

Please place this in the medical record of _____

Suggestions for Taking a Sexual History for Teenage Girls

The Centers for Disease Control and Prevention recommends screening all sexually active teenage girls for chlamydia each year. We encourage you to place this sheet in the medical record of the above-named patient and use it to guide a discussion about sexual activity and sexually transmitted diseases (STDs) at her next visit.

Ask about menstrual history first, and then follow with sexual history:

- What have you learned in school or elsewhere about STDs and birth control?
- Do you date? How old is he or she? How does he or she treat you?
- Are you having or have you ever had sex, including oral sex?

If your patient tells you she has not had sex:

“I would like to make sure that I understand your answer. People have sex in many different ways. By sexual activity, I mean to ask if you are having any oral, vaginal or anal sex.”

- Have you thought about what you might do if you ever felt pressure to have sex?
- Are you thinking about having sex with anyone in particular?

“I am always available to discuss your questions and concerns.”

If your patient tells you she has had sex:

- When was the last time you had sex?
- Do you have sex with girls, boys or both?
- What kind of sex? Vaginal? Oral? Anal?
- Are you using a method to prevent pregnancy? Have you ever been pregnant?

“I would like to ask you some questions about risky behavior, because there may be information I can offer you that will help you reduce your risk of illness or injury.”

- Do you and your partners use condoms? Never? Sometimes? Always?
- Do you ever have unprotected sex? Does your partner?
- Have you ever had sex under the influence of drugs and alcohol?
- Have you ever had an STD?
- Has anyone ever touched you in a way you didn't like or forced you to have sex?

Notes:

Date _____ Signature _____

Creating an Environment Conducive to Sexual History Taking

- Make sure that you have an opportunity to speak with a teenager without her parent. Make this a standard part of the office visit and explain it up front to the parent and teen.
- Reinforce confidentiality within limits. In Massachusetts, New Hampshire and Maine, state law permits providers to diagnose and treat STDs without parental consent.
- Introduce sensitive topics by starting with non-threatening topics first and moving to more sensitive issues. The American Academy of Pediatrics (AAP) recommends HEADS, which stands for Home, Education, Activities, Drugs and Sex.
- All adolescents should be asked at least annually about involvement in sexual behaviors that may result in:
 - unintended pregnancy
 - chlamydia or other STDs
 - HIV infection
- Ask questions and offer explanations about sexuality in a straightforward manner. Avoid euphemisms.
- Offer guidance annually on responsible sexual behaviors, including latex condoms to reduce the risk of STDs and HIV as well as other forms of birth control.
- Screen for tobacco, alcohol and drug use as well as other risky behaviors, such as weapons and eating disorders or obesity.

Key Clinical Issues:

Alcohol and drug use play a central role in the sexual activity of many adolescents, placing them at higher risk of engaging in unprotected sex and getting STDs.

Because older males tend to have or have had multiple sexual partners, girls who have older male sexual partners are at higher risk for chlamydia infections and other STDs.

Anal intercourse may be used by some heterosexual teens as a way to preserve virginity and protect against pregnancy.

*Excerpted from **The Chlamydia Toolkit for Clinicians**, Massachusetts Division of Medical Assistance, June 2001.*

For more information, refer to:

Mass. Department of Public Health, STD/HIV Prevention Training Center.

AMA, Guidelines for Adolescent Preventive Services, 1997.