sexual pleasure?

Do you ever have pain with intercourse? Do you have any difficulty with lubrication?

Do you have any difficulty achieving orgasm?

Do you have any difficulty obtaining and maintaining an erection?

Do you have difficulty with ejaculation?

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

Is there anything about your (or your partner's) sexual activity (as individuals or as a couple) that you would like to change?