

Sexual History Taking

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NYC STI/HIV Prevention Training Center

- CDC-funded and part of the National Network of Prevention Training Centers
- One of 8 regional centers serving Michigan, Indiana, Ohio, New York, New Jersey, Puerto Rico, and the U.S. Virgin Islands
- Focused on increasing the sexual health knowledge and skills of medical health professionals in the prevention, diagnosis, screening, management, and treatment of sexually transmitted infections
- <https://www.publichealth.columbia.edu/nycptc>
- Offers training, technical assistance, and clinical consultation

Disclosures

- None
- Some terms in this presentation may have been modified to align with executive order requirements that this CDC-funded grant has received

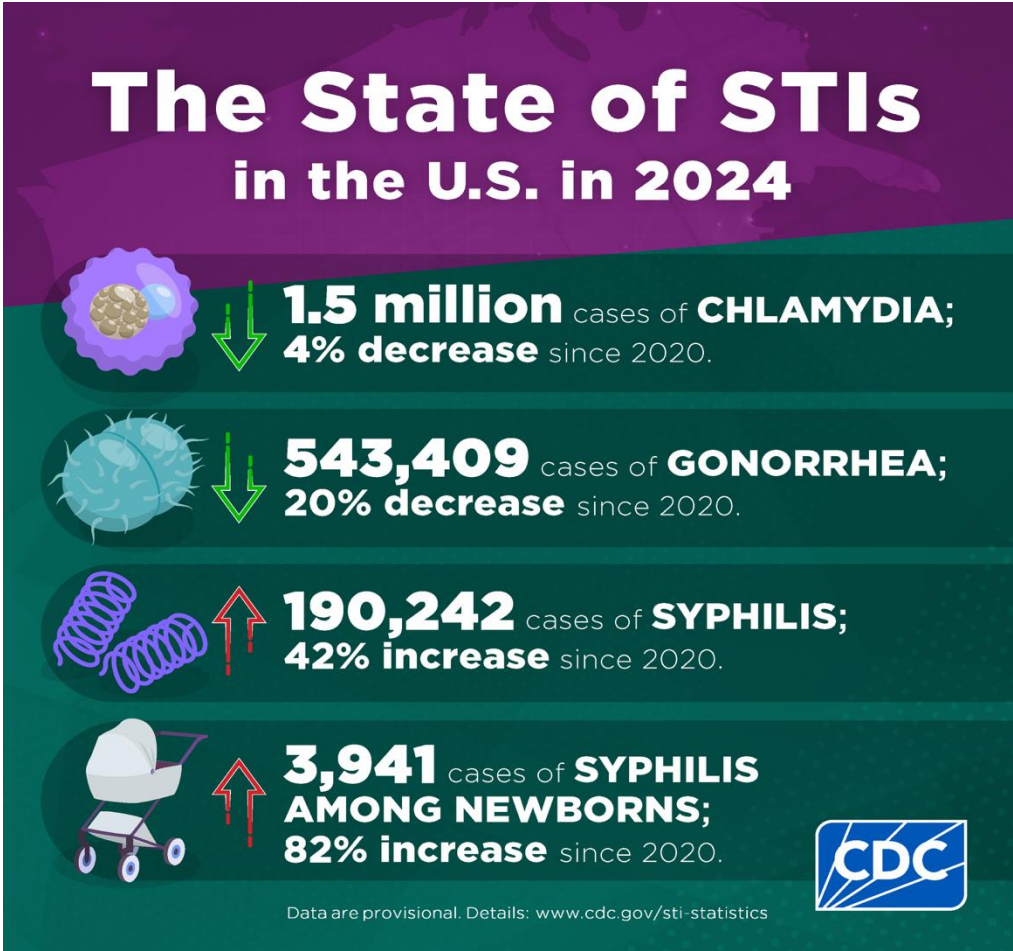
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- **SLIDES** from Dr. Sarit Golub, NYC DOH, GOALS framework

Agenda

- Epidemiology and statistics
- Sexual history taking:
 - When, where, why
- New framework for sexual history taking

