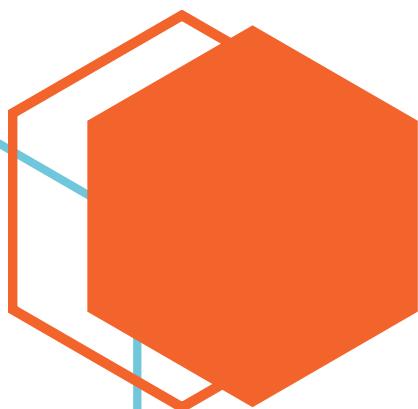




Pocket Guide to Open-Ended Sexual Health Questions

**Pacific AIDS Education & Training Center
– Central Valley & Northern Interior**

4150 V Street, Suite G-500
Sacramento, CA 95817
Phone: 916-320-6764
aetc@ucdavis.edu



Clinical Environment

The first step in making a patient comfortable is having a welcoming clinical environment.

- Make your practice look and feel engaging
- All staff members should introduce themselves warmly and either include their pronouns or have their pronouns visible
- All staff should communicate to the patient what their role is in the patient's care
- Honor patients with respect and attention
- Improve communication at every step of the patient visit
- Make ease-of-access a top priority
- Commit to timeliness

- If the patient is a teen with their parent, ask about gender/pronouns more privately

Video with more information on pronouns and their importance:

<https://bit.ly/pnounvid>

Establish your patient's name and pronouns

- “What name and pronouns would you like us to use?”
- “I would like to be respectful; how would you like to be addressed?”

Establish your patient's sexual orientation

- “How would you characterize your sexual orientation?”
- “What are the gender(s) of the people you have sex with?”
- “Who are you attracted to?”

Establish your patient's gender identity

- “How would you characterize your gender identity?”
- “What was your sex assigned at birth?”

More information on attraction, gender identity, and gender expression:

<https://www.genderbread.org/>

Preparing to Take a Sexual History

- Before delving into the sexual history, recognize that patients may not be comfortable discussing their partners and practices for various reasons, such as prior abuse and/or trauma, including in a healthcare setting.
- Be thoughtful about taking a trauma-informed, sex-positive, patient-centered approach

- For trauma-informed care, focus on “What happened to you?” instead of “What’s wrong with you?”
- For a patient-centered approach, ask “Are there any concerns you would like to be sure we address?”

Further resources for trauma-informed care:

<https://bit.ly/whatsTIC>

<https://bit.ly/TICfactsheet>

Further information about sex-positivity:

<https://bit.ly/sexpositiveslides>

- Remember that taking a sexual history is an important part of their medical care
- Address concerns about sexual function and satisfaction
- Reviewing all the available testing options may be the best approach

Sexual History Opening Questions

- “May I ask you some questions about your sexual health and sexual practices? I understand these are personal questions, but sexual health is an important part of overall health.”
- “I believe sexual health is important, is it okay if I ask you some questions regarding your sexual life?”
- “I ask all my patients about their sexual health, and the information is confidential unless you or someone else is being hurt or is in danger. Do you have any questions before we begin?”
- “Do you have any questions or concerns about your sexual health?”

The 5 P's

The 5 P's may help you remember the major components of a sexual history and guide your dialogue with the patient.

The goal of the 5 P's is to improve patient health and every patient will be different, be aware and sensitive to the patient's comfort during the discussion.

1. Partners
2. Practice
3. Protection from STI's
4. Past history of STI's
5. Pregnancy Intention

Partners

- “What are the genders of your partners?”
- “Are you currently having sex of any kind?”

- “How many partners have you had sex with in the past 12 months?”
- “Do you or your partners have other partners?”
- “If not currently sexually active, when were you last sexually active?”

Practice

- “To know what testing you may benefit from, I would like to ask you more about your sexual practices, is that okay?”
- “What types of sex do you have? Oral? Anal? Vaginal?”

Ask follow-up questions, depending on answers. For example, if they indicate they engage in oral sex

you can ask about whether it's giving, receiving, or both.

- “How do you meet your partners?”
- “Do you or your partners ever use substances with sex?”
- “Have you ever exchanged sex for something you needed?”
- “Have your partners ever exchanged sex for something they needed?”

Protection from STI's

- “What do you know about STI's and their prevention?”
- “Do you and your partners discuss STI prevention?”
- “How would you say you protect yourself from STI's?”

- “If you use prevention tools (i.e. external condoms, dental dams, internal condoms), how often would you say you use them: sometimes, always, never?”

Continue to dialogue based on responses. For example, if a response is “sometimes”: “In what situations or with whom do you use a condom?”

Assess knowledge and use of the full spectrum of prevention tools like PrEP, or preventative vaccinations.

Past history of STI's

- “Have you ever been tested for STI's?”
- “Which STI's have you tested for?”
- “Have you or your partners ever had an STI?”

- “Have you ever been exposed to an STI?”
- “Do you have any concerns about STI’s?”

Pregnancy intention

It's important to discuss family planning desires with all patients and not make assumptions.

- “Do you think you would like to have (more) children?”
- “When do you think you will be interested in having a child?”
- “How important is it to prevent pregnancy until then?”
- “Are you or your partner using any type of contraception?”
- “Would you like to talk about pregnancy prevention?”
- “Do you need any information on birth control?”

References

CDC, Taking a Sexual History:
<https://www.cdc.gov/hiv/clinicians/transforming-health/health-care-providers/sexual-history.html>

CDC, A Guide to Taking a Sexual History:
<https://www.cdc.gov/std/treatment/sexualhistory.pdf>

This project was supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) as part of an award totaling \$3,278,366. The contents are those of the author(s) and do not necessarily represent the official views of, nor an endorsement, by HRSA, HHS or the U.S. Government.

Notes

Notes

Notes

