SHIP Partner history – ‘useful’ and ‘not useful’ questions

Are you sexually active?
Try to avoid this as the patient may interpret this as referring to how much they move or don’t move around during sex!

Are you married?
Marital status is not a clinical indicator of risk and so not useful in a risk assessment. If the patient volunteers that they are married then that tells you something about what it means for them. If the clinician asks this question they risk unsettling or even offending some of their patients.

Do you have a girlfriend/boyfriend at the moment?
This assumes the gender- and status- of someone’s partner and may not suit people in same-sex relationships or some married people. Once gender has been established, or if the patient uses the term, it can be used.

Are you in a sexual relationship; Have you ever had a sexual relationship; When was your last sexual relationship?
All these questions can be useful to elicit whether a person is currently in a sexual relationship.

Are you using contraception/what contraception do you use?
This assumes that the patient is heterosexual and needs contraception. Therefore this question should be asked only after it has been established that the patient is heterosexually active.

Do you have a partner at present? Is it a sexual relationship?
Partner is a good non-gender specific term. It is widely used these days and is acceptable for the large majority of people. ‘Is your partner male or female?’ can be a useful follow on. Even if a relationship is not sexual, it is meaningful to learn about partnerships.

When was the last time you had unprotected sex?
This may be useful to guide clinical decision making. For instance, a patient may be requesting a pregnancy test but in fact they only had unprotected sex the night before, in which case they could be prescribed emergency contraception. It may identify people who are not in a relationship and therefore may say no to the question ‘have you got a partner’ but may have had ‘casual’ sex. It may could appear clumsy for patients who have never had sex so it would be best to ascertain the patient has ever had sex before asking this.

How long have you and your partner been together?
This is a simple question establishing how long someone has had their current partner.

Do you have other partners? Have you had sex with any other people in that time?
This is a good question because as well as eliciting important information to help assess risk it signals to the patient that you do not assume that all relationships are monogamous.

Have you got/had an unusual discharge?
Symptom questions can sometimes be useful but they are not part of a risk assessment as so many STIs are asymptomatic (and discharge in women is uncommonly due to an STI).

Is there anyone else at home?
This is a very ambiguous question. Do you mean parents? Housemates? Pets?!

Do you have intercourse?
An ambiguous question – there are many types of intercourse!! Even if you add the word 'sexual' people may not understand what you mean by 'sexual intercourse'.

When was the last time you made love?
'Made love' is not a clinical phrase and may not work with some patients for example patients for whom sex is not about love (e.g. commercial sex workers). Questioning about timing of sexual intercourse is too blunt for an introductory question but is useful once someone has indicated they have a current partner, in particular when considering emergency contraception. 'When did you last have a sexual relationship?' might work better.

As far as you know, does your partner have other partners?
This is important to ask in terms of assessing STI risk. Some patients may be aware that they are not in a monogamous relationship, but will need prompting before they feel comfortable to reveal anything because of fear of judgment. Answers can be very meaningful and helpful to clinicians.

Have you ever had a Sexually Transmissible Infection?
This question may be useful if someone has had a past diagnosis of an STI, because it may be a reoccurrence, or it may be an indicator of the presence of other STIs. It is true to say, however, that many people may have STIs that go undiagnosed.

How many sexual partners have you had in the past 12 months?
A pragmatic approach is to take the partner history back to the most recent apparent risk. Whether the most recent risk was last month or six years ago, taking the partner history back to that point is often elicited very quickly – partner history is usually a quick process (see SHIP Rapid Sexual Health Risk Assessment)

Can I just check is your partner a man or a woman?
It is important to ask this question. Guessing can lead to mistakes being made. People who appear to be married on notes could have a concurrent same sex relationship or have separated and currently be in a same sex relationship. Inferring gender from a name is also risky – how many Jo's, Phil's, Chris or Peta's do you know of? Asking this question also demonstrates your lack of prejudice and is welcomed by people who are in same-sex relationships.

When was your last period?
This is a useful question for many sexual health interventions however it does not assess STI risk. It is useful as part of a pregnancy risk assessment.

When was your last smear?
A useful question in a sexual health consultation but does not assess risk.

Have you ever wondered if you could be at risk of HIV?
This question (and 'Do you think you could be at risk of an STI?') can be very useful to elicit the patient's own views. It needs to be preceded by questions that give the patient a clear idea of why you are asking the question. Beware of leaving a patient to assess their own risk!

Are you in a long-term relationship?
'Stable' 'steady' 'faithful' and 'long term' are all subjective terms rather than clinical ones. One person might refer to their boyfriend as steady after 6 weeks. Another might not use that term for a year or more... It is best to try and obtain objective accounts of time together and/or monogamy.

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