Sexually Transmitted Infections Are Important



• <https://www.cdc.gov/sti-statistics/annual/summary.html>

Special Populations Disproportionately Affected

Adolescents: 15-24 years



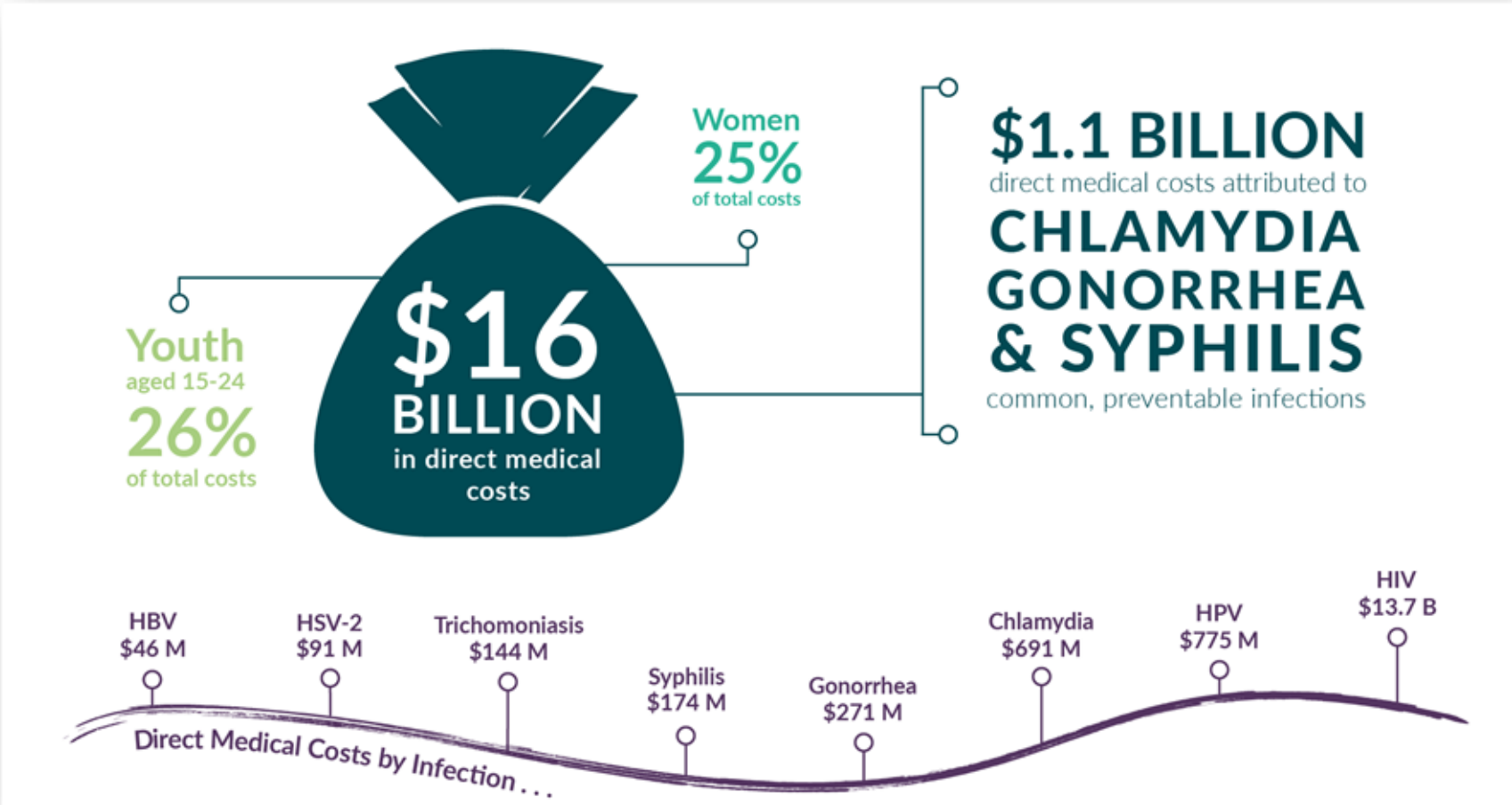
Gay and bisexual, and other MSM



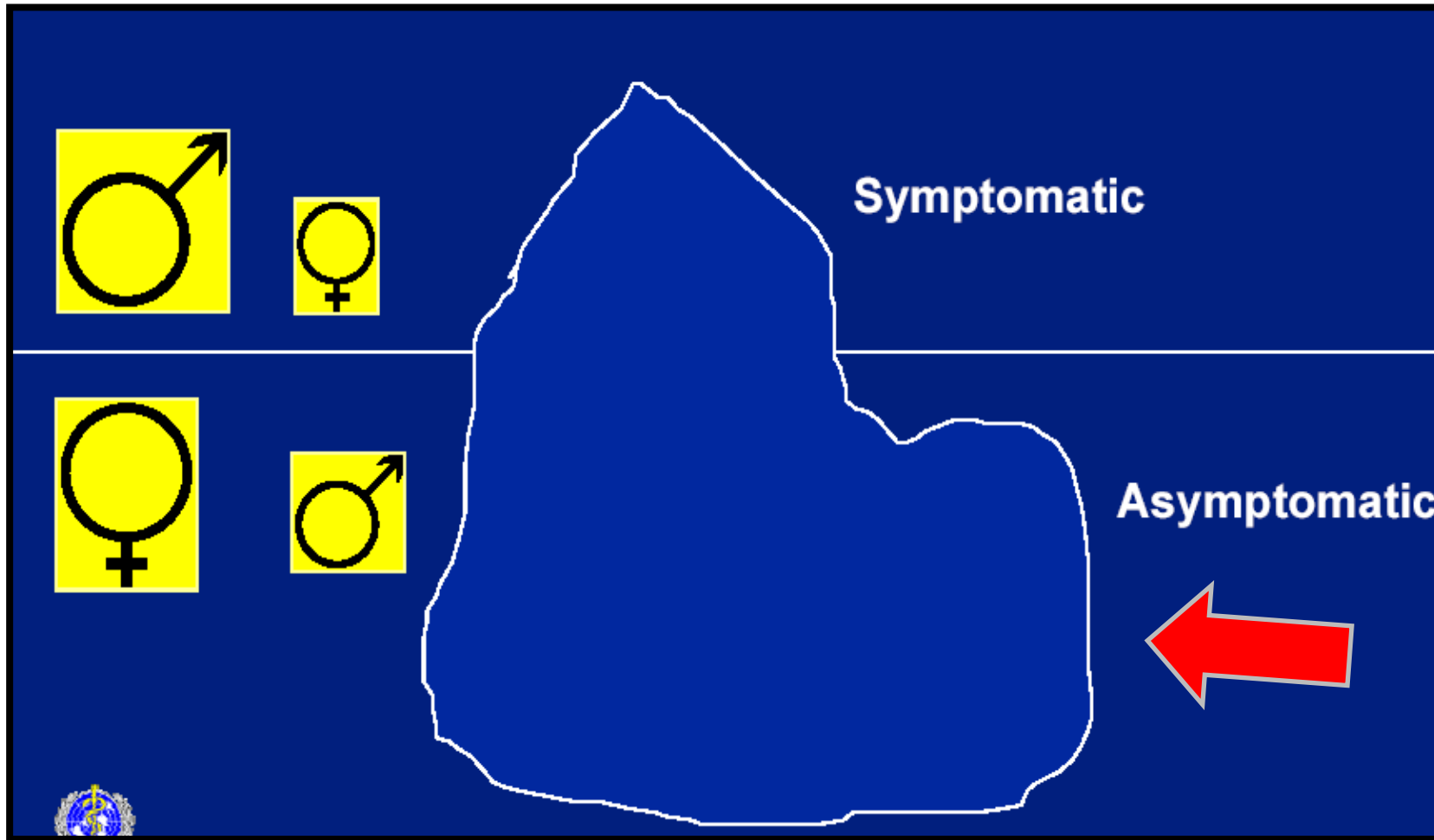
Non-Hispanic Black or African American persons



