
National Health Statistics Reports

Number 110 ■ March 29, 2018

Receipt of a Sexual Risk Assessment From a Doctor or Medical Care Provider in the Past Year Among Women and Men Aged 15–44 With Recent Sexual Activity

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Abstract

Objective—Using 2011–2015 data from the National Survey of Family Growth (NSFG), this report examines by selected characteristics the percentage of women and men aged 15–44 in the United States with recent sexual activity who received a sexual risk assessment from a doctor or other medical care provider in the past year.

Methods—NSFG data for 2011–2015 were collected through in-person interviews with nationally representative samples of women and men aged 15–44 in the U.S. household population. Receipt of a sexual risk assessment was measured by four items that questioned all women and men about whether a doctor or other medical care provider had asked them in the past year about specific aspects of their sexual experience. Data were analyzed for 4,659 women and 7,397 men with recent sexual activity (i.e., any sexual contact in the past year).

Results—Overall, 47% of women and 23% of men with recent sexual activity received a sexual risk assessment from a doctor or other medical care provider in the past year. Receipt of a sexual risk assessment in the past year varied by age, Hispanic origin and race, sexual orientation, poverty-level income, and current health insurance status. Higher receipt of a sexual risk assessment was observed among persons who had two or more opposite-sex partners in the past year and for men who had a male sexual partner or any HIV risk-related sexual behaviors in the past year. Although NSFG data cannot determine the temporal sequencing of a sexual risk assessment and HIV/sexually transmitted infection (STI) testing, the data indicate that HIV/STI testing within the past year was more common among persons who had a sexual risk assessment in the past year.

Keywords: sexual and reproductive health care • sexual behavior • National Survey of Family Growth

Introduction

CDC estimates that 20 million new sexually transmitted infections (STIs) occur in the United States each year

and nearly one-half of them are among those aged 15–24 (1). Health care providers' routine assessment of sexual risk behaviors is one strategy to prevent

and control HIV and other STIs (2). A sexual risk assessment involves obtaining information from a patient during a health care visit about sexual behaviors that may increase HIV/STI risk. Such items typically include information about the patient's sexual partners, sexual practices, strategies used to prevent unintended pregnancy and protect against STIs, and past history of STIs (3).

As part of a sexual risk assessment, health care providers may ask questions about their patient's recent behaviors that may increase their risk of HIV/STIs, including number of sexual partners and whether they have overlapping sexual partnerships. Similarly, a clinician's inquiry about their patient's sexual practices may include questions on the types of sexual engagement (e.g., whether vaginal, oral, or anal) and whether condoms were used. Given that levels of risk of HIV/STIs differ based on both individual- and population-level factors (4–7), answers to these questions may inform clinicians about the most appropriate risk-reduction interventions.

CDC's clinical prevention guidelines indicate risk assessment, education, and counseling of persons at risk as part of a five-pronged strategy to prevent and control HIV/STIs (2). Similarly, the U.S. Preventive Services Task Force and



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other national organizations recommend that health care providers periodically obtain a sexual risk assessment for all sexually active adolescents and for adults at increased risk of HIV/STIs (8–10). A sexual risk assessment may be delivered by the primary care clinician or may be offered by community organizations, schools, or health departments. Although clinical conversations about HIV/STI risk factors may mitigate the burden of STIs in the United States, studies examining STI counseling by physicians have found wide variations in practice (11). Factors that may influence the receipt of a sexual risk assessment include the patient’s visit frequency and need to use sexual or reproductive health services, and concerns about the confidentiality of their health information (12–14). Similarly, the provider’s specialty, training, lack of time, or discomfort in asking about their patient’s sexual experiences may impact the delivery of sexual risk assessments in clinical settings (15).

Using 2011–2015 data from the National Survey of Family Growth (NSFG), this report describes the prevalence of the receipt of a sexual risk assessment among women and men aged 15–44 with recent sexual activity (i.e., sexual contact with an opposite-sex or same-sex partner in the past year) by selected social, demographic, and behavioral characteristics. In addition, this report presents percentages of women and men aged 15–44 who were tested for HIV or STI in the past year according to receipt of a sexual risk assessment in the past year.

