



Discussing Sexual Health with Your Patients

Sexual health is an essential element of overall health and well-being that medical providers and patients often do not discuss. While many patients have sexual health questions and want your insight, they may be hesitant to start the conversation. By asking all your adult and adolescent patients a few essential questions, you help to remove the stigma around discussing sex and normalize these discussions.

A sexual history should be taken as part of routine health care, as well as when there are symptoms or physical exam findings suggestive of sexually transmitted infections (STIs). Discussing a patient's sexual health offers opportunities to:

- Screen for and treat STIs and address other sexual health concerns.
- Counsel and share information about behaviors that may increase STI risk.
- Gain an overall picture of your patient's health.

You may need to modify questions based on a person's clinical situation, sexual and gender identities, race and ethnicity, culture, or other important considerations.

This quick guide provides strategies to help you discuss sexual health with your patients and sample questions for taking a sexual history.



To learn more about taking a sexual history, visit:
cdc.gov/HIVNexus



Ending
the
HIV
Epidemic



Some of your patients may not be comfortable talking about their sexual history, sex partners, or sexual practices. They may have experienced abuse or trauma in their lives or while in a medical setting. Getting trained on a trauma-informed care approach can help all clinicians provide patient-centered, sensitive care in all interactions. Try to put patients at ease and be prepared to link patients to the resources they need. Let them know that taking a sexual history is an important part of regular medical care.

What Strategies Can I Use to Discuss Sexual Health With My Patients?

You don't have to start from scratch when starting the conversation about sexual history. Apply these strategies from the Centers for Disease Control and Prevention (CDC) to effectively take a patient's sexual history.

Strategies for taking a sexual history

Getting the Conversation Started



- **Assess your own comfort** by discussing sex with various patient groups. Identify any biases that you may have. If you are uncomfortable talking about sex and sexuality, your patient will be too.
- **Avoid making assumptions** about your patient based on age, appearance, marital status, or any other factor.
- **Gather your patient's basic information** during the initial clinic assessment. This includes their name, pronouns, sexual orientation, and gender identity.
- **For gender identity, incorporate a two-step method into the assessment.** Ask for their sex assigned at birth (female, male, or decline to answer) and then current gender identity (female, male, transgender female, transgender male, gender diverse, additional gender category, or decline to answer).
- **Ask for correct pronouns and terminology.** Use the pronouns they share and support that patient's current gender identity, even if their anatomy does not match that identity.
- **Use neutral and inclusive terms** such as "partner."
- **Make your patient feel comfortable** by establishing a rapport before asking sensitive questions.
- **Ask other people to step into the waiting room while you talk to your patient.** These people may include partners, relatives, or caregivers. They can be invited back after the examination.

Keeping the Conversation Going



- **Let your patient know that you ask everyone** these questions.
 - **Transition** into asking sensitive questions.
 - **Pose your questions in a non-judgmental manner.**
 - **Try not to react overtly**, even if you feel uncomfortable or embarrassed. Pay attention to your body language and posture.
 - **Rephrase your questions** or briefly explain why you are asking a question if a patient seems offended or reluctant to answer.
 - **Ensure that you and your patient share an understanding** of the terms being used, to avoid confusion. If you are not familiar with a term your patient used, ask for an explanation.
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What Is the 5P's Approach to Taking a Sexual History?

The following questions correspond with the CDC's 5P's approach to taking a sexual history: Partners, Practices, Protection from STIs, Past History of STIs, and Pregnancy Intention. Asking these questions facilitates your understanding of a patient's level of risk, identifies any screenings or vaccinations they may need, and helps you to offer appropriate counseling to your patients.

The 5P's approach to taking a sexual history

Partners



- Are you currently having sex of any kind—oral, vaginal, or anal—with anyone? (Are you having sex?)
- If no, have you ever had sex of any kind with another person?
- In recent months, how many sex partners have you had?
- What is/are the gender(s) of your sex partner(s)?
- Do you or your partner(s) currently have other sex partners?

Practices



- I need to ask some more specific questions about the kinds of sex you have had over the last 12 months to better understand if you are at risk for sexually transmitted infections or STIs. Would that be OK?
- We have different tests that are used for the different body parts people use to have sex. What kinds of sexual contact do you have, or have you had? What parts of your body are involved when you have sex?
 - Do you have genital sex (penis in the vagina)?
 - Anal sex (penis in the anus)?
 - Oral sex (mouth on penis, vagina, or anus)?
 - Are you a top and/or bottom?
- Have you or any of your partners used drugs?
- Have you exchanged sex for your needs (money, housing, drugs, etc.)?

Protection from STIs



- Do you and your partner(s) discuss STI prevention?
- If you use prevention tools, what methods do you use? (For example, external or internal condoms—also known as male or female condoms—dental dams, etc.)
- How often do you use this/these method(s)? More prompting could include specifics about:
 - Frequencies: sometimes, almost all the time, all the time.
 - Times they do not use a method.
- If “sometimes,” in which situations, or with whom, do you use each method?
- Have you received human papilloma virus (HPV), hepatitis A, and/or hepatitis B shots?
- Are you aware of pre-exposure prophylaxis or PrEP, a medicine that can prevent HIV? Have you ever used it or considered using it?

Continued



The 5P's approach to taking a sexual history (continued)

Past History of STIs



- Have you ever been tested for STIs and HIV? Would you like to be tested?
 - Have you been diagnosed with an STI in the past? When? Did you get treatment?
 - Have you had any symptoms that keep coming back?
 - Has your current partner or any former partners ever been diagnosed or treated for an STI? Were you tested for the same STI(s)? Do you know your partner's (or partners') HIV status?
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Pregnancy Intention



- Do you think you would like to have (more) children at some point?
 - When do you think that might be?
 - How important is it to you to prevent pregnancy (until then)?
 - Are you or your partner using contraception or practicing any form of birth control? Would you like to talk about ways to prevent pregnancy? Do you need any information on birth control?
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