The Cost

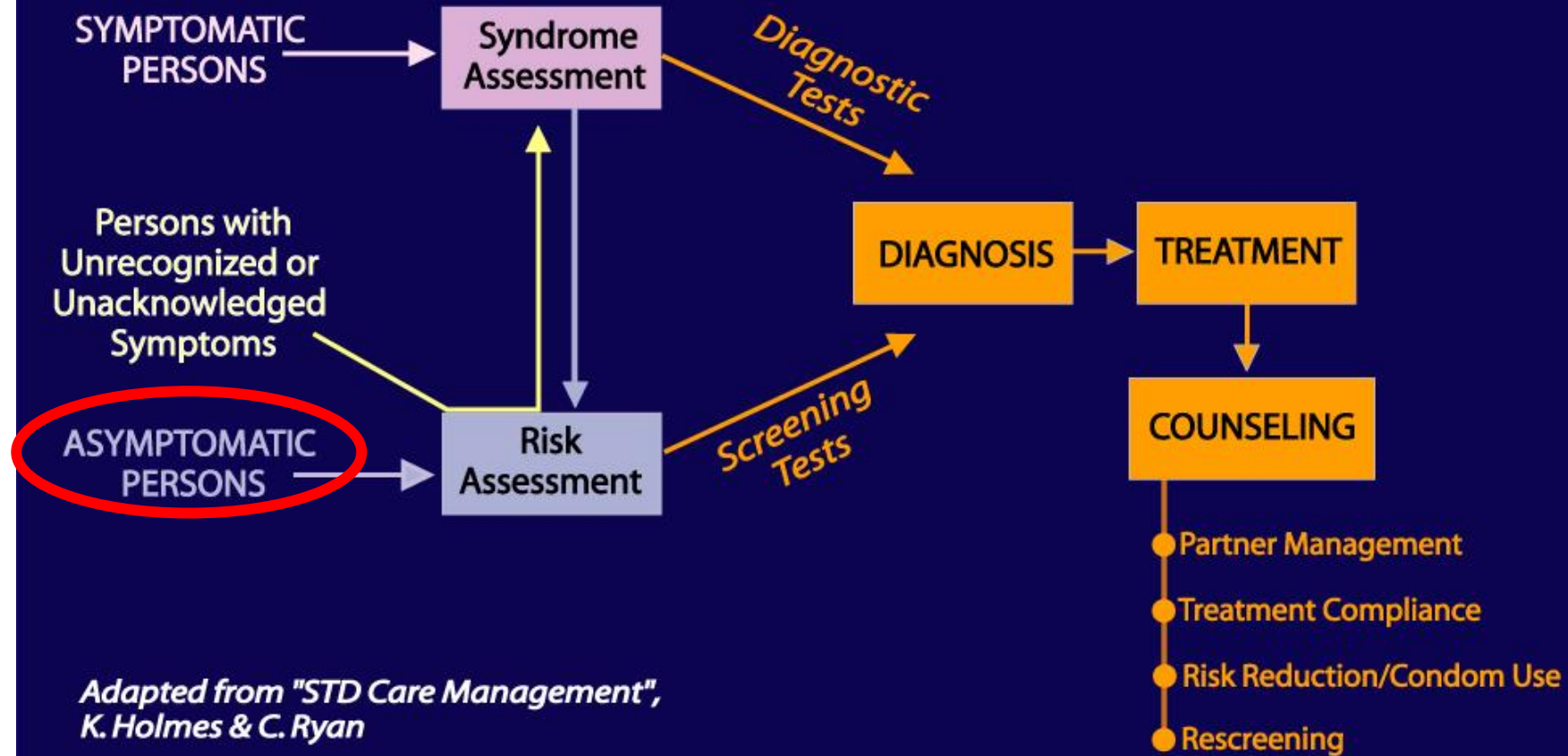


How Symptomatic are STIs?



• Source: WHO HIV/AIDS/STI Initiative

ESSENTIAL STEPS IN STD CARE MANAGEMENT



Sexual History Taking

Definition of Sexual History

“

A medical history of a patients' sexual practices, concerns, illnesses, partners, preventive activities, and risk factors for sexually transmitted diseases.

A short sexual history is recommended as part of every complete physical examination.

”

Mosby's Medical Dictionary, 8th edition. (2009).

Slide courtesy of Sarit Golub Slides, NYC DOH

Let's Take a Poll....

- What percent of **clinicians** take a sexual history as part of an annual exam?
- What percent of **patients** report wanting to talk about sexual concerns with their providers?

