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Notes on the Sexual History

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Why the sexual history is important?

1. To assess risk for acquiring sexually transmitted diseases.
2. To assess the impact of medical illness and treatment on sexual functioning and sexual health.
3. Concerns about sexual well-being are prevalent, but patients are often reluctant to initiate discussion of these problems.
4. Knowledge of patient's sexual orientation is essential to providing effective and sensitive care.

The level of detail will always depend on the person and the situation. You do not need to take a complete and comprehensive sexual history on every patient! It is important, however, that you convey a willingness to discuss sexual concerns should they arise. For some patients, that may mean a simple question or statement to discuss these concerns. For many patients all you need to ask is: Are you having any sexual problems or concerns you would like to discuss?

When is it appropriate to pursue a sexual history in more detail?

1. When it is pertinent to the patient's chief complaint or reason for the visit. For example: requests for contraception, reproductive concerns, urogenital symptoms, concerns about STDs, etc.
2. To assess patient’s risk of sexually transmitted diseases or pregnancy.
3. When the patient is at risk for sexual problems due to a medical condition or treatment, e.g. a man taking antihypertensives may experience impotence, post MI patients worry about resumption of sexual activity, and/or patients with chronic back problems can find sexual activity painful.

Where in the interview should questions about sexuality be asked? Options include:

1. As part of the HPI when it is related to the patient's presenting symptoms or reason for the visit.
2. As part of the social history.
3. Along with the genitourinary review of systems.

Again, what is important is to raise the issue with a simple screening question or statement. Then let the patient's response serve as a guide to further questions and decisions about depth of questioning.

Example transition statements facilitating the sexual history:

1. **Doctor:** I make it a practice to let all my patients know that I am available to discuss sexual problems or concerns. Do you have any concerns or questions you'd like to discuss?

2. **Doctor:** I'm going to ask you a few questions about your sexual health. These are questions I ask my patients. If you wonder why I ask particular questions, be sure to ask. Do you have any concerns before we begin?

3. **Doctor:** Many people worry about AIDS and other sexually transmitted diseases. Do you have any questions or concerns about your own risks for these kinds of problems?

Content areas and specific questions in conducting a sexual history

Please note: The following questions are intended to serve as a menu of questions to draw from as appropriate. We are not suggesting that you need to ask each and every question in the order listed.

1. **Current sexual activity:**
    a. Are you currently having sex with someone?

        If no: When were you last sexually active?
2. **If sexually active:**
    a. Do you have sex with men, women, or both?
    b. Do you have a regular partner(s)?
    c. When did you last have a different partner(s)?
3. **If not sexually active:**
    a. Have you ever been sexually active in the past?
    b. Is there a particular reason for not being sexually active now?
4. **Type of sexual activity:**
    a. What types of sex do you engage in (vaginal, oral, and/or anal sex)?
5. **Assessing STD risks:**
    a. What are you using for protection against sexually transmitted diseases?
    b. Do you use this method every time you have sex?
    c. Have you ever had a sexually transmitted disease? (e.g. Chlamydia, Gonorrhea, Syphilis, Herpes, Genital warts, Hepatitis B, HIV)
    d. How many partners have you had in the past year? Since you have been sexually active?

e. Have you ever had sex with someone who has had a sexually transmitted disease?

f. Has your sexual partner had other sexual partners?

g. What do you know about the sexual activities of your partner(s)?

h. Has your sexual partner ever used needles to take recreational or street drugs?

i. Have you ever been tested for HIV or other sexually transmitted diseases?

6. **Contraception History**

   a. What method of contraception, if any, do you and your partner use?

   b. What are your plans for having children?

(Note: Males should be questioned as extensively about their risk of getting someone pregnant as women are about the risk of becoming pregnant!)

7. **If gay, lesbian or bisexual:**

   a. Who is aware of your sexual orientation?

   b. Has this affected your relationships with family, friends or coworkers?

8. **Questions to ask teens:**

If female: Ask about menstrual history first then proceed to sexual history.

a. What have you learned in school or elsewhere about STD's and birth control?

b. Do you date?

c. How do they treat you?

d. Are you having or have you ever had sex including oral sex?

If the patient tells you they have not had sex:

"Let me make sure I understand your answer; people have sex in many different ways."

a. Have you ever had any oral, vaginal or anal sex?

b. Have you thought about what you might do if you felt pressure to have sex?

c. Are you thinking about having sex with anyone in particular?

"I am always available to discuss your questions and concerns?"

9. **Assessing sexual functioning and satisfaction:**
    a. Do you have any concerns or worries about your sexual health?
    b. Do you find your sexual experience satisfying?
    c. Have you noticed any changes in your sexual feelings or sexual functioning?
    d. Are you and your partner(s) experiencing any sexual difficulties?
10. **Questions for male patients:**
    a. Do you have problems getting an erection?
    b. Do you ever have a problem ejaculating (coming) too soon?
    c. Do you have trouble achieving orgasm (come, ejaculate)?
11. **Questions for females:**
    a. When you are sexually excited are you adequately lubricated (moist)?
    b. Do you have any pain with intercourse?
    c. Do you have problems achieving orgasm (coming)?
12. **Assessing history of abuse:**
    a. Have you ever been forced to have sex against your wishes?
    b. Have you ever had to trade sex for money, drugs or a place to stay?

