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## Canadian Family Medicine Clinical Card

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# Sexual Health History

### TIPS FOR TAKING A SEXUAL HISTORY

1. Conduct interview in private w pt fully dressed
2. Ask permission to take a sexual history
3. Normalize sexual history as routine care
4. Reaffirm and explain confidentiality
5. Connect sexual hx with medical and social hx
6. Use and explain medical terminology
7. Clarify pt's vocabulary, if vague or slang

#### Legal reporting obligations:

1. Risk of harm to self or others
2. Reportable diseases (e.g. G&C, syphilis, HBV, HCV, HIV; see provincial guidelines)
3. Suspected child abuse
4. Age of consent in Canada: 16;  
14-15 (partner's age within 5 yrs)  
12-13 (partner's age within 2 yrs)

### CORE SEXUAL HISTORY

- |          |   |
|----------|---|
| STI risk | 1. "In the past 12 months, have your partners been <u>men, women, or both</u> ?"            |
|          | 2. "Have you had <u>more than one partner</u> in the last 12 months?"                       |
|          | 3. "Do you have <u>oral, vaginal, and/or anal sex</u> ?"                                    |
|          | 4. "Have you ever been tested for/had a <u>sexually transmitted infection</u> ?"            |
|          | 5. "How do you <u>protect yourself</u> from sexually transmitted infections?"               |
|          | 6. "What method do you use for <u>contraception</u> ?"                                      |
| Function | 7. "Do you intend to <u>have children</u> ?"  |
|          | 8. "How satisfied are you with your/your partner's <u>sexual function</u> ?"                |
|          | 9. Ask specifically about <u>problems</u> with desire/arousal/orgasm (give examples)        |
|          | 10. Review <u>meds</u> for sexual side effects (e.g. SSRI, $\beta$ -blocker, HCTZ, opiates) |
|          | 11. Women: <u>ObsGyne hx</u> (Pap smear, LNMP, Gravidia:Para)                               |

### SPECIAL POPULATIONS

Diabetes mellitus	-♂: ED (vascular in T2DM; neuropathic and hypogonadism in T1DM) -♀: Depression, decreased interest, dryness, anorgasmia
CAD, HTN	-ED (1° due to neurovascular dz, 2° due to medications)
Depression/anxiety	-Decreased interest and arousal (1° effect) -Problems with arousal and climax (2° effect due to medications)
Hx of STI or IV drug use	-STI risk assessment -Screen for other STIs (HBV, HCV, HIV, G&C, syphilis)
Adolescent	-Normalize sexual development and behaviour where appropriate -Ensure discussion is 1-on-1 (without caregiver); counsel on safe sex
Postpartum	-Screen for depression, address complications from pregnancy/delivery -Counsel on contraception (condoms, progestin-only pill)
Older adults	-Screen for ED, dryness/dyspareunia, ↓ mobility, depression/anxiety -Review medications for sexual side effects

### COMMON SEXUAL COMPLAINTS

Erectile dysfunction (ED)	-Determine organic vs. psychogenic -Clarify onset, situation specific, desire, morning/nocturnal erections -Organic: DM, CAD, HTN, hypogonadism, smoking, alcohol, meds, drugs -Psychogenic: depression, anxiety, stress
Premature ejaculation (PE)	-Determine 1° or 2°, onset, situation or partner specific -Rule out comorbid sexual dysfunction (e.g. ED, decreased desire); if no comorbidities, PE usually not due to organic disease
Dyspareunia (pain during sex, F or M)	-Characterize pain (OPQRSTU, superficial vs. deep, 1° vs 2°) -♀: dryness, atrophy; vulvodynia, vaginitis, vaginismus, PID, endometriosis, fibroids, adnexal pathology, traumatic delivery, GU -♂: dryness, phimosis, balanitis, prostatitis, epididymitis -Hx of sexual assault or trauma
Decreased desire	-Organic: hypoandrogenism, menopause, dyspareunia, medications -Psychogenic: relationship factors, depression, anxiety, trauma

Key references: Kingsberg SA. Taking a sexual history. *Obstet Gynecol Clin N Am* 2006; 33:535-47. Nusbaum NRH. The proactive sexual health history. *Am Fam Physician* 2002; 66:1705-12.  
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