Assessing Clients with Reproductive Disorders

Exercise

- Use the following health history questions and leading statements, categorized by functional health patterns, with a family member, friend, or client. Identify areas for focused physical assessment based on findings from the health history.

Assessing the Male and Female Reproductive System

Interview questions for Male Reproductive Assessment

Health Perception–Health Management

Have you ever had any problems with your reproductive organs (penis, testicles, prostate gland)? Explain.
How was the problem treated? Medications? Surgery?
Have you ever had surgery on your reproductive organs or your urinary organs? Explain. What was the outcome?
Have you ever noticed any swelling or pain in your breasts? Explain.
Have you ever had a sexually transmitted disease? What was it, and how was it treated?
Do you practice safer sex? Explain.
Do you practice testicular self-examination? How often?
Do you smoke? If so, how much and for how long?

Nutritional–Metabolic

Describe your usual dietary intake for a 24-hour period.

Elimination

Do you now have or have you ever had a discharge from your penis? Describe the color, consistency, odor, amount, and frequency.
Have you had any bleeding from your penis? Explain.
Have you noticed any changes in urination (burning, frequency, urgency, difficulty starting the stream, size of the stream, dribbling, getting up at night)? Explain.

Activity–Exercise

Describe your usual activities of daily living for a 24-hour period.

Do you participate in sports or heavy lifting? If so, do you wear a protective cup, truss, or athletic support?

Sleep–Rest

Describe the quality of your rest and sleep.

Cognitive–Perceptual

Describe any pain you have had in the groin area, testicles, penis, or scrotum. Where is it? Do you experience it in other parts of your body? How long does it last? What precipitates and relieves it?
Has there been a change in the condition or color of the skin on your penis or scrotum? Explain.

Self-Perception–Self-Concept

Do you feel that your needs for intimacy and affection are being met?
How has this health problem made you feel about yourself as a man?

Role–Relationship

Has there been any history of infertility or other reproductive problems in your family?
Are you satisfied with your relationship with your sexual partner?
How has this health problem affected your relationship with your sexual partner or others close to you?
Has there been any change in your sexual relationship(s)? Explain.

Sexuality–Reproductive

Are you currently sexually active?
Have you fathered any children?
Are you satisfied with your current level of sexual functioning?
Has there been a change in your sexual functioning?
Have you ever had difficulty in achieving or maintaining an erection or ejaculation during sexual activity? Explain.
Coping–Stress
   On a scale of 1 to 10 (with 10 being the greatest amount), describe the amount of stress you are experiencing from this health problem.
   How have you coped with this health problem?

Value–Belief
   What is most important in your life?
   Who or what has been most helpful and supportive to you in dealing with this problem?
   Does your religious or cultural background influence your sexual activities? Explain.

Interview Questions for Female Reproductive Assessment
The age and reproductive status of the woman being interviewed determine which of the questions will be asked.

Health Perception–Health Management
   Have you ever had any problems with your reproductive organs (menstruation, ovaries, tubes, uterus, vagina)? Explain.
   How was the problem treated? Medications? Surgery?
   Have you noticed any lumps in your breasts or discharge from your nipples? Explain.
   Do you take oral contraceptives? What type and for how long?
   Describe any other medications you take.
   When was your last gynecologic examination? Pap smear? How often do you have these done?
   Have you ever had a breast examination and/or mammogram? When? How often do you have these done?
   Do you practice breast self-examination? When and how often do you do this?
   What do you do to provide self-care if you have mood swings or menstrual cramps?
   Have you ever had a sexually transmitted disease or an infection of the reproductive organs? Explain.
   If you are sexually active, do you use protection against sexually transmitted diseases?
   Do you use douches or vaginal sprays? If so, what type and how often?
   What type of underwear do you wear?
   Do you smoke? If so, how much and for how long?

Nutritional–Metabolic
   Do you ever have an increase or a decrease in your appetite during or before your menstrual period?
   Have you noticed a change in your appetite or weight since menopause?
   Describe your usual dietary intake for a 24-hour period.

Elimination
   When was your last menstrual period?
   At what age did you start/stop having menstrual periods?
   Describe the length, amount of flow, and clotting with your menstrual periods. Do you ever bleed between periods? If so, describe the type and amount.
   Describe any unusual vaginal discharge you have had (color, amount, consistency, odor, associated itching and/or rash).
   Have you noticed any changes in urination (frequency, urgency, burning)?

Activity–Exercise
   Describe your usual activities of daily living.
   Do your activities of daily living change before or during your menstrual periods? If so, how?
   Have your activities of daily living changed since menopause? If so, how?

Sleep–Rest
   Describe the quality of your rest and sleep.
   Do menstrual cramps waken you at night?
   Do you have night sweats? How often?

Cognitive–Perceptual
   Do you have pain or other symptoms (headache, mood swings, irritability, bloating, constipation or diarrhea, breast tenderness) before your menstrual periods? Describe these.
Do you have cramping before or during your menstrual period? Describe the type of cramping, how long it lasts, and what relief measures you use.
Do you have any pain in the genital area?
Do you ever have vaginal itching, pain, or dryness during or after intercourse?
Do you have any concerns or questions about sexual activity or reproduction?

Self-Perception–Self-Concept
Describe how the problem with your reproductive system makes you feel as a woman.
Do you believe your needs for intimacy and affection are being met?
How has menopause made you feel about yourself?

Role–Relationship
Are you satisfied with your current sexual relationship?
Are you satisfied with your communication with your partner?
How has having a problem with reproductive health affected your relationship with your spouse or sexual partner?

Sexuality–Reproductive
Is there a history of reproductive problems in your family? Explain.
Are you currently participating in a sexual relationship? If so, have there been any changes in your interest in or ability to enjoy sexual activities?
Are you able to have an orgasm?
Have you ever been pregnant? How many times? Did you have any complications?
Have you ever had a miscarriage or abortion?
Have you ever had problems getting pregnant? If so, did you have fertility studies?
Are you planning or avoiding pregnancy at this time? Explain.

Coping–Stress
How have you coped with this health problem?
On a scale of 1 to 10 (with 10 being the greatest), rate how stressful this current reproductive problem has been for you.

Value–Belief
What is most important in your life?
What or who has been most helpful and supportive to you in dealing with this health problem?
Does your religious or cultural background influence your sexual activities or your feelings about yourself as a woman? Explain.