

How to Take an Adolescent Sexual History

Each year in the United States, there are about 19 million new STDs, almost half of which are in younger people, ages 15-24. Research suggests that as many as 1 in 4 teens may have an STD. Many of these infections are asymptomatic, yet some can cause serious health consequences, including infertility, if left untreated.

Taking a sexual history is an important part of any clinic visit but is especially important with your teen patients. A brief sexual history will help you identify individuals at risk for STDs and what anatomic sites to screen. It will also provide you an opportunity to counsel your patients on how to make healthy decisions about their sexual activities.

Teens expect their providers to bring up the issue of STD testing; and many assume they are automatically tested during routine visits. For teens, the sexual history can be included as a routine component of a broader risk assessment, which also addresses issues related to home, school, drug use, and smoking.

When taking a teen's sexual history, it is important to:

- Set expectations for the clinical encounter. Speak to the parent(s) and teen together to let them know what to expect in the visit, including that the teen will have some private time with you;
- When appropriate, respectfully disengage the parent so that you can speak with the teen alone;
- Before talking to your patient, reinforce confidentiality. Teens are more likely to disclose sensitive information if consent and confidentiality are explained to them. Clarify the laws and limits of confidentiality, explaining situations where confidentiality may have to be breached, such as in cases of reported abuse or suicidal thoughts;
- Avoid assumptions about the patient's sexual orientation, sexual behaviors, or number of partners;
- Be nonjudgmental and supportive. Using gender-neutral language can help teens feel more comfortable;
- Be concrete and specific with your questions;
- Describe how screening test results will be delivered.

Make sure clinic staff are also aware of how results will be delivered to ensure patient confidentiality.

To begin the conversation, you may want to normalize the discussion by stating that *all* patients are asked the same questions and letting the teen know that by asking personal questions you can provide them with the best care possible.

Next, you can use the "5 Ps" as a general guide for taking a patient's sexual history. Remember to use open-ended questions. The "5 Ps" stand for:

1. **Partners:** Ask questions to determine the number, sex, and concurrency of your patient's sex partners. You may need to define the term "partner" to the patient or use other relevant terminology.
2. **Practices:** Explore the types of sexual activity that your patient engages in, such as vaginal, anal, and oral sex.
3. **Protection from STDs:** Ask about condom use, with whom they do or do not use condoms, and situations that make it harder or easier to use condoms. You can also discuss topics such as monogamy and abstinence.
4. **Past STD history:** Ask about the teen's history of STDs, including whether their partners have ever had an STD. Teens that have had a previous STD are more likely to get another infection in the next few months. Rescreening can greatly reduce their risk.
5. **Pregnancy prevention:** Explore whether your patient wants to become pregnant and discuss current and future contraceptive options.

Additional questions should be considered for assessing a patient's HIV and hepatitis risks. To identify HIV and viral hepatitis risk, ask:

1. Have you or any of your partners ever injected drugs?
2. Have you or any of your partners ever exchanged money or drugs for sex?
3. Is there anything else about your sexual practices that I need to know about?

End the discussion by thanking your patient for being open and honest and asking if they have any questions or other concerns, and offer support by letting them know these concerns are normal. Recognize and reinforce any protective practices mentioned; encourage STD testing and explain the different tests you recommend and why; and provide risk-reduction counseling for patients at risk. Remind your sexually active female patients under age 26 that annual Chlamydia screening is recommended.

Screening Recommendations for Non-pregnant Women:

- Sexually active women age 25 years and under should be screened annually.
- Women over 25 years old should be screened if risk factors are present.
- Repeat testing of all women 3-4 months after treatment for Chlamydia infection, especially adolescents.

- Repeat testing of all women treated for Chlamydia when they next present for care within 12 months.

List of Suggested Questions

Partners

1. Do you have sex with men, women, or both?
2. In the past 2 months, how many partners have you had sex with?
3. In the past 12 months, how many partners have you had sex with?
4. Is it possible that any of your sex partners in the past 12 months had sex with someone else while they were still in a sexual relationship with you?

Practices

1. Have you had vaginal sex, meaning “penis in vagina sex”? If yes, do you use condoms: never, sometimes, or always?
2. Have you had anal sex, meaning “penis in rectum/anus sex”? If yes, do you use condoms: never, sometimes, or always?
3. Have you had oral sex, meaning “mouth on penis/vagina”?

Protection from STDs

1. What do you do to protect yourself from STDs and HIV?

Past History of STDs

1. Have you ever had an STD?
2. Have any of your partners had an STD?

Prevention of Pregnancy

1. What are your current plans or desires regarding pregnancy or fathering a child?
2. Are you concerned about getting pregnant or getting your partner pregnant? What are you doing to prevent a pregnancy?
3. Are you comfortable with this method?

For more information, go to: <http://www.cdc.gov/std/see/HealthCareProviders/SexualHistory.pdf>