Methods

Data source

This report is based on 2011–2015 data from NSFG, which is a nationally representative survey of the U.S. household population, using face-to-face interviews conducted with independent samples of women and men aged 15–44. Many of the questions used for this report, including those on sexual risk assessment, were asked using audio computer-assisted self-interviewing (ACASI). In ACASI, the respondent listens to the questions through headphones, reads them on the screen,

or both, and enters the responses directly into the computer. Questions on sexual risk assessment were asked of all men starting in 2011, and of all women starting in 2013, resulting in sample sizes of 9,321 men and 5,699 women. To more closely align the receipt of a sexual risk assessment in the past year and other behaviors (e.g., number of sexual partners) within the same time frame, this report is limited to 4,659 women and 7,397 men aged 15–44 who had any type of sexual contact with an opposite-sex or same-sex sexual partner in the past year. This is referred to as “recent sexual activity” throughout the report. Further details on the sample design, variance estimation, and fieldwork procedures were published previously (16). The response rates were 71.2% for women in 2013–2015 and 69.6% for men in 2011–2015. NSFG is jointly planned and funded by the National Center for Health Statistics and several other programs of the U.S. Department of Health and Human Services.

Defining sexual risk assessment in NSFG

Starting in 2011, men aged 15–44 were asked four separate questions in ACASI:

“In the last 12 months, has a doctor or other medical care provider asked you about...

- *Your sexual orientation or the sex of your sexual partners?*
- *Your number of sexual partners?*
- *Your use of condoms?*
- *The types of sex you have, whether vaginal, oral, or anal?”*

These same four questions were asked of women aged 15–44 in ACASI starting in 2013. In this report, receipt of a sexual risk assessment in the past year is based on a “yes” response to one or more of these four questions.

Other variables

The data presented in this report are shown with respect to several demographic characteristics (i.e., age, Hispanic origin and race, and sexual orientation) and variables related to health care access (i.e., poverty-level

income, residential location, whether one has a usual place for medical care, and current health insurance status). In addition, this report describes the percentages of women and men who received a sexual risk assessment by behavioral characteristics, including the number and sex of their sexual partners in the past year and whether they had HIV risk-related sexual behaviors in the past year. Finally, the percentages of HIV and STI testing among women and men aged 15–44 are shown by whether they received a sexual risk assessment in the past year. Details on how these variables were coded can be found in the [Technical Notes](#).

Statistical analysis

All estimates presented meet the National Center for Health Statistics guidelines for presentation of proportions (17). All of the estimates and percentages in this report are based on sampling weights that were designed to produce unbiased estimates representative of women and men aged 15–44 in the United States in 2011–2015. Statistics for this report, including sampling errors, were produced using the survey analysis procedures in SAS software version 9.4. Standard two-tailed *t* tests were used to test statistical significance among subgroups. A probability level of less than 0.05 was considered statistically significant. No adjustments were made for multiple comparisons. Terms such as “greater than” and “less than” indicate that a statistically significant difference was found. Terms such as “similar” or “no difference” indicate that the statistics being compared were not significantly different. All analyses were stratified by sex. Given that data on sexual risk assessment are only available for women for 2 years (2013–2015), differences in the receipt of a sexual risk assessment were assessed only within sex and were not compared between men and women.

Results

Table 1 shows the overall percentages of women and men aged 15–44 with recent sexual activity who received a sexual risk assessment in the past year, and the percentages who were asked by a doctor or other medical care

provider about at least one of four topics: a) their sexual orientation or the sex of their sexual partners; b) their number of sexual partners; c) their (partner's) use of condoms; and d) the types of sex they have, whether vaginal, oral, or anal.

- Among women aged 15–44 with recent sexual activity, 47.0% received a sexual risk assessment in the past year. The percentages of women asked by a doctor or other medical care provider about their (partner's) use of condoms (35.9%) and their number of sexual partners (32.6%) were both higher than those asked about their sexual orientation or the sex of their sexual partners (24.0%) or the types of sex they have, whether vaginal, oral, or anal (18.4%).
- Among men aged 15–44 with recent sexual activity, 22.7% received a sexual risk assessment in the past year. The percentage of men asked by a doctor or other medical care provider about their sexual orientation or the sex of their sexual partners (14.8%), their number of sexual partners (13.3%), and their use of condoms (16.6%) were each higher than the percentage asked about the types of sex they have, whether vaginal, oral, or anal (9.2%).

