

## Sexual History Taking Guide

### Introduction and Sexual History Taking Process

*Provider: It is important to tread carefully when taking a sexual history, not only because the answers are important but also because patients may want to know why you need all that personal information. Since they can be uncomfortable when asked about their sexual history, providers must remain mindful of why each question is asked and what action will follow from the answers given. Explain the purpose of the sexual history taking process by saying:*

- “Now I am going to take a few minutes to ask you some direct questions about your sexual health. These questions are very personal, but it is important for me to know so I can help you be healthy. I ask these questions of all of my patients regardless of their age or marital status. This information is just as important to discuss as information about your physical and mental health. And just like any medical history you provide, this information is strictly confidential.”

*Partners – Provider: Be careful not to make assumptions about the gender of patients’ sexual partners in the initial history taking. Determine the gender and number of sexual partners. Ask questions like:*

- “Do you have sex with  men,  women or  both?”
- “In the last 30 days, how many partners have you had sex with?” \_\_\_\_\_
- “In the past 12 months, how many partners have you had sex with?” \_\_\_\_\_

*Sexual Practices – Provider: Determine patients’ sexual practices and condom use. Ask questions like:*

- “Have you had any sex in the past 12 months, including:  
 Yes  No
- If yes, in the last 12 months what type of sex have you had?
- “**vaginal sex**-where your penis goes into a vagina?”  Yes  No
- “**anal sex**:
  - where your penis goes into an anus?  Yes  No
  - where someone else’s penis goes into your anus?”  Yes  No
- “Do you have **oral sex**:
  - where your mouth goes on someone’s vagina or penis or anus?  Yes  No
  - where someone else’s mouth goes on your penis?”  Yes  No
- “Do you use condoms for any of the types of sex described above?”  Yes “Which ones,  oral,  vaginal or  anal?”  No (Proceed to next topic – Past STDs)

### Past STDs

“Have you ever been tested for any of the following STDs? If you have, please let me know when you were last tested, whether you were diagnosed with the STD and whether you were treated for the STD?”

“Have you ever been tested for:

STD	Tested	Diagnosed	Treated
Chlamydia	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don’t know	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don’t know	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don’t know
Gonorrhea	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don’t know	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don’t know	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don’t know
Syphilis	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don’t know	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don’t know	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don’t know
Herpes	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don’t know	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don’t know	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don’t know
HIV	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don’t know	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don’t know	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don’t know

**Protection from STDs** – Provider: Use this open-ended question to allow different avenues of discussion.

“What do you typically do to protect yourself from sexually transmitted diseases and HIV?” (Check all that apply)

- Abstinence    Condom Use    Monogamy    Spermicides    Regular check-ups  
 Other (specify)
- 

“We recommend routine HIV and STD testing as part of routine medical visits. Would you like to be tested for HIV, gonorrhea, chlamydia and syphilis today?”  Yes    No  
If no, reason why

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Wrap- up

“Is there anything else about your sexual practices that I need to know to ensure your good health care?”

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“Is there any feedback you want to share with me about your experience answering these questions about your sexual health? (e.g., probe: suggestions for how I can make patients more comfortable about answering these questions)

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“Do you have any questions?”

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“I want to thank you for sharing such personal information with me today. Again, it is important for me to know about your total health so I can provide you with the appropriate information you will need to make informed decisions about your healthcare. Although you may have felt uncomfortable at times answering the questions, I can assure you that your information will be kept strictly confidential.”

Provider: Please remember to:

1. *Review and reinforce positive, protective behaviors.*
2. *Address specific concerns regarding higher-risk practices.*
3. *Make referrals, as appropriate, for anal cultures for self-identified gay, bisexual or MSM, for hepatitis vaccinations, and referrals for their partners.*

## Brief Sexual History Update Tool

Your doctor would like you to take a few minutes to ask you some direct questions about your sexual health. These questions are personal, but will help your doctor keep you healthy. We ask these questions of all patients regardless of their age or marital status. This information is just as important to discuss as information about your physical and mental health. Like the medical history you provide, this information is strictly confidential. Please check all boxes that are appropriate.

