

# A Guide to Sexual History Taking

## The importance of taking a sexual history

A sexual history is necessary for all patients to provide information to guide risk-reduction counseling, to identify those at high risk for chlamydia and those at risk for other sexually transmitted diseases, including HIV, and to identify what anatomical sites are suitable for STD screening. All sexually active women age 25 and younger should be screened for genital tract chlamydia infections regardless of risk-behavior. Below is a basic sexual history template for you to administer to your patients to determine their risk for chlamydia and other STDs. The history can be taken by you as part of the history and physical, or done by your patients as a self-administered questionnaire. This is a template that may not be culturally appropriate for some patients.

## Getting Started and the 5Ps

### A. Getting started: introductory statements and questions

#### 1. Teens

Care needs to be taken when introducing sensitive topics such as sexuality with teenagers. It is important to interview the teen alone and reinforce confidentiality. Start with asking about neutral topics like school, sports or other activities. Discussions should be appropriate for the teen's developmental level, and you should be explicit.

*"Now, I am going to take a few minutes to ask you some sensitive questions that are important for me to help you be healthy. Anything we discuss will be completely confidential. I won't discuss this with anyone, not even your parents, without your permission."*

*"Some of my patients your age have started having sex. Have you had sex?"*

OR

*"What have you done to protect yourself from AIDS, HIV or other STDs?"*

If you identify that the teen is sexually active, you will want to clarify what kind of sex she/he has engaged in. Some teenagers have different definitions of sex.

#### 2. Adults

*"Now, I am going to take a few minutes to ask you some direct questions about your sexual history. These questions are very personal, but it is important for me to know, so I can help you be healthy. I ask these questions with all of my patients regardless of age or marital status, and they are just as important as other questions about your physical and mental health. Like the rest of the visit, this information is strictly confidential."*

### B. The 5 Ps: Partners, Prevention, Protection for STDs, Practices, Past STDs

#### 1. Partners

For sexual risk, it is important to determine the number and gender of a patient's sexual partners. One should make no assumptions of partner gender in the initial history taking. If multiple partners, explore for more specific risk factors, such as condom use with partners and partners' risk factors, such as other partners, injection drug use, history of STDs and drug use with sex. If one partner, ask about length of the relationship and partner's risk, such as other partners and injection drug use.

- "Do you have sex with men, women, or both?"
- "In the past two months, how many people have you had sex with?"
- "In the past 12 months, how many people have you had sex with?"

*If the patient has sex with both men and women, repeat those questions for each specific gender.*

#### 2. Prevention of pregnancy

Based on partner information from the prior section, you may determine that the patient is at risk of becoming pregnant or of causing a pregnancy. If so, determine if a pregnancy is desired.

- "Are you trying to get pregnant?" (Women)
- "Are you and a partner trying to get pregnant?" (Men)
- "Are you concerned about getting pregnant or getting your partner pregnant?"
- "What are you doing to prevent a pregnancy?"

# A Guide to Sexual History Taking (cont.'d)

## 3. Protection from STDs

- “What do you do to protect yourself from sexually transmitted diseases and HIV?”

With this open-ended question, you allow different avenues of discussion: condom use, monogamy, patient self-perception of risk, and perception of partner's risk. If you have determined that the patient has had one partner in the past 12 months and that partner has had no other partners, then infrequent or no condom use may not warrant risk-reduction counseling. **Regardless of the patient's risk behavior, if the patient is a woman, 25 or younger, she should be screened for chlamydia.**

## 4. Practices

If the patient has had more than one partner in the past year or a partner with other partners, you may want to explore further her/his sexual practices and condom use. Asking about other sex practices will guide risk-reduction strategies and identify anatomical sites from which to collect specimens for STD testing.

*“I am going to be more explicit about the kind of sex you have been having over the last year, so I understand your risks for STDs.”*

- “Do you have vaginal sex, meaning “penis in vagina sex”?”

**If answer is yes:** “Do you use condoms: never, sometimes, most of the time or always, for this kind of sex?”

- “Do you have anal sex, meaning “penis in rectum/anus sex”?”

**If answer is yes:** “Do you use condoms: never, sometimes, most of the time or always, for this kind of sex?”

- Do you have oral sex, meaning “mouth on penis/vagina?”

For condom answers:

**If answer is “never,” then:** “Why don't you use condoms?”

**If answer is “sometimes,” then:** “In what situations, or with whom, do you not use condoms?”

## 5. Past history of STDs

A history of prior gonorrhea or chlamydia infections increases a person's risk of repeat infection. Recent STDs indicates a higher risk behavior.

- “Have you ever had an STD?”

**If yes:** “Do you know what the infection was and when it was?”

- “Have any of your partners had an STD?”

**If yes:** “Do you know what the infection was and when it was?”

## C. Additional questions to identify HIV and hepatitis risk.

Immunization history for Hepatitis A and B can be noted at this point, as well as past HIV testing. Hepatitis A immunization is recommended for men who have sex with men (MSM) and intravenous drug users (IDU).

- “Have you or any of your partners ever injected drugs?”

- “Have you or any of your partners ever had sex with prostitutes?”

- “Have you ever gotten Hepatitis B vaccine (all 3 doses)?”

- “Have you ever gotten Hepatitis A vaccine (2 doses)?” (only if MSM, IDU)

- “Have you ever been tested for HIV, the virus that causes AIDS?”

## D. Finishing up

By the end of this section of the interview, the patient may have come up with information, or questions that she/he was not ready to discuss earlier.

- “Is there anything else about your sexual practices that I need to know about to help you receive good health care?”

At this point, thank the patient for their honesty and praise protective behaviors. For a patient identified at higher risk for STDs, be sure to praise the safer sex practices you have identified. After reinforcing positive behavior, it is appropriate to specifically address concerns regarding higher risk practices. Your expression of concern can then lead to your risk-reduction counseling or a counseling referral.

Adapted with permission from the California Chlamydia Action Coalition. For additional resources and a one-page Patient-Administered Sexual History Questionnaire, please visit: [www.ucsf.edu/castd/toolbox](http://www.ucsf.edu/castd/toolbox).



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