Table 2 presents the percentage of women aged 15–44 with recent sexual activity who received a sexual risk assessment from a doctor or other medical care provider in the past year by selected social and demographic characteristics.

- Approximately 65% of women aged 15–19 with recent sexual activity received a sexual risk assessment in the past year, which was similar to that for women aged 20–24 (62.6%). Both percentages were higher than that for women aged 25–44 (41.2%).
- More than one-half of non-Hispanic black women aged 15–44 (58.5%) received a sexual risk assessment in the past year. This percentage was similar to that for Hispanic women (55.0%), but both non-Hispanic black and Hispanic women had higher percentages who received a sexual risk assessment compared with non-Hispanic white women (42.5%).

- No significant differences were seen by sexual orientation in the percentages of women aged 15–44 who received a sexual risk assessment.
- A higher percentage of women aged 20–44 whose incomes were below 300% of the federal poverty level (49.3%) received a sexual risk assessment in the past year compared with those whose incomes were 300% or higher than the federal poverty level (39.0%).
- No significant differences in the percentages of women aged 15–44 who received a sexual risk assessment in the past year were seen by whether they lived in an urban or rural area or whether they had a usual place to go for medical care.
- A higher percentage of women aged 20–44 with public health insurance (53.3%) received a sexual risk assessment in the past year compared with those with private health insurance (42.4%) or no health insurance (46.4%).

Table 3 presents the percentage of men aged 15–44 with recent sexual activity who received a sexual risk assessment from a doctor or other medical care provider in the past year by selected social and demographic characteristics.

- Approximately 44% of men aged 15–19 with recent sexual activity received a sexual risk assessment in the past year, which was higher than the percentage for men aged 20–24 (31.0%) and those aged 25–44 (18.0%).
- Approximately 40% of non-Hispanic black men aged 15–44 received a sexual risk assessment in the past year, which was higher than the percentages for Hispanic (25.9%) and non-Hispanic white (18.2%) men.
- A higher percentage of men aged 15–44 who identified as homosexual or gay (46.9%) or as bisexual (38.9%) received a sexual risk assessment compared with those who identified as heterosexual or straight (22.0%).
- A higher percentage of men aged 20–44 whose incomes were below 300% of the federal poverty level

(22.5%) received a sexual risk assessment in the past year compared with those whose incomes were 300% or higher than the federal poverty level (18.0%).

- A higher percentage of men aged 15–44 living in urban areas (23.9%) received a sexual risk assessment in the past year compared with those living in rural areas (16.2%).
- A higher percentage of men aged 15–44 who had a usual place to go for medical care (25.4%) received a sexual risk assessment in the past year compared with those who did not (16.6%).
- A higher percentage of men aged 20–44 with public health insurance (30.3%) received a sexual risk assessment in the past year compared with those with private health insurance (19.2%) or no health insurance (18.3%).

Table 4 presents the percentages of women and men aged 15–44 with recent sexual activity who received a sexual risk assessment from a doctor or other medical care provider in the past year by the number and sex of their sexual partners in the past year.

- Approximately 58% of women aged 15–44 who had two or more opposite-sex partners in the past year and no same-sex partners received a sexual risk assessment in the past year. This percentage was higher than that for women who had only one opposite-sex partner in the past year (44.6%).
- More than one-half of women aged 15–44 who had one or more same-sex partners in the past year (53.1%) received a sexual risk assessment in the past year. This percentage was not significantly different from that for women who had two or more opposite-sex sexual partners in the past year and no same-sex partners (57.9%) or from women who had only one opposite-sex sexual partner in the past year (44.6%).
- Almost one-half of men who had one or more same-sex sexual partners in the past year (48.1%) received a sexual risk assessment in the past year. This percentage was higher than that for men who had two or

more opposite-sex partners in the past year and no same-sex partners (37.7%), and those who had only one opposite-sex sexual partner in the past year (17.3%).

The [Figure](#) shows the percentages of women and men aged 15–44 who received a sexual risk assessment in the past year by whether they had any HIV risk-related sexual behaviors in the past year.

- No significant difference was seen in the percentages of women who received a sexual risk assessment in the past year by whether they had any HIV risk-related sexual behaviors in the past year.
- Approximately 46% of men aged 15–44 who had any HIV risk-related sexual behaviors in the past year received a sexual risk assessment in the past year, which was higher than the percentage for men who did not have any of these behaviors in the past year (20.3%).

