ALABAMA DEPARTMENT OF PUBLIC HEALTH (ADPH) — STD DIVISION
Clinical Reference Guide: Comprehensive Sexual History Taking

Author: Agnes Oberkor, DrPH, MPH, CRNP | ADPH Congenital Syphilis Coordinator & Clinical Consultant

1. Normalize & Neutralize: The First 60 Seconds

Establish clinical safety and neutralize defensive patient anxiety by framing the inventory as an objective, routine public health standard.

• **The Clinical Script:** *"I ask these standard health and safety questions of every adult and adolescent patient, regardless of status, gender, or orientation. Sexual health directly impacts your overall physical well-being. Everything we discuss is fully confidential and protected."*

• **The Approach:** Maintain a clinical, matter-of-fact tone. Avoid physical or verbal markers of surprise. Document and employ the patient's preferred name and pronouns. Mitigate gendered assumptions by leading with neutral terms like **"partner"** instead of gender-restricted words.

2. The Clinical Core: The Expanded 6 Ps Framework

Section & Focus	Essential Verbatim Questions to Ask	Public Health Rationale & Core Action
1. Partners Network configuration	• "Do you have sex with men, women, trans partners, or individuals of all genders?" • "In the past 3 to 12 months, how many partners have you had?" • "Are any of your current partners also having sex with other people?"	Maps the architecture of the patient's immediate sexual network to establish baseline biological exposure pathways.
2. Practices Anatomic mechanics	• "When you have sex, what parts of your body are involved?" • "Do you engage in oral sex, vaginal sex, or anal sex? Are you receptive, insertive, or both?" • "Do you use sex toys or sharing devices?"	**Mandatory Action:** Direct physical exposure maps to laboratory specimen collection. Guides localized testing instead of blindly relying on standard panels.
3. Protection Prevention metrics	• "What methods do you use to protect yourself from STIs, such as barriers or HIV PrEP/PEP?" • "Have you received vaccines for HPV, Mpox, or Hepatitis A and B?" • "How often do you use your chosen protection methods?"	Assesses biomedical and barrier compliance. Dynamically uncovers immediate candidacy for immunization or prophylaxis lines.
4. Past History Biological baseline	• "Have you ever been diagnosed with or treated for an STI or HIV?" • "Have any of your past or current partners ever been treated for an infection?" • "Are you or your partners currently experiencing sores, rashes, or unusual discharge?"	Uncovers chronic baseline risks, recurrent syndromic patterns, or untreated exposures requiring immediate empirical treatment trajectories.
5. Pregnancy Reproductive intent	• "Are you or your partner currently trying to become pregnant?" • "If you are trying to prevent pregnancy, what methods are you using?" • **Maternal Mandate:** "If pregnant, have you been tested for syphilis during this pregnancy?"	Addresses individual reproductive goals. Directly implements the critical **ADPH Congenital Syphilis Prevention Strategy** to counter rising state metrics.
6. Pleasure & Problems Function & safety	• "Are you experiencing any pain, dryness, or functional physical issues during sex?" • "Are you fully satisfied with your sex life, or is anything causing you distress?" • "Are you safe in your relationships? Is anyone forcing or coercing you to have sex?"	Evaluates somatic/emotional well-being. Identifies organic dysfunctions and serves as an active trauma screen for human trafficking or abuse.

3. Clinical Disposition & Diagnostic Alignment

• **Extragenital Testing Mandate:** Do not default exclusively to a generic urine sample if extragenital physical contact is uncovered during the *Practices* history. Order **FDA-cleared nucleic acid amplification tests (NAATs)** for pharyngeal and rectal sites whenever receptive oral or anal exposure is documented.

• **Alabama Prenatal Syphilis Mandate:** To combat rising maternal case rates across Alabama, every clinician providing obstetric or prenatal care must perform universal, mandatory serologic testing for syphilis at **three precise intervals**, regardless of underlying individual risk profile status:

1. **Initial Prenatal Visit** (First Trimester presentation)
2. **Early Third Trimester** (Systematically between 28–32 weeks gestation)
3. **Labor & Delivery** (Prior to final maternal or newborn hospital discharge validation)

• **Closing Safety Check:** Conclude by extending a discrete, trauma-informed avenue for deferred disclosure: *"Thank you for your honesty today. Is there anything else relating to your safety, identity, or physical history that you want me to know?"*