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| **I am in a monogamous long-term relationship > 12 months,**  **and we do not use IV drugs : YES/NO**  *\*\*\*\*\*\*\* If you answered yes,* ***STOP.*** *You do not need to complete this form.* |
| **Sexual Health History** |
| **At what age did you start having sex? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| **Have you ever had sex with a male? …………………………………………………Yes/No**  In the last 5 years, have you ever had sex with a male**? ………………………........**Yes/No  **Have you ever had sex with a female? ……………………………………………... Yes/No**  In the last 5 years, have you ever had sex with a female? ………………………….Yes/No  **Have you ever had sex with someone that identifies as Transgender?............ Yes/No**  In the last 5 years, have you had sex with a Transgender Person?.......................... Yes/No  **Have you ever injected drugs? ………………………………………………………. Yes/No**  In the last 5 years, have you ever injected drugs? …………………………………….Yes/No  Have you ever shared IV drug equipment while injecting drugs?............................. Yes/No |
| **Sexual Health Recent**—**last 12 months** |
| **PARTNERS \*\*\*Check all that apply**  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: \_\_\_\_\_\_\_\_\_\_\_  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 \*\*\*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 □ HIV □ Hep C □ Syphilis □ Trich □n/a When:\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **PROTECTION from STD**  How often do you use condoms to protect yourself from HIV? □ Always □ Never □Sometimes  I would like to be tested for HIV, HCV, or both Yes/No  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  **I understand that the best way to prevent STD is to use condoms with all sexual relations & I understand that partner reduction reduces the risk of STD Yes/No**  **Created 03/01/2021; Modified 6/17/2021 & 06/29/2021; Revised 5/5/2022** |
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