[Table 5](#) presents the percentages of HIV and STI testing among women and men aged 15–44 with recent sexual activity by whether they received a sexual risk assessment from a doctor or other medical care provider in the past year.

- Higher percentages of women aged 15–44 who received a sexual risk assessment in the past year were tested for HIV or STIs in the past year (37.7% and 53.4%, respectively) compared with those who did not receive a sexual risk assessment in the past year (17.1% and 19.1%).
- Higher percentages of men aged 15–44 who received a sexual risk assessment in the past year were tested for HIV or STIs in the past year (37.6% and 46.3%, respectively) compared with those who did not receive a sexual risk assessment in the past year (11.5% and 8.4%).

Discussion

Overall, 47% of women and 23% of men aged 15–44 with recent sexual activity received a sexual risk assessment from a doctor or other medical care provider in the past year. Receipt of a sexual risk assessment was higher among women and men aged 15–24 compared with those aged 25–44. Receipt of a sexual risk assessment was higher among Hispanic and non-Hispanic black women and men aged 15–44, and for persons aged 20–44, those whose incomes were below 300% of the poverty level, and those who had public health insurance. Among men aged 15–44, receipt of a sexual risk assessment was higher among those who identified as gay or bisexual compared with those who identified as straight; those who lived in urban areas compared with rural areas; and those who had a usual place to go for medical care compared with those who did not.

