**6 Essential Sexual Health Questions**

1. Have you ever had any type of sex?
	1. Oral, Vaginal, Anal?
2. When was the last time?
3. Are your partner(s) men, women, transmen, transwomen? How many (1 or more than 1)?
4. Do you use condoms/PrEP? Always, sometimes, never?
5. Any symptoms?
6. Were you exposed to any STDs that you know?