Missed Opportunities

- 6% of primary care providers take a sexual history at every visit
- 55% take a sexual history as part of the annual exam
- 76% take a sexual history if relevant to the chief complaint

Wimberley et al., 2006, Journal of the National Medical Association

- Slides courtesy of Sarit Golub, NYC, DOH

Sexual Health is a Priority for Patients

- 85% of patients report wanting to talk about sexual health concerns with their providers
- 71% said primary care providers should ask all patients if they have sexual health concerns
- 68% of patients report fear of embarrassing their provider as a reason for not broaching sexuality

Implications



Prevention of:

- STI's
- Pregnancy

Intervention:

- Improve sexual comfort and pleasure
- Identify and address clinical and social/psychological needs

COMMUNITY LEVEL

STI

HIV

Unintended
Pregnancy

Challenges to Sexual History Taking

- Lack of education on how to do it well
 - E.g., how do you ask the questions and what do you do with the answers
- Discomfort with discussions around sex both for patients and providers
- Time constraints
- Interventions like risk reduction conversations seem scripted, not effective

Which Patients Would You Take a Sexual History From?



- Clearly, adolescents and young adults are priority populations to engage
- 48.2% of cases of CT/GC/Syph occurred among young people 15-24

Seniors and Sex!

Boomers are bringing 'summer of love'-style change to sex in their older years

Last Updated: Aug. 3, 2022 at 6:15 a.m. ET
First Published: Aug. 2, 2022 at 12:07 p.m. ET

By [Jessica Hall](#) (Follow)

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Sex in retirement years: the rewards and risks



- 40% of seniors between 65-80 are sexually active
 - National Poll on Healthy Aging
- Lower condom use (6%)
- Use of erectile dysfunction drugs higher
 - Associated with increased rates of STIs

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Where, Who, and How?

- Exam room vs. triage
- Who?
 - Nursing
 - Community health workers
 - Students
 - Provider



Options for How?

Self-administered questionnaires

- Patients are used to completing general surveys before seeing providers
- Consider adding questions about sexual behavior
- Standardizes risk-assessment*
- Can be paper/pencil or computerized
- May create a “new norm”
- Reduces discomfort
- Saves time*



General Recommendations

- The following is a broad guide for starting and sustaining the conversation
- Adapt as you see fit and use words/phrases that you are most comfortable with
- The key thing is to **ASK!!!**
- But ... be considerate and respectful
- Assure confidentiality

Re-envision: Sexual History Taking

WHAT ARE THE GOALS?

- "I need to understand if my patients need HIV testing or what STI tests they need."
- I need to understand their risk, so that I can provide education and counseling."
- I need to identify what interventions to offer like PrEP, contraception or vaccines."

Why Use the Goals Approach?

- Increase rates of routine STI/HIV screening
- Increase rates of universal biomedical HIV prevention and contraceptive education
- Increase patient motivation for and commitment to sexual health behavior
- Enhance the patient-provider relationship, making it a lever for sexual health and overall wellness
- Streamline sexual history conversation

GOALS

- Give a preamble that emphasizes sexual health
- Offer opt-out HIV/STI testing and information
- Ask an open-ended question
- Listen for relevant information and probe to fill in the blanks
- Suggest a course of action

GOALS: Give a Preamble

- Use evidence and discuss rationale
 - "Lack of opportunity is the most common reason patients don't talk to providers about their sexual health"
 - "Risk"-focused conversations are often stigmatizing and alienating to patients
 - Quality of provider-patient relationship has the greatest single effect on patient engagement (e.g, adherence, health monitoring, and prevention)

Marwick. JAMA. 1999.

Give a Preamble That Emphasizes Health

- "I'd like to talk with you for a couple of minutes about sexuality and sexual health. I talk to all my patients about this because it's an important part of your overall health. Some patients have questions and concerns, and I want to make sure I understand your questions or concerns. This will allow me to provide whatever information or help you need."

Focus on health not risk

Give a Preamble That Emphasizes Health

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Focus on health not risk

Normalizes sexuality as part of health care

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Opens the door for questions and clearly states desire to understand and help

Focus on health not risk

Normalizes sexuality as part of health care

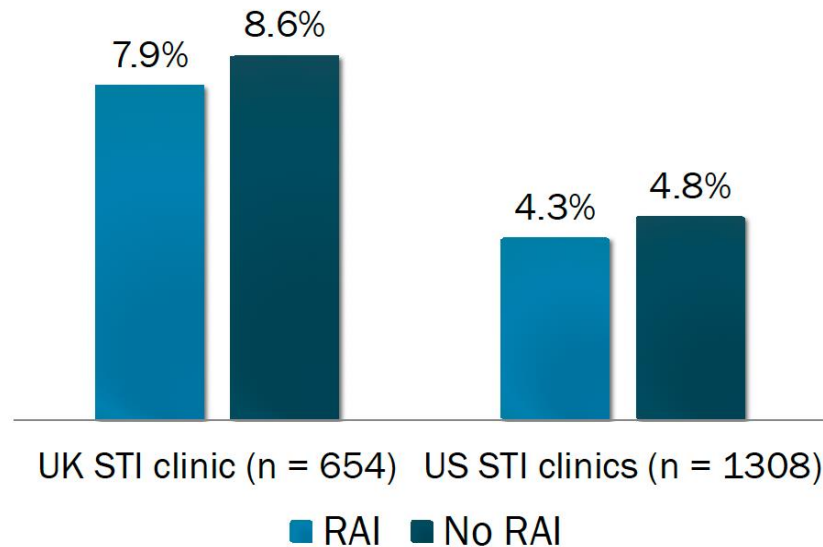
Offer Opt-Out HIV/STI Testing and Information

- Evidence/Rationale
 - Universal HIV/STI screening is more efficient and cost-effective than risk-based screening
 - "Risk-based" screening fails to screen between 45%-85% of eligible patients each year
 - Modeling studies estimate that opt-out screening for high -prevalence population reduces sequelae from STIs by over 37% and would reduce STI-related costs by over 20%

Evidence for Offering Testing

Universal HIV/STI screening is more efficient and cost effective than risk-based screening.

