SKILL-BUILDING: Taking a Sex and Drug History

Because of the growing prevalence of HIV and other sexually transmitted diseases, a thorough sex and drug use history is now recommended for all adolescent and adult patients. With practice you will be able to take a sex and drug history in 1-5 minutes. Most patients will be pleased to know they can discuss these important issues with their care provider. Here are some guidelines to consider.

Preparing to Ask Questions

Rapport
Before asking questions about a client’s sex and drug use behavior it is important for the client to feel relaxed and comfortable. Begin by introducing yourself, reassure the client that your conversation is confidential, and ask them to explain why he/she has come to see you. The sex and drug history should come after you have established good communications and rapport.

Context
A sex and drug use history can be integrated with other questions related to the client’s overall health history, or it can be done separately. Either way, the questions should be asked within a context. People frequently will not share information, especially if they feel the information is irrelevant or intimate. So explain why you need the information.
- explain that you will be asking some personal questions
- acknowledge that the client may feel awkward or embarrassed
- ask permission from the client to proceed with the questions
- acknowledge that the client can choose not to answer some questions

Tone
Be as natural and comfortable with the subjects as you can. This may require you to practice with colleagues before taking a sex and drug history with clients. If you feel awkward or uncomfortable, your clients are likely to sense your uneasiness and feel more anxious or uncomfortable themselves.

Language
Use language the client understands; be sure to clarify technical terms or acronyms.
- be specific; avoid using vague terms or euphemisms that could be misinterpreted (i.e., sexually active, sexual contact, regular sex, protected sex, drug use, etc.)
- focus on behaviors rather than labels or categories; instead of asking, “Are you homosexual or heterosexual?” ask, “Do you have sex with men, women, or both.” Instead of asking, “Are you an IV drug user?” ask “do you use injection needles?”
- avoid terms that may be perceived as negative or judgmental, such as promiscuous (use “more than one partner”), or prostitution (use “sex for money or drugs”).

Listening
A good interviewer is a good listener. Be aware of the flow of the conversation and allow it to progress naturally. Careful listening may give you more information than a rote list of questions. In addition, regimented questions can make clients feel depersonalized and convey the message that the questions are more important to you than the answers.
- paraphrase, or restate in your own words, what the client tells you this shows that you are listening and allows them to clarify the information they share with you.
- don’t assume you know what a term means; a client who says she has protected sex may mean she uses oral contraceptives rather than latex condoms, so ask patients to define or clarify the meaning of the terms they use.

Source: Fundamentals of Mental Health and HIV/AIDS: The CHIME Project: (CMHS HIV/AIDS Illinois Mental health Provider Education); June 1995
ASSESSMENT: A BRIEF SEXUAL HISTORY

(If you have time for only one question):

- What do you do to protect yourself from sexually transmitted diseases, for example, AIDS?

(If you have 3-5 minutes):

- Have you had a sexual experience with another person in the past year?
- (If yes,) With how many different people in this year?
  
  One?
  
  Two or three?
  
  Four to ten?
  
  More then 10?

- (If yes,) In this year, have you had sex with Men? Women? Both men and women?

- Can you tell me about your sexual life before this last year?

- Have you ever had a sexually transmitted disease of any kind?

- Have you ever shared a needle or injection equipment with another person for any reason?

- Have you ever felt that a sex partner put you at risk for any reason?

- What do you do to protect yourself from STDs? from AIDS?

- What do you do to protect yourself from unplanned pregnancy?

- Is there anything else that I need to know?

Drawn from: Guest, F.  A Brief Sexual History.  Southeast AIDS Education and Training Center, Emory University (1992)