

1. Common patient-related reasons for taking a sexual history:

- Concern or risk of sexually transmitted disease/genital infection.
- Sexual or reproductive concerns.
- Contraception use or needs.
- Sexual assault, abuse or needs.
- Need for sexual education/knowledge.
- Psycho-social concerns, including issues of sexual orientation.

2. Common barriers to taking a sexual history:

- Lack of training/skill.
- Physician embarrassment.
- Patients usually don't discuss their sexual history unless prompted or invited by the physician.
- Gender, culture and age barriers increase discomfort of both patient and physician.

3. Communication "tips":

- Create a positive atmosphere:
 - Introduce yourself.
 - Ensure privacy.
 - Patient should be dressed during history/discussion.
 - Body language: face the patient and sit at eye level, at a comfortable distance.
 - Express interest "I'm glad that you raised that with me".
 - Invite/give patient's permission to discuss sexual concerns: "Do you have any concerns about your sex life that you would like to discuss?"
 - Validate: "Many people have concerns... you're not alone"
 - Patient-centredness: encourage the patient to express their thoughts, concerns and expectations about the problem.
- Prepare the patient and obtain permission:
 - Explain that you will be asking sensitive/personal questions and why these are necessary. Obtain permission to continue.
- **Avoid assumptions - these are often culturally-based:**
 - Do not assume sexual orientation.
 - Do not assume fidelity.
 - Do not assume the patient is too young for sexual activity.
 - Do not assume the patient is too old for sexual activity.
 - Do not assume that you understand how a woman or man reacts to situations based on gender stereotypes.
 - Do not assume a woman's reaction to being pregnant - ask "How is this for you?" or "What does this mean to you?" rather than "Congratulations, that's great!"
 - Use neutral, non-judgmental language.

- Enquire about sexual behaviour rather than labels, i.e. “Do you have sex with men, women or both?” is preferable to “Are you gay, straight or bi-sexual?”
- Use plain language in a matter-of-fact manner.