TAKING A SEXUAL HISTORY

What to ask

The details below are the principle parts of a sexual history. You may not need to ask about all these points with every patient

1) Presenting complaint

e.g. discharge from penis for 4 days

NB. The person may present requesting a check up. They may or may not have symptoms. If no symptoms are present, it is still important to ascertain their risk of exposure to STIs and ask about the presence of relevant symptoms.

2) History of Presenting Complaint

a) Symptoms

- Description (e.g. discharge colour odour)
- Associated symptoms (e.g. dyspareunia superficial or deep)
- Bowel or bladder symptoms
- · Duration of symptoms

b) Partners

- Are they sexually active?
- Relationship of appearance of symptoms to last sexual intercourse or to intercourse with a
 particular partner
- · Condom use (always, sometimes or never)
- Type of sex (e.g. oral, vaginal or anal)
- · Symptoms or diagnosis of partner
- Regular or casual partner(s)
- · Other partners in the last three months
- Sex with same or opposite sex partners "Have you ever had sex with other men?
- Sex work "Have you ever been paid for sex?"
- Partners from overseas in the last year

c) Contraception

- Method
- Correct usage

d) Previous STI diagnoses

- · What was diagnosed and when
- How was it treated (if not correct treatment consider possibility of treatment failure)
- Compliance
- Treatment of partner (consider possibility of reinfection)

e) Menstrual history

- · Date of last normal menstrual period
- Associated menstrual abnormalities (IMB, PCB)

f) Past medical history

- Serious medical conditions
- Operations

g) Smear history

- · Last cervical cytology timing and result
- History of abnormal cytology

h) Drug and social history

- Allergies / All recent medication
- Cigarettes / day Alcohol / week
- . IV drug use with needle sharing, ever, when last used

Guidance on taking a sexual history

Doctors and nurses are trained to be skilled and comfortable with obtaining a general health history as opposed to obtaining a sexual history and may at first find taking a sexual history difficult for two reasons:

- Lack of experience
- · Embarrassment for the patient and doctor

However, with appropriate training and experience, doctors and nurses can become at ease and skilled at asking questions relating to sexual health.

Privacy: It is worth noting that if a partner or relative is present, some people will be reluctant to reveal personal information. Therefore, if possible, the patient should be seen alone.

Ask permission and explain: It is advisable to start off with the least intrusive questions before asking the ones that are potentially more embarrassing. Before starting, you should explain why you are asking these questions and that the answers will help you to assess the risk for STI/HIV infection and enable you to determine which sites to takes swabs from.

Don't make assumptions: Listen to the patient and watch carefully to be sure you understand them and to ascertain when you need to go further with a line of questioning. Pay particular attention to non-verbal clues. Even though during the history taking you may be developing theories about what is going on, be sure to give yourself enough time to check it out further before sharing it with the patient. Avoid the temptation to reassure the person prematurely.

Don't make assumptions about sexual orientation. Use terms such as 'partner' of 'person' until you have confirmed the person's sexual preference. When asking about their sexual preference, ask if they have sex with men, with women, or with both? Speak slowly when asking this question.

Use the right terminology: Avoid terms such as 'gay' because some men who have sex with men may not identify themselves as being homosexual or gay. If, at some stage during the interview, they have already referred explicitly to a partner of one gender, you still need to ask if they have partners of the other gender (e.g. "So Sue, is your regular partner " "Have you ever had sex with men?") Any of the following questions can be used to determine the gender of the partner:

- What is your partner's first name?
- Have you ever had sex with another man?
- Is your partner male or female?

Only ask what you need to know: Think carefully about what information you need to manage the patient correctly. Don't ask intrusive and unnecessary questions.

