

## STD Questionnaire

*This questionnaire asks intimate questions about your sex life. These questions are needed to determine the risk of Sexually Transmitted Diseases (STDs) and to assess which test(s) is/are required accordingly. Of course, we will treat your data confidentially.*

Date: .....

Name: .....  Male  Female  Other

Date of birth: .....

1. What is the reason you want an STD test? (multiple answers if applicable)

I have complaints, namely

.....  
 .....

*For example, pain during voiding, (change in) blood loss or discharge from the vagina or urethra, pain, itching, or skin abnormalities on the genitals, pain during intercourse.*

I had unsafe sex, but no symptoms.

My sex partner has (possibly) had unsafe sex.

My sex partner has a STD. Which one? .....

My sex partner has STD symptoms. Which one? .....

I am in a new relationship

Other, namely .....

2. Have you had unprotected sex in the past 6 months?

*Without using a condom, condom ripped, or came off.*

(More than one answer possible)

Yes, with man/men

Yes, with woman/women

Yes, with transperson(s) or non-binary person(s)

No

3. When was the last unprotected sexual contact? .....

4. Are you pregnant?

Yes

No

Unclear

5. How many different sex partners did you have in the past 6 months? .....

How often did unprotected sex occur? .....

6. In which manner did the sexual contact occur? (multiple answers if applicable)
- Vaginal (penis in vagina)
  - Receiving orally (your sex partner's mouth on your penis or vagina)
  - Orally given (your mouth on your sex partner's penis or vagina)  
If so, are there any symptoms in the mouth or throat? .....
  - Receiving anal (your sex partner's penis in your ass)  
If so, are there any symptoms in the ass? .....
  - Anally given (your penis in your sex partner's ass)

7. Have you been tested for STDs before?
- No
  - Yes, date/how long ago .....
  - Tested for .....
  - Test result(s) .....

8. The following are some situations that affect the risk of STDs. Please indicate what applies to your situation.

(One of) my male sex partner(s) (also) has sex with men.

- Yes       No       Unclear

I am a sex worker.

- Yes       No

I paid for sex/visited a sex worker.

- Yes       No

(One of) my sex partner(s) paid for sex/visited a sex worker.

- Yes       No       Unclear

I come from an area where STDs are more common.

*Eastern Europe, Mediterranean, Middle East, Asia, Africa, Caribbean, South and Central America*

- Yes       No

(One of) my sex partner(s) is/are from an area where STDs are more common.

- Yes       No       Unclear

I injected drugs into my blood vessel.

- Yes       No

(One of) my sex partner(s) injected drugs into the blood vessel.

- Yes       No       Unclear

I am fully vaccinated against hepatitis B.

*Three vaccinations within 6 months or antibodies found in blood (titer determination). Often among healthcare workers.*

- Yes       No       Unclear

Keep in mind that the costs of STI testing, like other laboratory tests, will come out of your deductible. For questions about reimbursements, please contact your health insurance company.