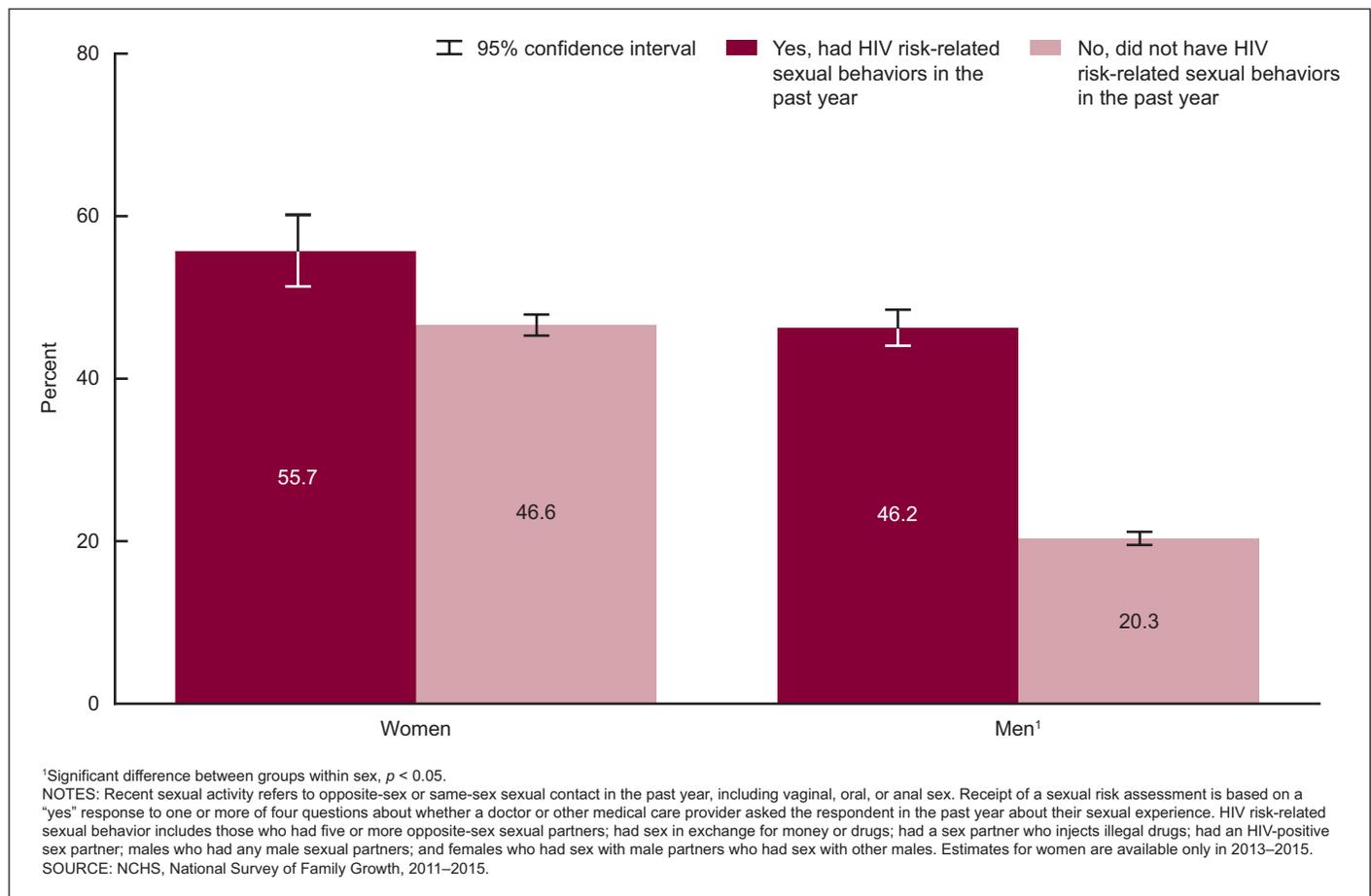


Figure. Percentage of women and men aged 15–44 with recent sexual activity who received a sexual risk assessment by a doctor or other medical care provider in the past year, by whether they had any HIV risk-related sexual behaviors in the past year, 2011–2015

In addition to differences in the receipt of a sexual risk assessment by social and demographic characteristics, this report shows variation in receipt of a sexual risk assessment by selected behavioral characteristics. Receipt of a sexual risk assessment was higher among women and men aged 15–44 with two or more opposite-sex sexual partners in the past year compared with those who had only one opposite-sex sexual partner in the past year. For men aged 15–44, higher sexual risk assessment receipt was observed for those who had a male sexual partner in the past year and those who had any HIV risk-related sexual behaviors in the past year. Finally, findings from this report indicate that among both women and men aged 15–44, an association was seen between the receipt of a sexual risk assessment and testing for HIV and STIs in the past year.

Findings from this report should be viewed in light of several data limitations. The NSFG survey design is cross-sectional; thus, the timing between any sexual behaviors and HIV/STI testing in the past year and receipt of a sexual risk assessment in the past year cannot be determined. Second, questions on the receipt of a sexual risk assessment are asked in ACASI and are separate from questions about health service use collected in other parts of the NSFG interview. This means that it is not possible to discern whether a sexual risk assessment and other health services were received within the same health care visit. Third, because of the relatively narrow scope of the wording of these questions, it is not known whether any type of counseling took place between the health care provider and the respondent during the health care visit where these topics were raised. Lastly, the bivariate associations presented in this report may be explained by other factors not controlled for in the tables or included in this report.

This report provides descriptive statistics of the prevalence of a sexual risk assessment among women and men aged 15–44 by social, demographic, and behavioral characteristics. A sexual risk assessment is a primary prevention tool that can help identify persons at risk of HIV/STI. Findings in this report may help inform HIV/STI prevention efforts within the health care setting.

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Table 1. Number of women and men aged 15–44 with recent sexual activity and percentage who received a sexual risk assessment from a doctor or other medical care provider in the past year: United States, 2011–2015

Characteristic	Women	Men
Had recent sexual activity		
Number (thousands)		
Total	51,203	50,352
Receipt of a sexual risk assessment		
Percent (standard error)		
Total	47.0 (1.2)	22.7 (0.8)
In the last 12 months, has a doctor or other medical care provider asked you about...		
Your sexual orientation or the sex of your sexual partners	24.0 (1.0)	14.8 (0.6)
Your number of sexual partners	32.6 (1.1)	13.3 (0.6)
Your use of condoms	35.9 (1.2)	16.6 (0.7)
The types of sex you have, whether vaginal, oral, or anal	18.4 (0.9)	9.2 (0.5)

NOTES: Recent sexual activity refers to opposite-sex or same-sex sexual contact in the past year, including vaginal, oral, or anal sex. Receipt of a sexual risk assessment is based on a "yes" response to one or more of four questions, shown individually here, about whether a doctor or other medical care provider asked the respondent in the past year about their sexual experience. Estimates for women are available only for 2013–2015.

