

Basic Clinical Evaluation of Infertility for Male Clients: A Checklist for Providers

Use this checklist to guide clinical evaluation of infertility for male clients. If the client has a partner, they should also undergo evaluation of infertility at the same time, when possible.^{1,2}

Reproductive history

Reproductive and family building goals
Sexual orientation
How long client has been trying to achieve pregnancy
Prior fertility
Sexual history: partners, practices, protection from sexually transmitted infections (STIs), history of STIs³
Previous use of contraception
Coital frequency and timing
Sexual dysfunction, including erectile or ejaculation issues
Level of client's fertility awareness
Results of any previous infertility evaluation and treatment
Partner history: pelvic inflammatory disease, STIs, sexual dysfunction, other reproductive health problems

Initiate infertility evaluation:

- After 12 months of unprotected intercourse without conception in females < 35 years of age
- After 6 months of unprotected intercourse without conception in females ≥ 35 years of age
- Without delay in females ≥ 40 years of age and/or if the client or their partner presents with conditions associated with infertility

Medical history

Genetic disorders, childhood illnesses and developmental history
Past surgery, including indications and outcomes
Previous hospitalizations, serious illnesses, or injuries
Medical conditions associated with reproductive health (e.g., diabetes, hypertension)
Current medication use, including anabolic steroids and supplements (e.g., testosterone), and allergies
Lifestyle exposures, including to smoking, alcohol, recreational drugs, misuse of prescription drugs, vaginal lubricants
Environmental toxin exposures, including to chemicals, pesticides, radiation, radioactivity, and gonadal heat and/or trauma

1 Gavin L, Moskosky S, Carter M, et al. Providing quality family planning services: Recommendations of CDC and the U.S. Office of Population Affairs. MMWR Recomm Rep. 2014 Apr 25;63(RR-04):1–54.

2 American Society for Reproductive Medicine. Fertility evaluation of infertile women: A committee opinion. Fertility and Sterility. Vol. 116(5). November 2021.

3 Centers for Disease Control and Prevention (CDC). Sexually Transmitted Infections Treatment Guidelines, 2021. MMWR Recommendations and Reports. 70 (4) July 23, 2021.

Physical examination

Blood pressure, pulse, height, weight, body mass index (BMI)

Secondary sex characteristics, including facial and body hair, deeper voice, pelvic build (lack of rounded hips), muscular upper body and build

Genital exam, including examination and palpation of the:

- Penis, including the location of the urethral meatus
- Scrotum, including inspection for varicocele
- Testes, including palpation of the vas deferens and epididymis

Digital rectal exam, for masses, tenderness, bleeding

Counseling

Information elicited from the history and physical exam

Fertility awareness: peak fertile days, signs of fertility, vaginal intercourse or insemination every 1–2 days beginning soon after menstruation ends

Methods or devices used to determine the time of ovulation (e.g., ovulation kits, smartphone apps, cycle beads)

Practices to support fertility:

- Maintain healthy weight and BMI
- Limit caffeine intake (<3 cups per day)
- Avoid smoking, alcohol, recreational drugs, and vaginal lubricants

Additional infertility evaluation, as needed

Considerations for accessing and utilizing treatment options (e.g., financial, geographic, scheduling)

Emotional aspects of infertility and infertility treatment

Preconception counseling

Referral

Refer clients for additional infertility services and support as indicated:

Labs: semen analysis, STI/HIV screening

Specialist: urologist, infertility subspecialist

Support: social, emotional, mental, or spiritual support services