

TAKING A SEXUAL HISTORY

Assessing sexual health is an essential part of a comprehensive health exam. A sexual history needs to be taken during a patient's initial visit, routine preventive exams, and when a patient presents with signs or symptoms consistent with a sexually transmitted disease (STD).

A sexual history identifies patients at risk of HIV, and other STDs, clarifies pregnancy intentions, and reveals other sexual health-related concerns thereby giving providers the information needed to address these issues and conditions. The conversation that takes place helps build trust and provides opportunities for healthy behaviors counseling as well. *A sexual history is vital to assessing risk behaviors and identifying indications for PrEP use.* Ideally, a sexual history also provides guidance and addresses concerns around sexual pleasure and fulfillment as well.

Discussing sexuality with a provider may be awkward at any age. Youth and those who are sexual minorities may face additional sensitivities due to their age and/or society's heteronormativity. Some gender nonconforming youth have faced rejection and hostility from their families and bullying or violence in school or society related to their sexuality. They need to be assured that they will be safe if they disclose personal aspects of their lives and sexual behaviors.

This tool offers guidance for health care providers who care for adolescents and young adults as to how to take an inclusive sexual history to meet the needs of all youth including lesbian, gay, bisexual, transgender, queer, and questioning (LGBTQ) youth. Many factors influence an individual's sexual life and expression. You are encouraged to adapt this guide to be culturally appropriate for your patients based on their age, gender identity and expression, sexual orientation, race, ethnicity, culture, and other factors.

CONTENTS

- ◆ [Create a Safe Environment](#)
- ◆ [Taking the History](#)
- ◆ [Additional Resources](#)

CREATE A SAFE ENVIRONMENT

Creating a safe environment for discussion of sensitive topics is critical to establishing trust and open communication. All adolescents and LGBTQ youth may be particularly sensitive. When taking an adolescent's sexual history:

Establish rapport

Set expectations for the clinical encounter. Speak to the parent or guardian (if present) and minor adolescent together and let them know what to expect, including that the adolescent will have some time alone with you. If you will talk alone with the parent as well, do so before you talk to the adolescent alone, so the adolescent does not worry that you are sharing what you have discussed. This will also provide you and the parent or guardian an opportunity to share any concerns.

In a private interview with the (adolescent) patient:

- **Normalize the discussion.** State that all patients are asked the same questions. By asking personal questions you can provide the best possible care.
- **Minimize note-taking, particularly during sensitive questions.**

- **Sexual history should be part of a broader risk assessment.** For minor adolescents, the sexual history can be part of a broader risk assessment which asks about issues relating to home, school, drug and alcohol use, smoking, etc.
- **Provide assurance of confidentiality and establish limits of confidentiality.** Patients—especially young patients—are more likely to disclose sensitive information if consent and confidentiality are clearly explained. Clarify the laws and limits of confidentiality, explaining where confidentiality may need to be breached, such as when there is reported abuse or suicidal thoughts. Ensure that confidentiality will be maintained as allowable throughout the billing process. Some adolescents up to age 26 may still be on their parents’ health plans so arrangements may need to be made regarding where the Explanation of Benefits will be sent. Know your state’s minor consent laws and communicate parameters as needed. See [Section 4 PrEP and Young People: Laws and Policies](#) for more information.

Avoid assumptions of heteronormativity or behaviors

Do not assume a patient’s gender identity, sexual orientation, sexual behaviors, or number of partners.

- **Understand the difference between gender and sexuality and how it may apply to your patients.**
 - **Gender identity** is a person’s internal sense of gender: man/male, woman/female, both, neither, or another gender.
 - **Gender expression** is the ways in which a person acts, presents themselves, and communicates. Gender expression may or may not correspond to assigned gender at birth or gender identity.
 - **Sexuality** encompasses **sexual orientation** (how a person characterizes their emotional and sexual attraction to others, e.g., heterosexual, lesbian, gay, bisexual), **sexual attraction** (who one loves and/or is attracted to) and **sexual behaviors**.
 - Note that youth who may be questioning their sexual orientation and/or gender identity may have changing responses to questions in this area over time.
 - See [Glossary of LGBT Terms for Health Care Teams](#) (National LGBT Health Education Center) for more information.
- **Use gender-neutral language.** Ask your patients—especially those who are gender nonconforming—which pronouns they prefer. Some may prefer the pronouns you and they, rather than he and she. Some sexual minority youth prefer non-traditional pronouns to describe themselves such as yo, ze, zhe, hir, they. Instead of asking “What do you and your girlfriend do together?” ask “Tell me about your partner.” Or, “What do the two of you do together?”
- **Be familiar with colloquial terminology your patients might use.** See [Gender & Sexuality Terminology](#) (LGBT Resource Center, University of California, Riverside) for suggestions.

Be nonjudgmental and supportive

Talking about sensitive topics such as sexual behavior, gender identity, and coming out can be risky for LGBTQ youth in particular. Keep an open mind and seek to understand what youth need from this medical encounter in terms of risk reduction and medical care. It is also important that all office staff be nonjudgmental and welcoming.

- **Offer open-ended encouragement.** For LGBTQ youth and for particularly sensitive topics: ask questions to understand their current situation. “Tell me your story.” Ask about feelings, preferences, thoughts, and behaviors.
- **Ask developmentally appropriate questions.** Talk in terms adolescents will understand, taking note of the adolescent’s age as well as developmental stage.
- **Ask open-ended questions.** Practice listening skills. Watch for nonverbal cues as well.
- **Avoid the surrogate parent role.** Instead, look for opportunities to offer relevant and appropriate risk reduction information. Don’t lecture.
- **Be concrete and specific with your questions.** See examples in the following pages.
- **Describe how screening tests and results will be delivered.** Make sure clinic staff are also aware of how results will be delivered so that patient confidentiality will be maintained.
- **And remember, it’s a conversation...not a lecture or an interrogation!**

TAKING THE HISTORY

Introduction

- ✓ Some of my patients your age have started having sex. Have you had sex?
- Or
- ✓ Are you sexually active?

