

Express STI testing questionnaire

Please answer the following questions:

SYMPTOMS	
Do you have discharge/drip/abnormal bleeding or blood spotting from penis, vagina or bottom?	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Do you have sore(s) or a rash on penis, vagina, bottom or body?	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Do you have pain/discomfort when passing urine (peeing)?	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Do you have pain/discomfort in lower tummy, bottom or genital area?	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
RISKS	
Has a sexual contact told you they have symptoms?	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Has a sexual contact told you they've been treated for an STI (Sexually Transmitted infection)?	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Have you had a new sexual contact within the last year?	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Do you have sexual contact with:	
Men: <input type="checkbox"/> Women: <input type="checkbox"/> Both men and women: <input type="checkbox"/> People of another gender: <input type="checkbox"/>	
Number of different people you've had sexual contact with in the last: 3 months: <input type="text"/> 12 months: <input type="text"/>	
Do you use condoms with casual contacts? Always: <input type="checkbox"/> Sometimes: <input type="checkbox"/> Never: <input type="checkbox"/>	
Have you ever received anal sex?	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Have you ever used needles to inject drugs (including steroids) into yourself?	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Have you ever had a sexual encounter against your wishes or sexual abuse?	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Have you experienced domestic violence (psychological / sexual / physical)?	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Do you smoke?	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
If you smoke, do you want to stop?	Yes: <input type="checkbox"/> No: <input type="checkbox"/>

Tests are sent to the laboratory using your name and NHI number. If you do not want other health providers to see your results and prefer a coded number, then please inform the nurse.

Confidentiality:

We are here to listen, not to tell others.

The only reason we might have to consider contacting another service or professional without your permission would be to protect you or someone else from serious harm – and we would always try to discuss this with you first. If you have any worries about confidentiality, please feel free to ask a member of staff.

Why do we ask these questions?

This helps us assess your risk factors and ensure we are testing you in the right way from the right place and in the right timeframes.

Thank you.