Risk Assessment 4 panel   (#10 in grid)
(tips style) card

[front cover]

(header)

TAKING A SEXUAL HISTORY
(main subhead)
A guide to obtaining a more complete picture of your patients' overall health

(headline)
Why take a sexual history from all patients?
(subhead)
Your patients' sexual history is an important part of their overall health and wellness.

(text) For many patients (and doctors!) talking about sex may be uncomfortable territory––but the impact of sexually transmitted diseases (STDs) on patient health can range from irritating to life-threatening. This guide is meant to provide you with a sample of discussion points and approaches to tackling this sensitive subject. It is not meant to be a standard for diagnosis or a complete reference for sexual history taking, but rather to help you open a dialog that will help to establish your patients' STI/HIV risk. Your approach may need to be modified to be culturally appropriate for some patients based on culture or gender dynamics.

(subhead)
Try to put your patients at ease and let them know that taking a sexual history is an important part of a regular medical exam

(text) A sample approach may be:
"I am going to ask you a few questions about your sexual health and sexual practices. I understand that these questions are very personal, but they are important for your overall health.

Just so you know, I ask these questions to all of my adult patients, regardless of age, gender, or marital status. These questions are as important as the questions about other areas of your physical and mental health. Like the rest of our visits, this information is kept in strict confidence. Do you have any questions before we get started?"

Let the "5 P's" guide your discussion.
Some sample questions are:

<u>Partners</u>
• In the past 12 months, how many sexual partners have you had?
   - Men? Women? Male-to-Female Transgender? Female-to-Male Transgender?

<u>Practices</u>
• In the past 12 months, have you had vaginal sex? Oral sex? Anal sex?
   - *For men who report anal sex with men––Have you been the insertive partner ("the top"),*
   receptive partner ("the bottom"), or both?

<u>Protection from STIs</u>
• How do you keep yourself from getting infected?
• How often do you use condoms? Consistently?
   - If sometimes, in which situations are you more likely to use a condom?

<u>Past History of STIs & Other Risks</u>
• Have you ever been diagnosed with an STI, such as HIV, herpes, gonorrhea, chlamydia, syphilis, HPV or trichomoniasis? When?
• Have you or any of your partners been diagnosed with HIV or hepatitis C?
• Have you or any of your partners injected drugs?

<u>Pregnancy</u>
• Are you trying to conceive or father a child?
• Are you using contraception or practicing any form of birth control?
• Do you need any information on birth control or a referral?

For more information, please visit www.cdc.gov/std

Summary: The 5 P's of Sexual Health

<ins>Partners</ins>
Number and gender of partners over a given time

<ins>Practices</ins>
Types of sexual practices––oral, vaginal, anal

<ins>Protection from STIs</ins>
Use of condoms and other methods

<ins>Past History of STIs & Other Risks</ins>
Establish risk of repeat infections, HIV status, and hepatitis risk

<ins>Prevention of Pregnancy</ins>
Desire of pregnancy and use of prevention methods

Best practices for obtaining a sexual history from all patients
• Ensure a safe patient environment
• Assure confidentiality
• Be nonjudgmental
• Be sensitive and matter-of-fact
• Avoid assumptions

Adapted from *A Guide to Taking a Sexual History*, Centers for Disease Control and Prevention, www.cdc.gov/std/treatment/SexualHistory.pdf.