Dx of Rectal CT by Reported RAI among cisgender women



In a 2017 survey of OBGYN patients in NYC
47% reported engaging in anal sex,
and
85% reported giving oral sex

Offer Opt-Out HIV/STI Testing and Information

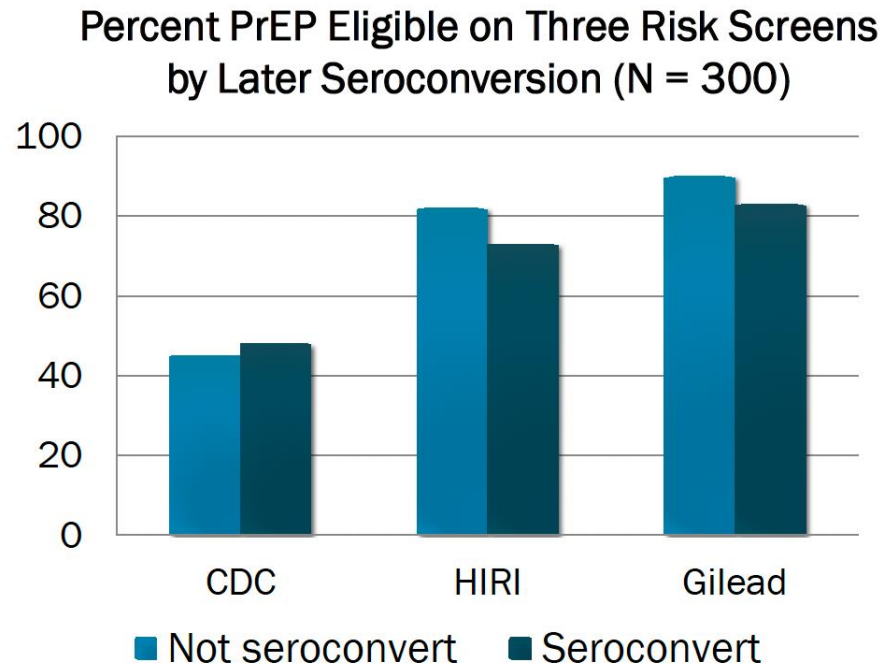
- "I like to test all my patients for HIV and other STIs. Do you have concerns about STIs?"
 - This does not commit to specific testing but normalizes it
 - Set up idea that you do it regardless of what patient tells you
 - Opens the door to talk about concerns

Ask an Open-Ended Question

- Evidence and Rationale
 - Standard risk assessment questions are stigmatizing and are not predictive of exposure or seroconversions
 - Objective risk scores are not associated with risk perception for most patients
 - Closed questions may lead to misunderstanding and under or lack of representation of the patients' practices

Evidence for ASKING Open Questions

Data suggest that basing PrEP eligibility screens may “miss” critical populations



Young black MSM are least likely to have an indication for PrEP

Seroconversion is most strongly linked to **zip code** and social networks

Ask an Open-Ended Question

- Puts the focus on the patient
- Lets you hear their concerns and what's most important
- Helps you identify language they feel comfortable with e.g, when talking about body parts, partners, practices

Asking Open-Ended Questions

- *"So, tell me about your sex life."*
- *"What concerns do you have about your sexual health?"*
- *"How is your current sex life similar or different from what your ideal sex life would be?"*

Listen and Probe to Fill-in the Blanks

- Rationale/Evidence
 - Reduces time needed to discuss sexual health and allows you to focus on their concerns
 - Reduces bias by mirroring patient's language and using non-gendered terminology

Listening with the CDC 5 Ps

- Partners
 - Tell me about your partners (or people you have sex with)
- Practices
 - Do you have concerns about sexual health?
 - What types of sexual activity do you engage in, oral vaginal, anal?
- Prevention of Pregnancy
 - How do you prevent getting pregnant, or do you want to have children?
- Protection from STDs
 - How do you protect yourself against HIV and STIs?
 - What has been your experience with condoms?
- Past history of STDs
 - Have you been tested for STIs in the past?
 - Have you ever received treatment e.g., pills or an injection?

No assumption about identity

Can be asked regardless of identity

Understanding motivation and self-determination

Expanded Sexual History – More P's for your Pod!

- **Partners**
- **Practices**
- **Prevention of Pregnancy**
- **Protection from STDs**
- **Past history of STDs**
- **Psychosocial issues**
- **Prevention of HIV (PrEP)**
- **Prevention of STIs (DoxyPEP, immunizations)**



Psychosocial Issues

- Mental health issues (depression, anxiety etc.)
 - PHQ2, PHQ9, GAD-7
- Substance use
- History of survival sex, sexual victimization, unwanted sex, intimate partner violence
- History of incarceration

Substance Use



- Substance use may affect a person's decision to have sex, who to have sex with, and may interfere with their motivation/ability to utilize protective measures
- “CHEMSEX”; Party and Play; Intensive Sex Partying (ISP)
 - Drug use with the intention of intensifying sexual experiences
- Erectile dysfunction drugs: sexual arousal, disinhibition, improved erectile function
- *Question?*
- *“Many of the patients I work with tell me they use alcohol or drugs for various reasons...How about you, yourself?”*
- *“Have you ever sex under the influence of alcohol or drugs?”*
- *“Do you use other drugs to help with sexual function?”*

Intimate Partner Violence

- IPV is common and may be an issue in ANY relationship
 - ***“Have you ever had any altercations with partners in the past?”***
 - ***“Do you feel safe in your current relationship?”***
- 1/3 of sexual minority males and 1/2 of sexual minority females report being victims of physical or psychological abuse in a romantic relationship

Taking the information and creating a plan!

