

Vaden Sexually Transmitted Infection Questionnaire

Please complete this form and bring to your appointment.

Note – this form contains no identification, and will not be part of your medical record. If you have questions about this form, please discuss with your clinician.

Why are you coming in for STI screening today?

Lifetime # sexual partners: 1-5 _____ 6-10 _____ 11-15 _____ >15 _____

Have you had **hepatitis B vaccine** (series of 3)? (Y) (N) Unsure or incomplete _____

Have you ever been diagnosed with a sexually transmitted infection (including HPV/genital warts or herpes/cold sores)? (Y) (N)

Infection _____

Blood tests may t be accurate until 3 months after the time of infection.

| Have you had (please circle all that apply): | LESS than 3 months ago | MORE than 3 months ago |
|---|-----------------------------------|-----------------------------------|
| A) Gave oral-genital sex without a condom or latex barrier..... Received oral-genital sex without a condom or latex barrier..... Gave oral-genital sex with a condom or latex barrier..... Received oral-genital sex with a condom or latex barrier..... | Yes Yes Yes Yes | Yes Yes Yes Yes |
| B) Vaginal sex with a condom..... Vaginal sex without a condom | Yes Yes | Yes Yes |
| C) Insertive anal sex with a condom..... Insertive anal sex without a condom | Yes Yes | Yes Yes |
| Receptive anal sex with a condom | Yes | Yes |
| Receptive anal sex without a condom | Yes | Yes |
| D) Sexual contact with the same sex..... Sexual contact with the opposite sex..... | Yes Yes | Yes Yes |
| E) Transfusion with uncertain blood supply | Yes | Yes |
| Accidental exposure to needle or blood | Yes | Yes |
| Shared needles | Yes | Yes |