Partners

- ✓ In the past 6 months, how many sex partners have you had?
- ✓ Are your sex partners men, women, both, transgender?
- ✓ Were any partners known to be HIV positive? How many partners were known to be HIV positive?

Practices

- ✓ What kind of sexual contact do you have or have you had? Genital (penis in the vagina)? Anal (penis in the anus)? Oral (mouth on penis, vagina or anus)? Other (e.g. digital/finger in vagina or anus)?
- ✓ For men who have sex with men, are you the receptive partner (“the bottom”), the insertive partner (the “top”) or both (“versatile”)?

Protection from STDs

- ✓ Do you use condoms consistently? If not, in which situations are you most likely to use or not to use a condom?
- ✓ How many times did you have vaginal or anal sex without a condom?
- ✓ Did you use a condom at your last sexual encounter? (This last question provides an opportunity to gauge condom use and assess the need for emergency contraception in women and possible risk of acute HIV infection in all patients.)

Past History of STDs

- ✓ Have you ever been diagnosed with a STD, such as HIV, herpes, gonorrhea, chlamydia, syphilis, genital warts, HPV, or trichomoniasis? When? How were you treated? Did you take all of your medicine?
- ✓ Have you had any recurring symptoms or diagnoses?
- ✓ Have you ever been tested for HIV? When was your last HIV test? What was the result?
- ✓ Has your current partner or any former partners ever been diagnosed or treated for an STD? Were you tested for the same STD(s)? If yes, when were you tested? What was the diagnosis? How was it treated?

Prevention of Pregnancy

- ✓ Are you currently trying to conceive a child?
- ✓ Are you concerned about getting pregnant or getting your partner pregnant?
- ✓ Are you using contraception or practicing any form of birth control? Do you need any information on birth control (or a referral)?
- ✓ Have you used emergency contraception in the past year? If so, how many times?

Note: Repeated use of emergency contraception (EC) is a flag for unprotected sex. Use of EC twice or more in six months may warrant screening for intimate partner violence (IPV) as partners may be sabotaging or prohibiting their partner's use of contraception. See resources for IPV screening at the end of this form.

Additional questions to identify HIV and hepatitis risk

- ✓ Have you or any of your partners been diagnosed with HIV or hepatitis B or C?
- ✓ Have you or any of your partners ever injected drugs?
- ✓ Have you used methamphetamines/crystal meth, crack, MJ, or any other drugs? Which one(s)?
- ✓ Do you have sex when you have been using drugs or after drinking alcohol?
- ✓ Have you had the hepatitis B vaccine (all three doses)?
- ✓ Have you had the hepatitis A vaccines (two doses)? (Recommended for men who have sex with men and injection drug users)
- ✓ Have you ever taken pre-exposure prophylaxis (a medication to prevent against HIV)? Or used a partner's medication to avoid getting HIV?
- ✓ Have you ever taken post-exposure prophylaxis (a medication taken within 72 hours after sex to prevent against HIV)?

Completing the History

- ✓ Is there anything else about your sexual practices that I need to know about to ensure your good health care?
- ✓ Are you or your partner having any sexual difficulties at this time?
- ✓ Do you have any sexual concerns you would like to discuss?

After taking the sexual history, thank the patient for being open and honest and commend any protective practices. For patients at risk of STDs, encourage testing and offer praise for protective practices. For patients at risk of pregnancy, offer praise for consistent contraceptive use. After reinforcing positive behavior, address specific high risk practices. Discuss PrEP if appropriate.

Adapted from [A Guide to Taking a Sexual History](#) (Centers for Disease Control and Prevention)

ADDITIONAL RESOURCES

1. [Talking to Patients about Sexuality and Sexual Health](#) (Association of Reproductive Health Professionals)
2. [Taking an Adolescent Sexual History](#) (Bolan, Director of the Centers for Disease Control and Prevention's Division of STD Prevention)
3. [A Clinician's Guide to Sexual History Taking](#) (California Department of Public Health STD Branch)
4. Bright Futures Previsit Questionnaires ([Early Adolescent, 15–17 Years](#), and [18–21 Years](#)) (American Academy of Pediatrics)
5. [Office-based Care for Lesbian, Gay, Bisexual, Transgender and Questioning Youth](#) (Levine and Committee on Adolescence, American Academy of Pediatrics)
6. [Adolescent Friendly Health Services \[PowerPoint and video\]](#) (Physicians for Reproductive Health, Adolescent Reproductive and Sexual Health Education Program)
7. [Caring for Transgender Adolescents \[PowerPoint and video\]](#) (Physicians for Reproductive Health, Adolescent Reproductive and Sexual Health Education Program)
8. [Lesbian, Gay, Bisexual, Transgender, Questioning Youth \[PowerPoint and video\]](#) (Physicians for Reproductive Health, Adolescent Reproductive and Sexual Health Education Program)
9. [Sexual History-Taking: Essential Questions \[PowerPoint and video.\]](#) (Physicians for Reproductive Health, Adolescent Reproductive and Sexual Health Education Program)
10. [Preexposure prophylaxis for the prevention of HIV infection in the United States-2014: A clinical practice guideline](#) (US Public Health Service)

RESOURCES FOR INTIMATE PARTNER VIOLENCE SCREENING

1. [IPV Screening and Counseling Toolkit](#) (Futures Without Violence)
2. [National Coalition of Antiviolence Programs](#)
3. [National Domestic Violence Hotline](#) 800-799-SAFE (7233), 800-787-3224 TYY