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| **True/False: “I am in a faithful relationship longer than one year,**  **and we do not use IV drugs”.**  *\*\*\*\* If you answered* ***TRUE*** *to the above statement,* ***STOP!!*** *DO NOT to complete this form\*\*\** | | |
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| **Have you ever had sex with a male? ……………………………………….**  In the last 5 years, have you ever had sex with a male? …………………..  **Have you ever had sex with a female? ……………………………………..**  In the last 5 years, have you ever had sex with a female? ………………..  **Have you ever had sex with someone that identifies as Transgender?**  In the last 5 years, have you had sex with a Transgender Person?.............  **Have you ever injected drugs? ………………………………………………**  In the last 5 years, have you ever injected drugs? …………………………..  **Have you ever shared IV drug equipment while injecting drugs?.................** | **Yes/No**  Yes/No  **Yes/No**  Yes/No  **Yes/No**  Yes/No  **Yes/No**  Yes/No  **Yes/No** |  |
| **PARTNERS in the last 12 months \*\*\*Check all that apply**  At what age did you start having sex? \_\_\_\_  My current partners: □ Males □ Females □Transgender □ use IV drugs □ are bisexual  □ are having sex with multiple partners □ have a history of STDs □ have a history of PID  Date of most recent sexual activity: \_\_\_\_\_\_\_\_\_\_ Length of Current Relationship: \_\_\_\_\_\_\_\_\_\_\_  With how many partners have you had sex in **past 60 days**? □ 0 □ 1 □ 2 □3-4 □ >5  I am worried that my partner may be (or is) unfaithful to me: **Yes/No**  I have had sex with an anonymous partner (dating apps, met at a bar, etc.) **Yes/No** | | |
| **PRACTICE in the last 12 months \*\*\*Check all that apply**  What type of sex have you had in the past 12 months OR since your last STD test? □ Vaginal  □ Oral Sex-perform □ Oral Sex-receive □ Anal Sex-receive □ Anal Sex-perform □ N/A  Are you having consensual sex? **Yes/No** (*Both parties are consenting)* | | |
| **PAST HISTORY of STD** **Have you ever tested positive for:** **\*\*\*Check all that apply**  □ Chlamydia □ Gonorrhea □ Hep C □ Syphilis □ Trich □n/a When:\_\_\_\_\_\_\_\_\_\_\_\_\_\_  I have been tested for HIV before: **Yes/No** Results? \_\_\_\_\_\_ When\_\_\_\_\_\_\_\_\_\_  Have you been in contact with blood products or had a blood transfusion?  **Yes/No** | | |
| **PROTECTION from STD in the last 12 months**  How often do you use condoms to protect yourself from HIV? □ Always □ Never □Sometimes  **I understand that the best way to prevent STD is to use condoms with all sexual relations.**  **and I understand that partner reduction reduces the risk of STD** **Yes/No**  **TODAY** | | |

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| I would like to be tested for routine STDs: **Yes/No** (Chlamydia & Gonorrhea)  I would like to discuss risk factors for additional testing. **Yes/No** |