Conducting a Sexual History

1. Start with non-threatening basic demographics: age, relationship status, children, etc., if unknown.

2. Proceed next with narrative of the patient's sexual story starting with:
"What is your earliest memory of sexuality?"

3. Components of Sexual History (explore flexibly with the patient):

- **Childhood: Family members/relations, parents' relationship, religiosity, ethnicity/class, messages about sex, how affection shown, how nudity/body issues handled, how boys and girls treated, gender experience/identity/role, first sexual feelings, masturbation, peer sexual play, any unpleasant/disturbing/confusing sexual experiences, sexual/ physical/emotional abuse/neglect, substance use, etc.**

- **Adolescence: Peer relationships, feelings about puberty, body development & image, menstruation (pregnancies or abortions), wet dreams, dating, self-esteem, how learned about sex, sexual experiences (homo, hetero, bi, pansexual), first intercourse/sexual experience, fantasies/dreams, substance use, school experience, etc.**

- **Adulthood: Medical history (including psychiatric treatment or psychotherapy), relationship history, sexual experiences, masturbation, fantasies, porn use, dreams, sexual problems (in self or partners), STI's, HIV and safer sex, birth control, children, menopause, medications, substance use, occupational history, peer/family relations, etc.**

- **Societal Influences: the effects of biases based on race, ethnicity, sex, gender identity/role/expression, class, sexual orientation, religion, age, disability, and family form.**

- **Current Sexual Functioning: Details about current sexual functioning and difficulties, any changes in the above, sexual preferences, likes/dislikes about partner & self, monogamy, extra-relationship sexual experiences, gender experience/ identity/role, sexual orientation, non-sexual activities, intimacy & affection, etc.**

**** Remember to explore the patient's feelings about (and meaning of) the experiences above rather than one's own assumptions about the information.**

Adapted from Sexual Dysfunction: A Guide for Assessment and Treatment by Wincze & Carey (1991) Guilford.

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