

Box 1: GOALS Framework for the Sexual History, continued		
RATIONALE AND GOAL ACCOMPLISHED	SUGGESTED SCRIPT	COMPONENT
<ul style="list-style-type: none"> • Makes no assumption about monogamy or the gender of partners • Avoids setting up a script for over-reporting condom use • Can be asked of patients regardless of gender • Increases motivation by asking the patient to identify strategies/inter-ventions 	<ul style="list-style-type: none"> • Besides [partner(s) already disclosed], tell me about any other sexual partners. • How do you protect yourself against HIV and STIs? • How do you prevent pregnancy (unless you are trying to have a child)? • What would help you take (even) better care of your sexual health? 	<ul style="list-style-type: none"> • Listen for relevant information and probe to fill in the blanks.
<ul style="list-style-type: none"> • Allows you to tailor STI testing to the patient so they don't feel targeted • Shows that you keep your word • Allows you to couch education or referral in terms of relevant benefits, tailored to the specific patient 	<ul style="list-style-type: none"> • So, as I said before, I'd like to test you for [describe tests indicated by sexual history conversation]. • I'd also like to give you information about PrEP/condom-ception/other referrals. I think it might be able to help you [focus on benefit]. 	<ul style="list-style-type: none"> • Suggest a course of action.

Box 1: GOALS Framework for the Sexual History		
RATIONALE AND GOAL ACCOMPLISHED	SUGGESTED SCRIPT	COMPONENT
<ul style="list-style-type: none"> • Focuses on sexual health, not risk • Normalizes sexuality as part of health and healthcare • Opens the door for the patient's questions • Clearly states a desire to understand and help • Understands that patients want to make sure I understand whatever information or other concerns might be and provide help you might need. 	<ul style="list-style-type: none"> • I'd like to talk with you for a couple of minutes about your sexuality and sexual health. I talk to all of my patients about sexual health, because it's such an important part of overall health. Some of my patients have questions or concerns about their sexual health, so I want to make sure I understand what your questions or concerns might be and provide help you might need. 	<ul style="list-style-type: none"> • Give a preamble that emphasizes sexual health.
<ul style="list-style-type: none"> • Doesn't commit to specific tests, but does normalize testing • Sets up the idea that you will recommend some testing regardless of what the patient tells you • Opens the door for the patient to talk about HIV or STIs as a concern 	<ul style="list-style-type: none"> • First, I like to test all my patients for HIV and other sexually transmitted infections. Do you have any concerns about that? 	<ul style="list-style-type: none"> • Offer opt-out HIV/STI testing and information.
<ul style="list-style-type: none"> • Puts the focus on the open-ended question that you prefer: • Tell me about your sex life. • What would you say are your biggest sexual health questions or concerns? • Lets you hear the language the patient uses to talk about their body, partners, and sex • How is your current sex life similar or different from what you think of as your ideal sex life? 	<ul style="list-style-type: none"> • Pick one (or use an open-ended question that you prefer): 	<ul style="list-style-type: none"> • Ask an open-ended question.

WHY WAS THE GOALS FRAMEWORK DEVELOPED?

The **GOALS** framework was developed in response to 4 key findings from the sexual health research literature:

- Universal HIV/STI screening and biomedical prevention education is more beneficial and cost-effective than risk-based screening.
- Emphasizing benefits—rather than risks—is more successful in motivating patients toward prevention and care behavior.
- Positive interactions with healthcare providers promote engagement in prevention and care.
- Patients want their healthcare providers to talk with them about sexual health.

WHY IS TAKING A SEXUAL HISTORY IMPORTANT?

Rather than seeing sexual history taking as a means to an end, the **GOALS** framework considers the sexual history taking process as an intervention that can:

- Increase rates of routine HIV/STI screening;
- Increase rates of universal biomedical prevention and contraceptive education;
- Increase patients' motivation for and commitment to sexual health behavior; and
- Enhance the patient-care provider relationship, making it a lever for sexual health specifically and overall health and wellness.



← Use this code with your phone's QR code reader to go directly to a mobile-friendly version of the guideline.

■ This 1/4-Folded Guide is a companion to the **GOALS Framework for Sexual History Taking in Primary Care**, developed by Sarit A. Golub, PhD, MPH, Hunter College and Graduate Center, CUNY, in collaboration with the NYC DHMH, Bureau of HIV, September 2023, available at www.hivguidelines.org.

HIV CLINICAL RESOURCE ■ 1/4-FOLDED GUIDE

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GOALS FRAMEWORK FOR SEXUAL HISTORY TAKING IN PRIMARY CARE

NYSDOH AIDS INSTITUTE HIV CLINICAL GUIDELINES PROGRAM SEPTEMBER 2023

WHAT IS THE GOALS FRAMEWORK?

The **GOALS** framework, designed to streamline sexual history conversations and elicit information most useful for identifying an appropriate clinical course of action, includes 5 steps:

- **G**ive a preamble that emphasizes sexual health. The healthcare provider briefly introduces the sexual history in a way that de-emphasizes, normalizes sexuality as part of routine healthcare, and opens the door for the patient's questions.
- **O**ffer opt-out HIV/STI testing and information. The healthcare provider tells the patient that they test everyone for HIV and STIs, normalizing both testing and HIV and STI concerns.
- **A**sk an open-ended question. The healthcare provider starts the sexual history taking with an open-ended question that allows them to identify the aspects of sexual health that are most important to the patient, while allowing them to hear (and then mirror) the language that the patient uses to describe their body, partner(s), and sexual behaviors.
- **L**isten for relevant information and fill in the blanks. The healthcare provider asks more pointed questions to elicit information that might be needed for clinical decision-making (e.g., 3-site versus genital-only testing), but these questions are restricted to specific, necessary information. For instance, if a patient has already disclosed that he is a gay man with more than 1 partner, there is no need to ask about the total number of partners or their HIV status in order to recommend STI/HIV testing and PrEP education.
- **S**uggest a course of action. Consistent with opt-out testing, the healthcare provider offers all patients HIV testing, 3-site STI testing, PrEP education, and contraceptive counseling, unless any of this testing is specifically contraindicated by the sexual history. Rather than focusing on any risk behaviors the patient may be engaging in, this step focuses specifically on the benefits of engaging in prevention behaviors, such as exerting greater control over one's sex life and sexual health and decreasing anxiety about potential transmission.