- Do you have sex with  men,  women or  both?
- Have you had any sex in the past 12 months?  Yes  No

Any sex includes **oral sex**, where your mouth goes on someone's vagina or penis or anus OR where someone's mouth goes on your penis or anus; **anal sex**, where your penis goes into an anus OR where someone else's penis goes into your anus; or **vaginal sex**, where your penis goes into a vagina?

- In the *past 12 months*, how many partners have you had sex with? \_\_\_\_\_
- Do you use condoms for any of the types of sex described above?
  - Yes If yes, which ones,  oral,  vaginal or  anal?
  - No

Have you ever been tested or treated for any sexually transmitted diseases (STDs), including chlamydia, gonorrhea, syphilis, herpes, or HIV?

- Yes If yes, which ones,  chlamydia,  gonorrhea,  syphilis,  herpes,  HIV
- No

- We recommend routine HIV and some STD testing as part of regular medical visits. Would you like to be tested for HIV, gonorrhea, chlamydia or syphilis today?  Yes  No If no, reason why:  
\_\_\_\_\_

- Before you leave today, we'd like to provide you with important information that can help you protect yourself from sexually transmitted diseases, including HIV. Please check the topics that most interest you. (Check all that apply)

- Condom Use  Birth control  Discussions with sex partners  Regular check-ups  Abstinence
- Other (specify) \_\_\_\_\_

If you have any questions about this form or sexual history, please ask the doctor when you meet today. Thank you.

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## Breve Guía de Historia de Relaciones Sexuales

Su doctor quisiera dedicar unos minutos para hacerle algunas preguntas directas sobre su salud sexual. Estas preguntas son muy personales, pero es importante que conozcamos esta información para ayudarle a mantenerse saludable. Estas preguntas se las hacen a todos los pacientes sin importar la edad o el estado civil. Hablar de esto es tan importante como hablar de su salud física y mental y, al igual que cualquier antecedente médico que proporcione, esta información es estrictamente confidencial.

- ¿Tiene relaciones sexuales con  hombres,  mujeres o  ambos?
- ¿Ha tenido algún tipo de relación sexual en los últimos 12 meses?  Sí  No  
Relaciones sexuales incluyen **sexo oral**, cuando su boca toca la vagina, pene o ano de una persona, o cuando la boca de una persona toca su pene o ano; **sexo anal**, cuando su pene entra en el ano de otra persona, o el pene de una persona entra en su ano; o **sexo vaginal**, cuando su pene entra en una vagina
- ¿En los últimos 12 meses, ¿con cuántas personas ha tenido relaciones sexuales? \_\_\_\_\_
- ¿Alguna vez le han hecho pruebas para detectar alguna enfermedad de transmisión sexual, incluyendo clamidia, gonorrea, sífilis, herpes, o VIH?  
 Sí Si la respuesta fue si, cuales,  clamidia  gonorrea  sífilis  herpes  VIH  
 No
- Recomendamos que se haga las pruebas de ETS y de VIH como parte de la consulta médica habitual. ¿Le gustaría hacerse hoy las pruebas del VIH, gonorrea, clamidia y sífilis?  Sí  No Si la respuesta es no, la razón?  
\_\_\_\_\_
- Antes de que se vaya hoy, quisieramos brindarle la información adecuada para que se proteja de las enfermedades de transmisión sexual y del VIH. Por favor marque todas las opciones cuales le interesen (Marque todas las opciones que correspondan)  
 Abstinencia  Uso de condón  Metodos de anticoncepción  Conversaciones con parejas sexuales  
 Chequeos regulars  Otra (especifique)  
\_\_\_\_\_

Si tiene alguna pregunta sobre esta encuesta o salud sexual, por favor preguntele al doctor hoy. Gracias  
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