Suggesting a course of action

Suggest a course of action

- Rationale/Evidence
 - Belief in the benefit and efficacy of an intervention most strongly associated with adoption of health behavior
 - Patients' self-efficacy predicts uptake, adherence, and sustainment of health behavior
 - Universal PrEP and contraceptive education increased community level awareness

Suggest a course of action

- Content to include: Testing, Prevention and Education
 - "Thank you for having this discussion about sexual health, I would like to test you for ...
 - Focusing on universal offering/testing as prevention
 - " I would like to provide you information about PrEP/contraception, Doxy PEP. I think it might be helpful to you."
 - Focusing on healthful behaviors
 - "I would like to refer you to our counselor/health educator to further discuss questions or concerns."
 - Focusing on coaching/education/self-efficacy and universally provided

GOALS - How Much Time Does It Take?

- Give a preamble that emphasizes sexual health
- Offer opt-out HIV/STI testing and information
- Ask an open-ended question
- Listen for relevant information and probe to fill in the blanks
- Suggest a course of action

1 minute for each
bullet

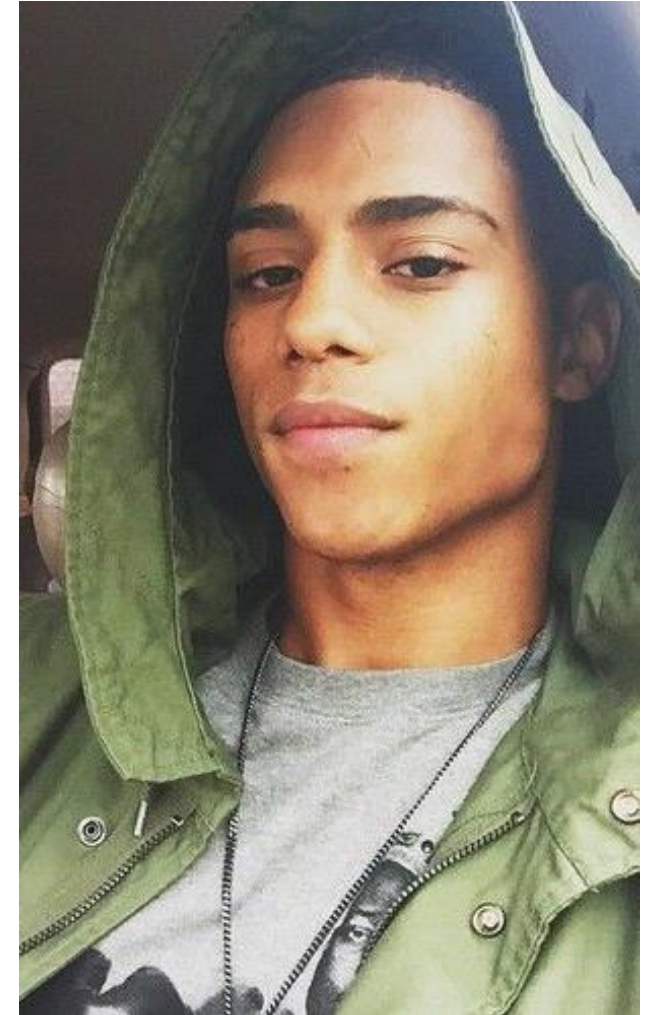
Timing depends on
patient's needs

Strength of the G O A L S Approach

- Data-driven, removes the traditional risk-assessment from sexual history taking
- Focuses on building patient-provider relationship, normalizing sexual health discussions
- Designed to identify specific sexual health concerns
- Reduces bias in HIV/STI screening and sets the stage to provide education about sexual health prevention options and strategies beyond condoms

Ricky

- 22 yo male, formerly incarcerated, coming in for a pre-employment physical



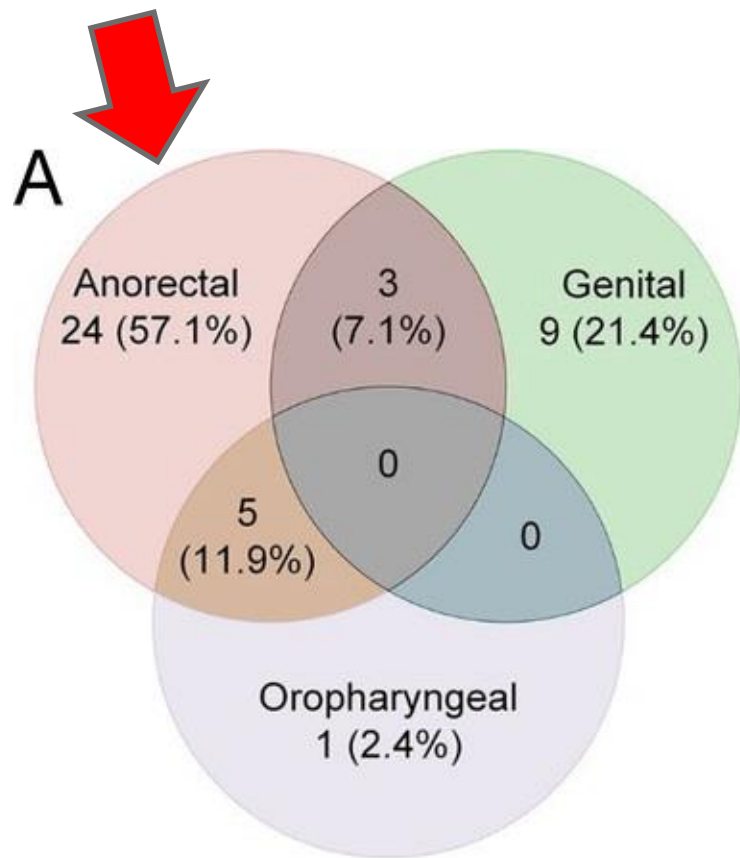
Approach: G O A L S

- Give a preamble that emphasizes sexual health
 - Offer opt-out HIV/STI testing and information
 - Ask an open-ended question
 - Listen for relevant information and probe to fill in the blanks
 - Suggest a course of action
- Partners
 - 17 yo male
 - Practices
 - Consensual oral sex
 - Denies anal or vaginal sex...yet
 - Prevention of Pregnancy
 - No condoms or contraceptive methods...not needed...yet
 - Protection from STDs
 - No condoms
 - Past history of STDs
 - Never been asked...never been screened