SOURCE: NCHS, National Survey of Family Growth, 2011–2015.

Table 2. Number of women aged 15–44 with recent sexual activity and percentage who received a sexual risk assessment from a doctor or other medical care provider in the past year, by selected characteristics: United States, 2013–2015

Characteristic	Number (thousands)	Percent (standard error)
Total ¹	51,203	47.0 (1.2)
Age (years)		
15–19	4,384	65.1 (2.6)
20–24	8,999	62.6 (2.7)
25–44	37,820	41.2 (1.4)
Hispanic origin and race		
Hispanic or Latina	10,310	55.0 (2.5)
Not Hispanic or Latina:		
White, single race	28,753	42.5 (1.5)
Black or African American, single race	6,972	58.5 (2.2)
Sexual orientation		
Heterosexual or straight	46,469	46.6 (1.4)
Homosexual, gay or lesbian	1,164	44.3 (6.3)
Bisexual	3,322	54.2 (3.4)
Poverty-level income ²		
0%–299%	28,921	49.3 (1.5)
300% or more	17,897	39.0 (1.0)
Type of residence		
Urban	43,771	47.8 (1.3)
Rural	7,432	42.7 (2.9)
Has a usual place to go for medical care		
Yes	44,182	47.6 (1.3)
No	7,021	43.7 (2.5)
Current health insurance ²		
Private health insurance only	29,206	42.4 (1.7)
Any public health insurance	9,869	53.3 (1.8)
No health insurance	7,744	46.4 (2.5)

¹Includes women of other or multiple-race groups and those who reported “don’t know” or “refused” on sexual orientation, not shown separately.

²Limited to women aged 20–44 at the time of interview.

NOTES: Recent sexual activity refers to opposite-sex or same-sex sexual contact in the past year, including vaginal, oral, or anal sex. Receipt of a sexual risk assessment is based on a “yes” response to one or more of four questions about whether a doctor or other medical care provider asked the respondent in the past year about their sexual experience. See Technical Notes, “Definition of Terms,” for more information on how these variables were coded.

SOURCE: NCHS, National Survey of Family Growth, 2013–2015.

Table 3. Number of men aged 15–44 with recent sexual activity and percentage who received a sexual risk assessment from a doctor or other medical care provider in the past year, by selected characteristics: United States, 2011–2015

Characteristic	Number (thousands)	Percent (standard error)
Total ¹	50,352	22.7 (0.8)
Age (years)		
15–19	5,090	43.5 (2.3)
20–24	8,553	31.0 (2.1)
25–44	36,709	18.0 (0.7)
Hispanic origin and race		
Hispanic or Latino	10,582	25.9 (1.4)
Not Hispanic or Latino:		
White, single race	28,649	18.2 (1.0)
Black or African American, single race	6,260	40.1 (2.2)
Sexual orientation		
Heterosexual or straight	48,267	22.0 (0.8)
Homosexual or gay	883	46.9 (4.9)
Bisexual	986	38.9 (5.7)
Poverty-level income ²		
0%–29%	24,578	22.5 (1.0)
30% or more	20,683	18.0 (1.2)
Type of residence		
Urban	42,995	23.9 (0.9)
Rural	7,356	16.2 (1.6)
Has a usual place to go for medical care		
Yes	35,242	25.4 (1.0)
No	15,109	16.6 (0.9)
Current health insurance ²		
Private health insurance only	28,553	19.2 (1.0)
Any public health insurance	5,933	30.3 (1.9)
No health insurance	10,775	18.3 (1.3)

¹Includes men of other or multiple-race groups and those who reported “don’t know” or “refused” on sexual orientation, not shown separately.

²Limited to men aged 20–44 at the time of interview.

NOTES: Recent sexual activity refers to opposite-sex or same-sex sexual contact in the past year, including vaginal, oral, or anal sex. Receipt of a sexual risk assessment is based on a “yes” response to one or more of four questions about whether a doctor or other medical care provider asked the respondent in the past year about their sexual experience. See Technical Notes, “Definition of Terms,” for more information on how these variables were coded.

SOURCE: NCHS, National Survey of Family Growth, 2011–2015.

