

## COMPONENTS OF A BRIEF SEXUAL HISTORY

COMPONENT	SAMPLE QUESTIONS
Coming Out: Sexual Identity Formation	<ul style="list-style-type: none"> <li>• Do you identify as: heterosexual or straight, gay, lesbian, bisexual, questioning or unsure, other</li> <li>• Are you questioning your sexuality? If yes, tell me more about that.</li> <li>• If LGB, how “out” are you about it?</li> <li>• When did you first identify as LGB or know you were LGB?</li> <li>• Is your substance use in any way related to being LGB?</li> </ul>
Coming out: Gender Identity Formation	<ul style="list-style-type: none"> <li>• Are you questioning any aspect of your gender at this time?</li> <li>• If yes, tell me more about that. Is there anything we need to know to make your treatment experience better?</li> </ul>
Internalized Oppression	<ul style="list-style-type: none"> <li>• Do you ever feel ashamed or guilty about your sexuality or gender?</li> <li>• If yes, how have you dealt with those feelings?</li> </ul>
Sexual/Gender Stigma	<ul style="list-style-type: none"> <li>• How did your family react to your coming out? If not out to them, how do you think they would react?</li> <li>• How well accepted are you at work?</li> <li>• Do you feel safe in your neighborhood?</li> <li>• Have you experienced harassment or discrimination based on your sexuality or gender?</li> <li>• Have you ever experienced violence because of your sexuality or gender?</li> </ul>
Relationships	<ul style="list-style-type: none"> <li>• Are you currently in a relationship?</li> <li>• Is it monogamous, long-term? Is your partner male, female or other?</li> <li>• Is your partner a user/drinker?</li> <li>• If LGBT:               <ul style="list-style-type: none"> <li>○ How “out” is your partner?</li> <li>○ Does your family accept your relationship?</li> <li>○ How often do you feel you have to hide your relationship?</li> </ul> </li> </ul>
Relationship Between Sex and Substances	<ul style="list-style-type: none"> <li>• Do you use drugs/alcohol to enhance your sexual life?</li> <li>• If LGBT, relationship to gay bars               <ul style="list-style-type: none"> <li>▫ How often do you socialize in gay bars?</li> <li>▫ Do you meet your friends, partners in gay bars?</li> <li>▫ How easy would it be for you to stop going to gay bars?</li> <li>▫ Do you meet casual sexual partners in bars?</li> </ul> </li> </ul>

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COMPONENT	SAMPLE QUESTIONS
Abuse History	<p>Have you ever experienced</p> <ul style="list-style-type: none"> <li>• Sexual abuse as a child/adolescent</li> <li>• Physical or emotional abuse as a child/adolescent</li> <li>• Sexual abuse as an adult</li> <li>• Physical or emotional abuse as an adult</li> </ul>
Intimate Partner Violence	<ul style="list-style-type: none"> <li>• Do you feel safe in your relationship?</li> <li>• Have you felt controlled, manipulated, or abused by your partner?</li> <li>• Have you ever felt forced by your partner to have sex when you did not want to?</li> <li>• How often were substances involved in situations of abuse from your partner?</li> </ul>
Current Sexual Behavior and HIV/AIDS/STI prevention	<ul style="list-style-type: none"> <li>• Are you currently sexually active?</li> <li>• Are you satisfied with your sexual life?</li> <li>• Have you ever had sex sober? Are you worried about your sexual life after treatment?</li> <li>• How often did you use stimulant drugs for sexual purposes? Describe.</li> <li>• How many different partners did you have in the past year? How many were men? How many women?</li> <li>• How often do you practice safer sex? What does being safe mean to you?</li> <li>• Have you ever been diagnosed with a sexually transmitted infection? If yes, describe.</li> <li>• Have you been tested for HIV? When, what was the result?</li> </ul>