Action Steps: Testing, Prevention, Education

- Testing
 - HIV/STI screening (3 site testing), RPR
 - TB screening (quantiferon)
- Prevention
 - Hep A,B, C screening
- Education and Counseling
 - HPV, MPOX vaccine
 - PrEP discussion
 - DoxyPEP discussion
 - Social work referral...will discuss in more detail in future presentation

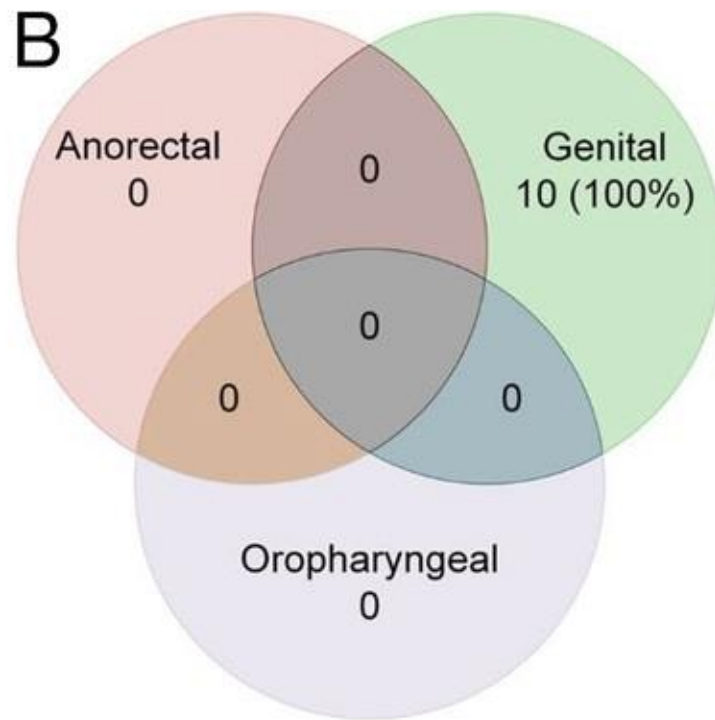
Why 3 Site Testing? Chlamydia Positive Test



GBMSM

N=343

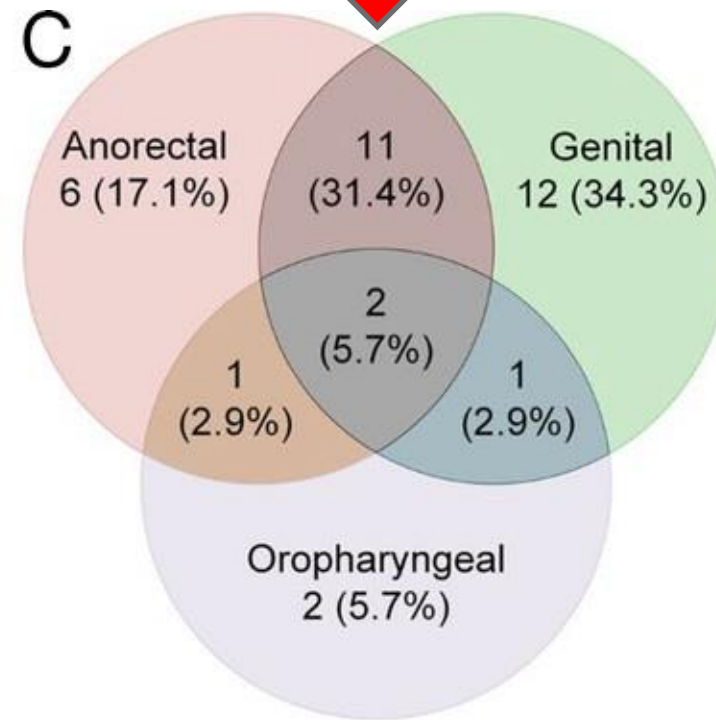
12% (n=42) CT +



MSW

N=96

10% CT+ (no extragenital)



