

A guide to taking a patient's sexual history

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 risk for chlamydia, to recognize those at risk for other sexually transmitted diseases, including HIV, and to identify what anatomic sites are suitable for STD (sexually transmitted disease) screening. All sexually active women age 24 and younger should be screened for lower genital tract chlamydial infections regardless of risk behavior.

On the last page of this guide we have included a basic sexual history template for you to administer to your patients to determine their risk for chlamydia and other STDs. This history can be taken by you as part of the history and physical, or done by your patients as a self-administered questionnaire. Save this page and make copies for ongoing clinic use. Please note that this is a template that may not be culturally appropriate for some patients.

Questioning teenagers

Take special care when introducing sensitive topics such as sexuality with teenage patients. It's important to interview the teenager alone and to assure them that the interview is confidential. Start by asking about neutral topics like school, sports or other activities. Discussions should be appropriate for the teenager's development level; however, you should be explicit. If you identify the teenager as sexually active, you'll want to clarify what kind of sex she/he has engaged in, as some teenagers have different definitions of sex.

Examples of introductory statements for teens include: "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?"

Questioning adults

Tell the adult patient that you're going to ask direct and explicit questions about their sexual history and health. Tell them you understand the questions are personal, but that they're important to getting the information required to help them stay healthy. Inform them that questions about sexual health are just as important as questions about physical and mental health and that you ask all patients the same questions regardless of age or marital status. As with all of your patients, assure them that the interview is confidential.

Examples of introductory statements for adults include: "I'd like to take a few minutes to ask you some sensitive questions that are important for me to help you be as healthy as possible. Anything we discuss will be completely confidential. I will not discuss this conversation with anyone without your permission."

The five P's

for assessing sexual history

1

Partners

To determine sexual risk, it is important to determine the number and gender of a patient's sexual partner(s). One should not make assumptions of their partner(s)' gender in the initial assessment. If multiple partners, explore for more specific risk factors, such as condom use with partner(s) and partner(s)' 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. If the patient has sex with both men and women, repeat these questions.

Questions

"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?"

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 first if a pregnancy is desired.

Questions

Women:

"Are you trying to get pregnant?"

Men:

"Are you and a partner trying to get pregnant?"

If "no"

"Are you concerned about getting pregnant or getting your partner pregnant?"

"What are you doing to prevent a pregnancy?"

3

Protection from STDs

With the following 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 and is age 25 or younger, she should be screened for chlamydia.

Question

"What do you do to protect yourself from sexually transmitted diseases and HIV?"



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).

Questions

"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)?"

Only if MSM, IDU: "Have you ever gotten hepatitis A vaccine (2 doses)?"

"Have you ever been tested for HIV, the virus that causes AIDS?"

4

Practices

If the patient has had more than one partner in the past year or a partner who has had other partners, you may want to ask about 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.

Questions

"I am going to be more explicit and ask about the kind of sex you have been having over the last year so I can understand your risks for STDs."

"Do you have vaginal sex, meaning 'penis in vagina' sex?"

If "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 "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 pelvis/vagina'?"

If "never" for condoms

"Why don't you use condoms?"

If "sometimes" for condoms

"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 or past STDs indicate a higher risk behavior.

Question

"Have you ever had an STD?"

If "yes"

"Do you know what the infection was and when was it?"

"Have any of your partners had an STD?"

If "yes"

"Do you know what the infection was and when was it?"



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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.

At this point, thank the patient for their honesty and praise their 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.

Question

"Is there anything else about your sexual practices that I need to know to ensure you receive good health care?"

Patient-administered sexual history questionnaire

Please take a few minutes to fill out these questions about your sexual health. Your information is strictly confidential. This form will be shared with no one but your health care provider. Your honest answers will help your provider to provide the best care possible and work with you to help you be healthy. Leave all questions blank that do not apply to you.

