



FACT SHEET – 24 Oct 2017

SEXUAL RISK ASSESSMENT and INTERVENTION

-- during the annual Periodic Health Assessment (PHA) or any routine encounter --

Part I – Assess Risk

1. OPENING STATEMENT(S)

“Let’s talk about your sexual health for a minute”.

2. PREVENTION OF PREGNANCY (MEN AND WOMEN). Determine family planning intentions and use of contraception.

"Do you or your partner want to get pregnant in the next year?" If no - What are you doing to prevent a pregnancy?"

3. PARTNERS. Make no assumptions of partner gender in the initial history taking.

- “Are you presently in a relationship?” “In the past 12 months, how many people have you had sex with?”
- “Were / are your recent partner(s) men, women or both?”

4. PRACTICES. If the patient has **risk** (see inset), explore sexual behavior and circumstances.

- "With your recent sex partner(s), did you engage in vaginal, oral or anal sex?"
- “Regarding pregnancy and STIs, what is the riskiest thing you’ve done in the past 3 months?”
- “How does your use of alcohol or other drugs influence your sexual decisions?”

5. PROTECTION FROM STDs. If the patient has **risk** (see inset), explore types of risk reduction the patient has used in the recent past, such as condom use.

- "What do you do to protect yourself from STIs like HIV?"
- “What have you done in the past to protect yourself?”

6. PAST HISTORY OF STIs. A history of STDs increases the risk of repeated infection. Affirmative answers should be followed up with questions about the type of infection and dates of treatment. Consider hepatitis B immunization.

"Have you ever had an STI?" "Have any of your partners had an STI?"
“Do you have any symptoms / problems now?”

“**Risk**” of an unplanned pregnancy or STI/HIV exists:

- All sexually active adolescents
- Adult with STI (current or in the past year)
- Adult with more than 1 “current” sexual partner
- Non-monogamous man sex with men
- Zika exposure of partner/self?

ALSO Consider...

- Not wanting pregnancy but no current contraception or not using the most effective form of contraception.
- More than 1 recent sex partner (past 3 months).
- New partner in past 3 months.
- Sex partner who may have an STI.
- Exchange of sex for money or drugs.



Part II – Intervene

7. DESCRIBE RISK AND EXPLORE THE PATIENT’S PERCEPTION OF RISK AND CONSEQUENCES. If the patient has **risk**, ask:

- “I’m concerned that you are placing yourself at risk of an unplanned pregnancy and/or sexually transmitted disease because you [describe the risky behavior(s) and relevant circumstances].”
- “How do you see your risk?”
- “How would an unplanned pregnancy or HIV infection affect you?”

8. EXPLORE RISK REDUCTION. What does the patient know about risk reduction? What does the patient want to try?

- “What are some ways a person could avoid a pregnancy or getting HIV or another STD?”
- “Here are ways you could reduce your risk:”
(see inset – **risk reduction**)
- “What would you like to do to reduce your risk?”
- ENCOURAGE THE PATIENT TO CHOOSE A RISK REDUCTION OPTION.

Risk Reduction Options:

- A. Abstain from sex or delay sex until a later time in life
- or have relationships that do not involve sex.
- B. Monogamy - sex between two people, who only have sex with each other, in a long-term relationship.
- C. Use Condoms correctly and every time
- D. Decrease number of sex partners.
- E. Evaluate Risk:
 - Do not trade money or drugs for sex.
 - Avoid high risk sex (e.g. unprotected sex)
 - Stay sober to stay in control.
- P. HIV PEP? HIV PrEP?

9. EXPLORE BENEFITS AND BARRIERS TO SAFER BEHAVIOR

“What would be the hardest thing about [DOING THE SAFER BEHAVIOR CHOSEN BY THE PATIENT] ?”

“What would be the best thing about [DOING THE SAFER BEHAVIOR CHOSEN BY THE PATIENT] ?”

10. DEVELOP AND ACTION PLAN. What concrete incremental steps can the patient take succeed?

- “How will you [DO THE SAFER BEHAVIOR CHOSEN BY THE PATIENT] ?”
- How will you say “no” to sex?
- How will you insist on faithfulness from your partner?
- When – Where - How will you get condoms / contraception?
- Where and when will you have condoms?

Routine Screening:

Women: annual ct age 16-24; periodic pap starting age 21; HPV age 9-26, 3 doses

Males: aged 9-21= HPV eligible; 3 doses

Men-sex-with-men: annual HIV; annual RPR; HPV vaccine up to age 26; HAV and HBV vaccine

11. MAKE REFERRALS. Consider referrals that may help the patient reduce sexual risk

“Would you like to speak with [CHAPLAIN / OB-GYN / PREV MED / FLEET-FAMILY SERVICES / SOCIAL WORKER / BEHAVIORAL HEALTH]?”