

STI (Sexually Transmitted Infection) ASSESSMENT

1. REASON FOR VISIT:

I have symptoms of a possible STI ()

I have a new partner and want to make sure I don't have an STI ()

My partner has an STI and I need to be tested ()

I am concerned about a previous partner and I want to make sure I don't have an STI ()

I want routine testing for STI's with no particular new concern ()

2. SEXUAL HISTORY:

Sexually active: Current () Past () Never ()

Partners: Male () Female () Both () Transgendered ()

Number of partners in past 2 months:

Number of partners in past year:

3. DO YOU HAVE VAGINAL SEX/FRONTAL HOLE SEX? YES () NO ()

If yes-do you use condoms/dental dam : Always () Sometimes () Never ()

If never-why don't you use condoms/dental dam?

If sometimes-in what situations or with whom don't you use condoms/dental dam?

Is there any chance of pregnancy? _____

4. DO YOU HAVE ANAL SEX? YES () NO () If yes is it -Receptive () Penetrative ()

If yes-do you use condoms? always(), sometimes(), never()

If never-why don't you use condoms? _____

If sometimes-in what situations or with whom don't you use condoms? _____

5. DO YOU HAVE ORAL SEX? YES () NO () if yes do you Give () Receive ()

If yes-do you use condoms/dental dam? Always () Sometimes () Never ()

If never-why don't you use condoms/dental dam? _____

If sometimes-in what situations or with whom don't you use condoms/dental dam? _____

6. HAVE YOU HAD SEX WHILE INTOXICATED IN THE PAST 6 MONTHS? YES () NO ()

If yes have you had it with: A regular partner () A new partner ()

Do you engage in PnP YES () NO () (sexual activity while under the influence of recreational drugs)

7. DO YOU SHARE SEX TOYS? YES () NO ()

Do you use barrier methods with your toys? YES () NO ()

8. PAST HISTORY

Have you had the HPV vaccine? (Gardasil or Cervarix) YES () NO ()

Have you ever had an STI? YES() NO() If yes what diagnosis? _____

Have any of your recent partners had an STI? YES() NO() don't know ()

Have you or any of your partners ever injected drugs? YES() NO() don't know ()

Have you or any of your partners ever exchanged money or drugs for sex? YES() NO() don't know ()

Have you lived in an area with high HIV prevalence? YES () NO () If yes, where? _____

Have you ever been forced to have sexual activity you didn't want? YES () NO ()

Is it OK to release your test results to your confidential Health Services Web Account? YES () NO ()