Patient Name: _____

Patient ID: _____

| | | | | | | | | | | | | | | | | | |
|---|--|---|---|--|--|--|--|--|----------------------------------|---|-----------------------------|--|------------------------------|--------------------|-----------------------------|--|------------------------------|
| <p>1 Have you ever had sex (vaginal or penis in anus or rectum)? <input type="checkbox"/> Yes <input type="checkbox"/> No If no skip to Question 10.</p> | | | | | | | | | | | | | | | | | |
| <p>2 How many partners have you had sex with in the past year? <input type="checkbox"/> No partners <input type="checkbox"/> One partner <input type="checkbox"/> More than one partner</p> | | | | | | | | | | | | | | | | | |
| <p>3 Do you have sex with: <input type="checkbox"/> Males only <input type="checkbox"/> Females only <input type="checkbox"/> Both</p> | | | | | | | | | | | | | | | | | |
| <p>4 What method do you currently use to prevent a pregnancy, if applicable? (check all that apply)</p> <table style="width: 100%; border: none;"> <tr> <td><input type="checkbox"/> Condoms (for men or for women)</td> <td><input type="checkbox"/> Foam, spermicides, film or suppositories</td> </tr> <tr> <td><input type="checkbox"/> Oral contraceptives (birth control pills)</td> <td><input type="checkbox"/> Depo-Provera shot or Norplant</td> </tr> <tr> <td><input type="checkbox"/> I/my partner and I are trying to get pregnant</td> <td><input type="checkbox"/> Rhythm method or withdrawal</td> </tr> <tr> <td><input type="checkbox"/> I am not concerned about getting pregnant</td> <td><input type="checkbox"/> Nothing</td> </tr> <tr> <td colspan="2"><input type="checkbox"/> Other (please specify) _____</td> </tr> </table> | | <input type="checkbox"/> Condoms (for men or for women) | <input type="checkbox"/> Foam, spermicides, film or suppositories | <input type="checkbox"/> Oral contraceptives (birth control pills) | <input type="checkbox"/> Depo-Provera shot or Norplant | <input type="checkbox"/> I/my partner and I are trying to get pregnant | <input type="checkbox"/> Rhythm method or withdrawal | <input type="checkbox"/> I am not concerned about getting pregnant | <input type="checkbox"/> Nothing | <input type="checkbox"/> Other (please specify) _____ | | | | | | | |
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| <input type="checkbox"/> I am not concerned about getting pregnant | <input type="checkbox"/> Nothing | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Other (please specify) _____ | | | | | | | | | | | | | | | | | |
| <p>5 How often do you use condoms with vaginal sex? <input type="checkbox"/> Always <input type="checkbox"/> Most of the time <input type="checkbox"/> Sometimes <input type="checkbox"/> Never <input type="checkbox"/> I do not have vaginal sex</p> | | | | | | | | | | | | | | | | | |
| <p>6 How often do you use condoms with anal sex (penis in anus or rectum)? <input type="checkbox"/> Always <input type="checkbox"/> Most of the time <input type="checkbox"/> Sometimes <input type="checkbox"/> Never <input type="checkbox"/> I do not have anal sex</p> | | | | | | | | | | | | | | | | | |
| <p>7 Have you ever been told by a doctor or nurse that you had a sexually transmitted disease? <input type="checkbox"/> No <input type="checkbox"/> Yes (circle all that apply)</p> <table style="width: 100%; border: none;"> <tr> <td>Chlamydia</td> <td>Genital herpes</td> <td>Genital warts</td> </tr> <tr> <td>Gonorrhea</td> <td>PID</td> <td>HIV</td> </tr> <tr> <td>Trichomonas</td> <td>Syphilis</td> <td>Other: _____</td> </tr> </table> <p>If yes, when was the last time you had one of these diseases? _____ month/_____ year</p> | | Chlamydia | Genital herpes | Genital warts | Gonorrhea | PID | HIV | Trichomonas | Syphilis | Other: _____ | | | | | | | |
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| Trichomonas | Syphilis | Other: _____ | | | | | | | | | | | | | | | |
| <p>8 Have any of your sexual partners. . .</p> <table style="width: 100%; border: none;"> <tr> <td>a. had a sexually transmitted disease in the past year?</td> <td><input type="checkbox"/> No</td> <td><input type="checkbox"/> I do not know</td> <td><input type="checkbox"/> Yes _____ (please specify)</td> </tr> <tr> <td>b. had other partners while still in a relationship with you?</td> <td><input type="checkbox"/> No</td> <td><input type="checkbox"/> I do not know</td> <td><input type="checkbox"/> Yes</td> </tr> <tr> <td>c. had sex with prostitutes?</td> <td><input type="checkbox"/> No</td> <td><input type="checkbox"/> I do not know</td> <td><input type="checkbox"/> Yes</td> </tr> <tr> <td>d. injected drugs?</td> <td><input type="checkbox"/> No</td> <td><input type="checkbox"/> I do not know</td> <td><input type="checkbox"/> Yes</td> </tr> </table> | | a. had a sexually transmitted disease in the past year? | <input type="checkbox"/> No | <input type="checkbox"/> I do not know | <input type="checkbox"/> Yes _____ (please specify) | b. had other partners while still in a relationship with you? | <input type="checkbox"/> No | <input type="checkbox"/> I do not know | <input type="checkbox"/> Yes | c. had sex with prostitutes? | <input type="checkbox"/> No | <input type="checkbox"/> I do not know | <input type="checkbox"/> Yes | d. injected drugs? | <input type="checkbox"/> No | <input type="checkbox"/> I do not know | <input type="checkbox"/> Yes |
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| c. had sex with prostitutes? | <input type="checkbox"/> No | <input type="checkbox"/> I do not know | <input type="checkbox"/> Yes | | | | | | | | | | | | | | |
| d. injected drugs? | <input type="checkbox"/> No | <input type="checkbox"/> I do not know | <input type="checkbox"/> Yes | | | | | | | | | | | | | | |
| <p>9 Have you ever gotten hepatitis B vaccine (3 injections)? <input type="checkbox"/> No <input type="checkbox"/> I do not know <input type="checkbox"/> Yes (all 3 doses) <input type="checkbox"/> Yes (less than 3 doses)</p> | | | | | | | | | | | | | | | | | |
| <p>10 Have you ever been tested for HIV, the virus that causes AIDS? <input type="checkbox"/> No <input type="checkbox"/> Yes</p> | <p>11 Have you ever injected drugs? <input type="checkbox"/> No <input type="checkbox"/> Yes</p> | | | | | | | | | | | | | | | | |
| <p>12 How many drinks of beer, wine or hard liquor did you have in the past week? _____ drink(s)</p> | | | | | | | | | | | | | | | | | |
| <p>13 Have you had sex while under the influence of alcohol or drugs in the past year? <input type="checkbox"/> No <input type="checkbox"/> Yes</p> | <p>14 Have you ever had sex when you didn't want to? <input type="checkbox"/> No <input type="checkbox"/> Yes</p> | | | | | | | | | | | | | | | | |

Adapted with permission from the California Chlamydia Action Coalition