



A Clinician's Guide to Sexual History Taking

Prepared jointly by
the California Department of Public Health and
the California STD/HIV Prevention Training Center
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A sexual history is important for all patients to identify those at risk for sexually transmitted diseases, including HIV, to guide risk-reduction counseling, and to identify what anatomic sites are suitable for sexually transmitted diseases (STD) screening. This basic sexual history tool can be used by clinicians as a guide to determine the patient's risk for STDs. This template may not be culturally appropriate for some patients, and can be adjusted as needed.

Getting Started and the 5 "Ps"

A. Introductory statements and questions

Teens – For teens, the sexual history can be incorporated into a broader risk assessment which addresses issues related to home, school, drug use, smoking, etc. Discussions should be appropriate for the teen's developmental level. It is important to interview the teen alone and to reinforce confidentiality. Care needs to be taken when introducing sensitive topics such as sexuality with teenagers.

"Now I am going to ask you some 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?"

If you identify that the teen is sexually active, you will want to continue with a more complete sexual history.

Adults – For adults, the sexual history should be normalized in the context of overall health.

"Now I am going to ask you some questions about your sexual health. I ask these questions of all 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 this visit, this information is strictly confidential."

B. The five “Ps”: Partners, Sexual Practices, Past STDs, Pregnancy history and plans, and Protection from STDs

1. Partners –Start by determining the number and gender of a patient's sexual partners. If multiple partners, explore for more specific risk factors, such as patterns of condom use and partner's risk factors (i.e., other partners, injection drug use, history of STDs). 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 partners have you had?”**

2. Sexual Practices – In addition to determining the gender and number of partners, it is also important to ask about sexual practices and condom use. Asking about 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 specific about the kind of sex you may have been having over the last year so I understand your risks for STDs.”

- **“Do you have vaginal sex, meaning ‘penis in vagina’ sex?”**
- **“Do you have anal sex, meaning ‘penis in rectum/anus’ sex?”**
- **“Do you have oral sex, meaning ‘mouth on penis/vagina’?”**
- **“How often do you use condoms? (never, sometimes, most of the time, always)?**
- **“In what situations, or with whom, do you not use condoms?”**

3. Past History of STDs – A history of prior gonorrhea or chlamydia infections increases a person's risk of repeat infection. Recent past STDs indicate higher risk behavior.

- **“What STDs have you had in the past, if any?”**
- **“Have you ever had an STD, such as chlamydia, gonorrhea, herpes, or warts?”**

4. Pregnancy Plans – Based on partner information already obtained, you may determine that the patient is at risk of becoming pregnant or of causing a pregnancy. If so, determine first if pregnancy is desired.

- **“What are your current plans or desires regarding pregnancy?”**
- **“Are you concerned about getting pregnant or getting your partner pregnant?”**
- **“Are you (or you and a partner) trying to get pregnant?”**
- **“What are you doing to prevent a pregnancy?”**

5. 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 and is 25 or younger, routine screening for chlamydia is recommended annually.

C. Additional questions to identify HIV and hepatitis risk

- **“Have you or any of your partners ever injected drugs?”**
- **“Have you had the hepatitis B vaccine (all three doses)?”**
- **“Have you had the hepatitis A vaccine (two doses)?”** (Recommended for men who have sex with men and injection drug users.)
- **“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 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 ensure your good health care?”**
- **“Do you have any questions for me?”**

At this point, review and reinforce positive, protective behaviors. After reinforcing positive behavior, it is appropriate to address specific concerns regarding higher risk practices. Your expression of concern can then lead to risk-reduction counseling or a counseling referral.