

What it Means to Take a Sexual History

A main reason for taking a sexual history is to determine who is at high risk for a sexually transmitted infection(s) and to identify who should be tested. Each question on a sexual history has a specific purpose for determining risk.

Questions to cover during a sexual history:

- Drug use: an individual who uses alcohol or illicit drugs is more likely to make high risk sexual decisions. The possibility of shared needles, straws, or other drug paraphernalia puts these individuals at higher risk for infections like HIV, hepatitis B, and hepatitis C.
- Sexual practices: this lets us know if a patient is at high risk for infection and requires testing, as well as what sites to test at.
 - If a patient has multiple partners it is more likely that one of those partners has a STD that will be passed to the patient.
 - Patients who trade sex for money or drugs, pay for sex, have been forced into sex, have anonymous partners, or meet partners at certain places such as online or at bath houses, are at higher risk for infection. Partners acquired through these means are more likely to have multiple partners and not tell others about infections they may have.
 - Those participating in oral and/or anal sex may need pharyngeal and/or anal swabs in addition to collecting genital samples.
- Multiple/Repeat STD Cases: An individual who has had a STD one or more times is more likely to contract one again.
- Sex Toys: Sex toys may be shared with others, or if an individual is infected, the sex toy may lead to self re-infection. Individuals should be offered information on properly cleaning sex toys between each use.

For those patients that require testing, care should be taken to make sure specimens collected are as accurate as possible.

- Urine specimens – the patient should wait at least one hour after last urination to give urine sample to ensure adequate amount of bacteria in sample
- Vaginal specimens – things like creams, douches, or semen in the vagina may change flora and alter testing; use clinical judgment before testing