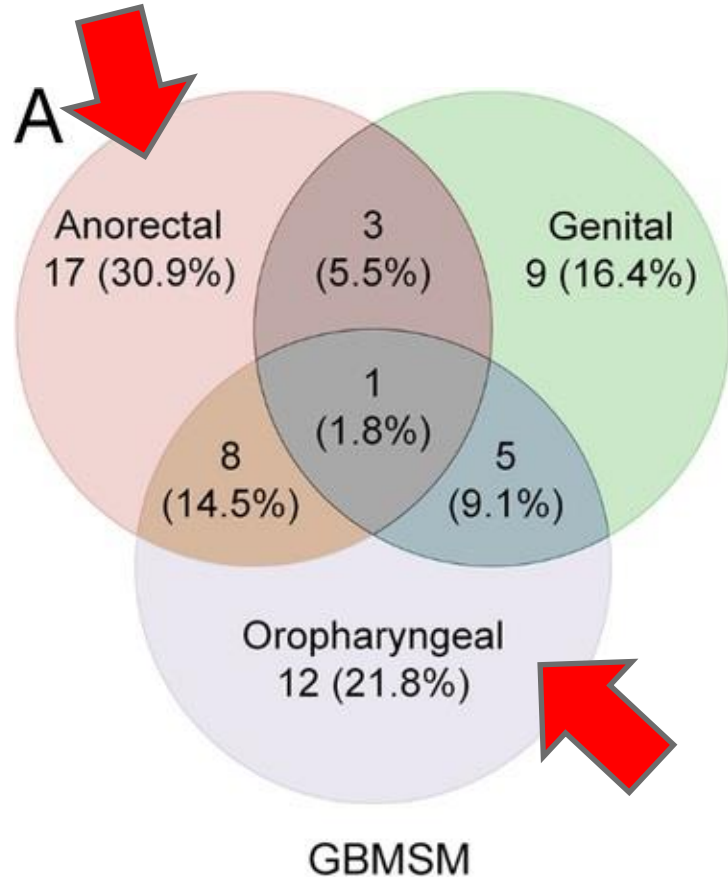
Women

N=329

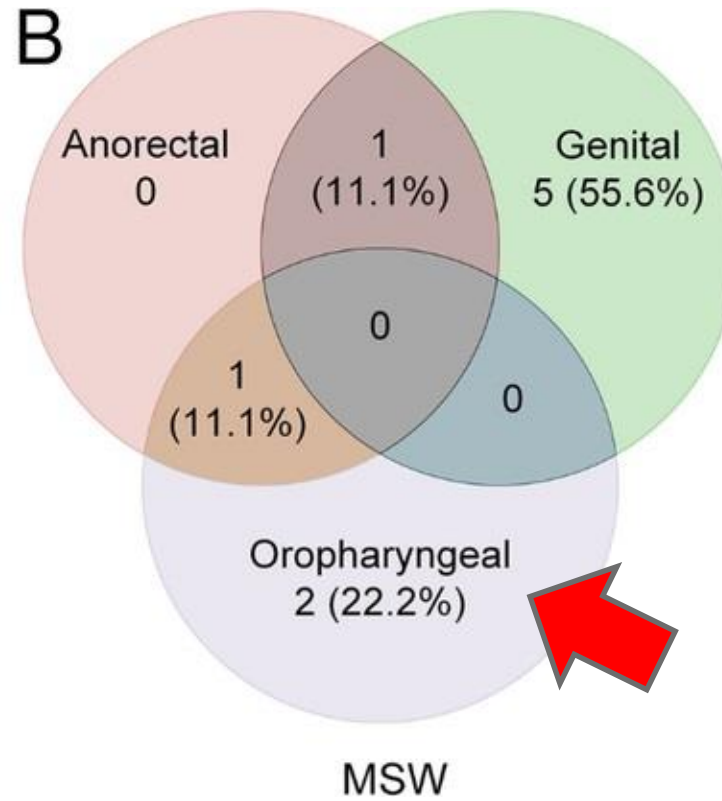
10.6% (n=35) CT+

Sexually Transmitted Diseases 52(10):597-602, October 2025.

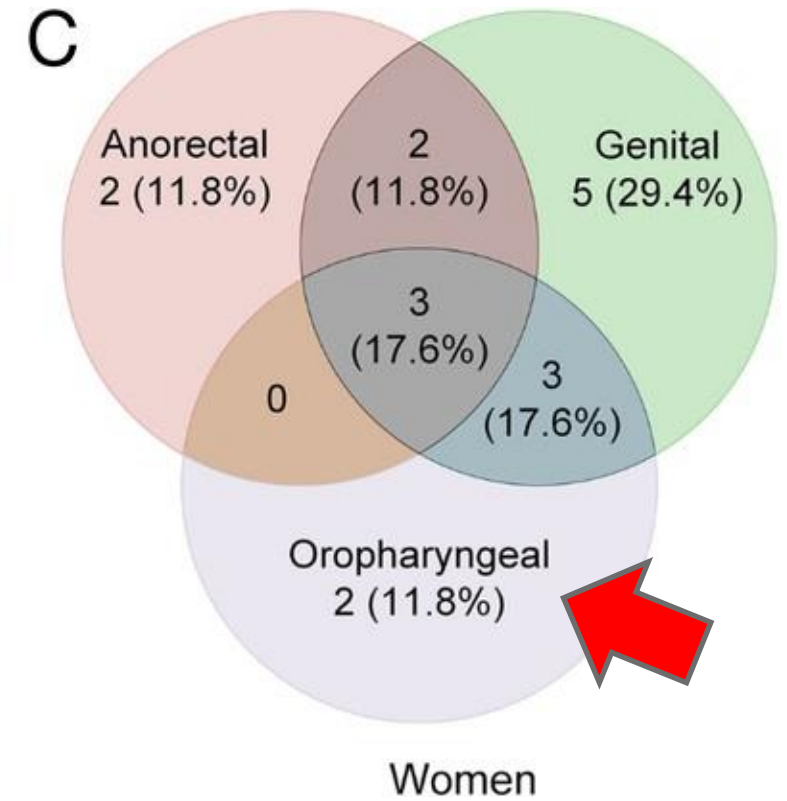
3 Site Testing and Gonorrhea Positive Test



N=343
16% (n=55) NG+



N=96
9.4% (n=9) NG +



N=329
5.2% (n=17) NG+

Sexually Transmitted Diseases 52(10):597-602, October 2025.

Take Home Messages

- Sexual history taking is part of regular history taking
- Ask early and often!
- Use an approach you feel comfortable with
- Use the **G O A L S** framework
- Information obtained can drive clinical evaluation, prevention and management strategies...not only for STIs, but for other aspects of sexual health (contraception), as well as other health issues (vaccines), HIV prevention (PrEP) and Doxy PEP
- Additionally, could open the door for assessment and linkages to care for mental health support

Thank You

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