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| **“I am in a faithful relationship longer than one year, and we do not use IV drugs”. True/False***\*\*\*\* If you answered yes to the above question,* ***STOP!!*** *DO NOT to complete this form\*\*\****Otherwise, continue:** |
|  |
| **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** |  |
| Recent History- In the last 12 months |
| **PARTNERS \*\*\*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 PIDDate 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 □ >5I 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/NoI 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** **and I understand that partner reduction reduces the risk of STD Yes/No** |
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