Table 4. Number of women and men aged 15–44 with recent sexual activity and percentage who received a sexual risk assessment from a doctor or other medical care provider in the past year, by number and sex of sexual partners in the past year: United States, 2011–2015

Characteristic	Number (thousands)	Percent (standard error)
Women		
Total	51,203	47.0 (1.2)
One opposite-sex partner in the past year, no same-sex partners	40,753	44.6 (1.5)
Two or more opposite-sex partners in the past year, no same-sex partners	7,330	57.9 (3.1)
One or more same-sex partners in the past year	3,120	53.1 (4.1)
Men		
Total	50,352	22.7 (0.8)
One opposite-sex partner in the past year, no same-sex partners	37,727	17.3 (0.8)
Two or more opposite-sex partners in the past year, no same-sex partners	11,032	37.7 (1.6)
One or more same-sex partners in the past year	1,593	48.1 (4.0)

NOTES: Recent sexual activity refers to opposite-sex or same-sex sexual contact in the past year, including vaginal, oral, or anal sex. Receipt of a sexual risk assessment is based on a "yes" response to one or more of four questions about whether a doctor or other medical care provider asked the respondent in the past year about their sexual experience. See Technical Notes, "Definition of Terms," for more information on how this variable was coded. Estimates for women are available only for 2013–2015.

SOURCE: NCHS, National Survey of Family Growth, 2011–2015.

Table 5. Number of women and men aged 15–44 with recent sexual activity and percentage who were tested for HIV or STI in the past year, by whether they had a sexual risk assessment from a doctor or other medical care provider in the past year: United States, 2011–2015

Characteristic	Number (thousands)	Percent (standard error)	
		Tested for HIV in past year	Tested for STI in past year
Women			
Total	51,203	26.8 (1.2)	35.2 (1.2)
Had sexual risk assessment in the past year:			
Yes	24,061	37.7 (1.7)	53.4 (1.6)
No	27,079	17.1 (1.2)	19.1 (1.4)
Men			
Total	50,352	17.5 (0.7)	17.0 (0.6)
Had sexual risk assessment in the past year:			
Yes	11,429	37.6 (1.8)	46.3 (1.5)
No	38,802	11.5 (0.7)	8.4 (0.4)

NOTES: STI is sexually transmitted infection. Recent sexual activity refers to opposite-sex or same-sex sexual contact in the past year, including vaginal, oral, or anal sex. Receipt of a sexual risk assessment is based on a "yes" response to one or more of four questions about whether a doctor or other medical care provider asked the respondent in the past year about their sexual experience. See Technical Notes, "Definition of Terms," for more information on how these variables were coded. Estimates for women are available only for 2013–2015.

SOURCE: NCHS, National Survey of Family Growth, 2011–2015.

Technical Notes

Definition of terms

Age—The recode variable AGER indicates the respondent’s age at the time of interview.

Current health insurance status—The recode variable CURR_INS describes health insurance status at the time of the interview using four mutually exclusive categories, which were combined for this report into private health insurance only, any public health insurance, or no health insurance. Private health insurance refers to any comprehensive private insurance plan, including those obtained through an employer, purchased directly, purchased through local or community programs, or purchased through the Health Insurance Marketplace or a state-based exchange. Public health insurance refers to Medicaid, Children’s Health Insurance Program (CHIP), state-sponsored or other government-sponsored health plans, Medicare, and military plans. No health insurance includes those who did not have any private health insurance, Medicare, Medicaid, CHIP, state-sponsored or other government-sponsored health plan, or military plan at the time of interview, or were covered only by the Indian Health Service or had only a private insurance plan that paid for one type of service, such as accidents or dental care.

Hispanic origin and race—The recode variable HISPRACE categorizes Hispanic origin and race in compliance with the Office of Management and Budget’s 1997 guidelines (18). For this report, the categories shown separately are Hispanic; non-Hispanic white, single race; and non-Hispanic black, single race. Women and men of other or multiple races were included in overall estimates but were not shown separately due to the heterogeneity of this group.

HIV risk-related sexual behavior in the past year—A summary measure based on questions in audio computer-assisted self-interviewing (ACASI) that includes those who had five or more opposite-sex sexual partners; had sex in exchange for money or drugs; had a sex partner who injects illegal drugs; had an HIV-positive sex partner; males who had

any male sexual partners; and females who had sex with male partners who had sex with other males. Further details on these measures can be found in a previous report (19).