The sexual response cycle: Major phases

1. **Appetitive (desire) phase** marked by sexual fantasies and desire for sexual activity.
2. **Excitement (arousal) phase** marked by a subjective sense of sexual pleasure. Physical markers in men include erection; in women markers include vaginal lubrication, swelling of external genitalia. Extended period of excitement during sexual activity also referred to as the plateau phase.
3. **Orgasmic (peak) phase** marked by release of sexual tension and rhythmic contraction of perineal and pelvic reproductive organs.
4. **Resolution** marked by subjective sense of relaxation. Men enter a refractory period of variable length in which they are incapable of erection and ejaculation. However, women can respond to additional stimulation almost immediately.

Sexual dysfunctions associated with different phases in the sexual response cycle

Appetitive or desire disorders include:

1. **Male Hypoactive Sexual Desire Disorder**-deficient or absent sexual thoughts, desires, or fantasies.

Sexual arousal disorders include:

1. **Female Sexual Interest/Arousal Disorder**—significantly reduced sexual interest/arousal; a lack of the subjective sense of pleasure associated with the arousal and plateau stages.
2. **Erectile Disorder**--failure to attain or maintain erection or experience decreased erectile rigidity until the completion of sexual activity.

Orgasmic disorders include:

1. **Female Orgasmic Disorder**--delayed or absent orgasm or reduced intensity of orgasm following the normal sexual excitement phase.
2. **Premature Ejaculation** – pattern of ejaculation within approximately 1 minute following vaginal penetration and before the individual wishes it.
3. **Delayed Ejaculation** – Marked delay in ejaculation or infrequency or absence of ejaculation.

Sexual pain disorder associated with the excitement and/or orgasmic phases of the response cycle include:

1. **Genito-Pelvic Pain/Penetration Disorder** – recurrent difficulties with either vulvovaginal or pelvic pain during vaginal intercourse, tensing of the pelvic floor muscles during attempted intercourse or fear or anxiety about pain occurring interferes with sexual activity.

Categories of pharmacological agents that can adversely affect sexual functioning in one or more phases include:

1. Antianxiety (e.g. Diazepam)
2. Anticholinergic (e.g. Atropine, Amitriptyline)
3. Anticonvulsant (e.g. Phenytoin)
4. Antidepressants (e.g. SSRI's)
5. Antihypertensives (e.g. Propranolol)
6. Antihistamines
7. Antipsychotic (e.g. Risperdal)
8. Narcotics (e.g. Codeine, Morphine)

Points to remember:

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1. Sexual dysfunctions can have both organic and psychogenic causes and consequences.
2. The most common cause of sexual dysfunction is psychogenic - even in patients with organic disease.
3. The patient is the ultimate judge of whether s/he has "a problem." If the patient isn't concerned about their sexual functioning and it is not interfering with their subjective quality of life or significant relationships, then there is no problem. Alternatively, just because a problem may seem minor to the provider, it may be very important to the patient.

Levels of physician involvement in sexual health

1. Case finding only. Asks screening question(s) when confronted with a problem that has direct relationship to sexuality. Refers patients to others for work-up and management as needed.
2. Willing to take detailed sexual histories when deemed appropriate. Will offer education and reassurance for commonly occurring problems and concerns. Refers patients to others for more complicated and chronic problems.
3. Willing to diagnose and manage sexual problems and/or coordinate care with others for patients with sexual dysfunctions.

Recommendation: All physicians should be sensitive to the possibility that their patients may have sexual problems and concerns. Physicians should be willing to indicate their availability to discuss sexual concerns. It is important that the physician be aware of how his/her own feelings and attitudes about sexual behavior can facilitate or impede his/her willingness and ability to address sexual issues with patients.

FACT SHEET : CONDOM

Remember, the **condom protects you from Sexually Transmitted Infections and HIV.** Always use condoms to protect yourself!

HOW DOES A CONDOM WORK?

- A condom covers the penis during sex. It blocks sperm from reaching the egg. If the sperm does not reach the egg, you cannot get pregnant.
- No method of birth control is 100% effective, but the condom is 85-98% effective if you use it correctly.

WHEN DO I USE A CONDOM?

- Put on a condom only when the penis is partially or fully erect.
- Use a new condom each time you have sex.
- Make sure that the condom has not expired.

HOW DO I USE A CONDOM?

- Pull back the foreskin. (Skip this step if the man has no foreskin.)
- Place the rolled condom over the tip of the hard penis.
- Pinch the tip of the condom. Leave a half-inch space between the tip of the condom and the tip of the penis.
- Roll the condom all the way down to the base of the penis and smooth out any air bubbles.

HOW DO I REMOVE A CONDOM AFTER SEX?

- Hold the condom against the base of the penis as you withdraw the penis from the vagina.
- Remove the condom from the penis and throw it away.

WHAT IF I STOPPED USING A CONDOM AND HAD UNPROTECTED SEX? WHAT IF THE CONDOM BREAKS?

- Take Emergency Contraception (EC) **right away**. EC can prevent pregnancy up to 5 days after sex, and it works better the sooner you take it.

HOW DOES THE CONDOM HELP ME?

- Easy to get.
- Can be put on as part of sex play.
- Can help relieve early ejaculation.
- Protects against HIV and many other Sexually Transmitted Infections.

DO CONDOMS HAVE RISKS?

- Condoms are a safe and effective birth control method.
- There are no serious problems when using condoms. If you are allergic to latex, use polyurethane condoms.