

Sexual Behaviors Interview Guide

Starting the Interview

Private setting

- Choose a private interview location to maintain patient confidentiality
 - Clinic/office: utilize a room with a closed door
 - Field location: keep distance from other people, be mindful of your volume and use of visual materials that others may see
 - Phone call: confirm with patient whether they can speak privately
- Keep patient interactions one-on-one
 - It is good practice to ask all other individuals (including family members, sex partners, and health care providers) to leave the room while conducting an interview, even if the patient states they are comfortable with others being present in the room
 - If patient is alone, you will usually obtain more detailed and honest answers
 - Common exceptions to the above include medical interpreters and observing health department investigators in-training

Ensure confidentiality

- Confirm that you are speaking with the correct patient before proceeding with interview
 - Verify the patient's identity before proceeding (name on official documents, birth date, and other identifiers needed to confirm their identity)
 - Note that sex is different from gender, and most medical records only document sex assigned at birth
 - Never leave messages that include mention of the disease/positive laboratory results
 - Never give confidential information to third parties (e.g., roommates, neighbors, family, partners, etc.)
- Inform patient about the anonymous nature of sex partner and/or close contact(s) notifications

Build Rapport

Introductions

- Introduce yourself (name, pronouns) and your role
- Share the purpose of the interview (to assist in managing the infection, address concerns, discuss how to handle sex partners/close contacts)
- Emphasize your commitment to maintaining confidentiality
 - *"Everything we talk about today is confidential and private. I will not share this information with anyone who isn't directly involved in your care."*
- Ask for the patient's preferred name and pronouns, if they are comfortable sharing
 - Some people prefer not to share pronouns, so don't make it a requirement
 - If unsure about patient's pronouns, use their name instead of pronouns

Address concerns

- Ask about and address concerns that patients have so they can better focus on what's happening during the interview

- Recognize that patients have differing levels of comfort in discussing their sexual history
 - For patients who are uncomfortable talking about sex, explain that taking a sexual history is an important and routine part of the interview process
 - Address feelings of discomfort, but don't make a concern more significant than it is
 - Note that many of these questions are asked in all interviews to normalize the discussion

Conducting the Interview

Effective Interviewing Techniques

- Be respectful and non-judgmental (be mindful of body language and tone of voice that might convey a negative reaction)
- Ask open-ended questions (e.g., who, what, where, when, why, how)
Follow up to clarify with statements such as "Tell me more about..."
- Familiarize yourself with sex and LGBTQ+ lingo (see *Resources* section below)
- Don't be afraid to ask for clarification to ensure mutual understanding
 - Repeat what patient said (ex. "What I'm hearing is...") back to them and prompt them to confirm or correct your understanding
- Be patient and flexible – allow extra time for the patient to process what you're saying
- Approach counseling from a [harm reduction/risk reduction](#) philosophy
- Practice with mock interviews and use difficult scenarios when practicing

Asking about Sexual Risk Behaviors

Sex Partners

- Start by asking the **number of sex partners** the patient had in the interview period
 - Iterate that this question includes sex of any kind (oral, vaginal, or anal)
 - For monkeypox investigations, inquire about kissing/hugging/cuddling partners
- **Do not** make assumptions about:
 - Patient's sexual orientation, instead → **ask about gender of sex partners**
 - Monogamy, if patient reports being married or in a relationship

Sex Practices

- When asking about type of sex, make sure you are using [plain language](#) to describe anatomical sites and practices in a way that the patient understands
- **Do not** make assumptions based on sex partners → **ask about which anatomic parts are involved when having sex**

Venues

- Ask **where the patient meets their sex partners AND where they have sex with partners** - these locations may or may not be the same
- *Examples* - venues for meeting partners:
 - Online: dating apps (e.g., Grindr, Tinder), social media (e.g., Facebook, Instagram), Craigslist, etc.
 - In-person: gay club or bar, public sex venue, etc.
- *Examples* - venues for having sex: patient's home, public sex venue, park, party, bathhouse, etc.

Other Behaviors to Ask About

- **Drug use:** used during sex, type of drug, frequency, injection vs. non-injection drug use, use of shared equipment (i.e., needles, syringes, etc.)
- **Sex work:** the exchange of sex for patient's needs, such as money, housing, drugs, etc.

Closing the Interview

- Thank the patient for their time
- Reiterate confidentiality
- Provide contact information if they have any updates or questions
- Remind them about additional follow-up for testing

Resources

Sexual Health

- [A Guide to Taking a Sexual History](#) (CDC) – *includes examples of open-ended questions to ask*
- [Sexual Health Glossary](#) (Planned Parenthood)
- [Sexual History Taking webinar](#) (CAPTC)

LGBTQ+

- [Sexual and Gender Minorities Resource Hub](#) (Hawai'i Department of Health)
- [LGBTQIA+ Glossary of Terms](#) (LGBTQIA+ Health Education)

Relevant Trainings

- [Sexual Orientation and Gender Diversity](#) (CDC TRAIN)
- [Diversity and Cultural Competency in Public Health Settings – Basic Level](#) (CDC TRAIN)