HIV test in the past year—Shown exclusive of any donations of blood or blood products. Females who reported HIV testing during their most recent completed pregnancy within the last 12 months are included as having been tested for HIV in the past year.

Number and sex of sexual partners in the past year—Respondents reported the number of opposite-sex and same-sex sexual partners in the past year in ACASI, and this information was collapsed into mutually exclusive categories that include: “one opposite-sex partner in the past year and no same-sex partners,” “two or more opposite-sex partners in the past year and no same-sex partners,” and “one or more same-sex partners.” The number of persons reporting exclusively same-sex partners in the past year was too small to show separately.

Poverty-level income—The recode variable POVERTY gives the household’s income expressed as a percentage of the poverty-level threshold for a household of that size. The respondent reported their total family income for the previous calendar year in ACASI. The respondent’s reported income, in conjunction with the number of persons living in the household, is compared with the annual weighted poverty threshold table for families of the same size as published by the U.S. Census Bureau.

Recent sexual activity—Refers to all types of sexual activity as reported in ACASI, including vaginal intercourse, oral sex, and anal sex, either with opposite-sex or same-sex partners in the past year.

Sexual orientation—Women and men were asked in ACASI, “Do you think of yourself as... 1) heterosexual or straight; 2) homosexual, gay (or lesbian); or 3) bisexual?” Respondents chose one of the response categories provided or chose “don’t know” or “refused,” as is allowed on any question in the survey. Those who chose “don’t know” or “refused” were included in overall estimates but were not shown separately due to small sample sizes.

STI testing—Women were asked in ACASI whether they were tested for chlamydia in the past year and a separate question on whether they were “tested for any other sexually transmitted disease like gonorrhea, herpes, or syphilis.” Men were asked in ACASI a question on whether they were “tested by a doctor or other medical care provider in the past year for a sexually transmitted disease like gonorrhea, chlamydia, herpes, or syphilis.”

Type of residence—The recode variable METRO categorized the respondent’s place of residence at the time of interview, which was identified as a principal city of a metropolitan statistical area (MSA), other MSA, or not MSA. Principal city of MSA and other MSA were classified as urban residence; not MSA was classified as rural residence. The respondent’s address was classified according to 2010 census population counts using the Office of Management and Budget definitions released in December 2009 (20).

Usual source of care—All respondents were asked the question, “Is there a place that you usually go to when you are sick or need advice about health?”

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National Health Statistics Reports ■ Number 110 ■ March 29, 2018

Acknowledgments

The 2011–2015 National Survey of Family Growth (NSFG) was conducted by the National Center for Health Statistics (NCHS) with the support and assistance of a number of other organizations and individuals. Interviewing and other tasks were carried out by the University of Michigan's Survey Research Center, Institute for Social Research, under a contract with NCHS. The 2011–2015 NSFG was jointly planned and funded by the following programs and agencies of the U.S. Department of Health and Human Services:

- National Institute for Child Health and Human Development/Population Dynamics Branch
- Office of Population Affairs
- National Center for Health Statistics (CDC)
- Division of HIV/AIDS Prevention (CDC)
- Division of Sexually Transmitted Disease Prevention (CDC)
- Division of Reproductive Health (CDC)
- Division of Cancer Prevention and Control (CDC)
- Division of Birth Defects and Developmental Disabilities (CDC)
- Office of Planning, Research, and Evaluation
- Children's Bureau of the Administration for Children and Families

NCHS gratefully acknowledges the contributions of these programs and agencies, and all others who assisted in designing and carrying out the 2011–2015 NSFG.

This report was prepared in the NCHS Division of Vital Statistics (DVS) under the general direction of Delton Atkinson, Director of DVS; Paul Sutton, Acting Chief, Reproductive Statistics Branch (RSB); and Anjani Chandra, Team Lead, RSB NSFG Team. The author is grateful for the valuable comments provided by Hanyu Ni, DVS Associate Director for Science, and Amy M. Branum, NCHS Deputy Associate Director for Science.

Suggested citation

Copen CE. Receipt of a sexual risk assessment from a doctor or medical care provider in the past year among women and men aged 15–44 with recent sexual activity. National Health Statistics Reports; no 110. Hyattsville, MD: National Center for Health Statistics. 2018.

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