

## Sexually Transmitted Infections (STI) Screening Tool

**Goal:** To recognize those at risk for STI and increase the screening of patients. Utilizing a screening tool early in the wellness visit may help identify those at risk who are presenting with unrelated chief complaints. This allows the provider to incorporate open discussion related to sexual history, risk of exposure, testing, treatment, and follow-up. Confidential care can be provided to support their privacy.

**Utilization:** Research shows that adolescents are more likely to disclose honest/truthful information related to their sexual activity if it is not adult facing (Ahmad et al., 2014; Goyal et al., 2017; Miller et al., 2019). Use the questions below to guide your assessment for STI risk.

\*Consider testing if patient answers 'yes' to question three.

**Interpretation:** A positive screen (those who report any sexual activity) will guide providers of the risk for STI. This will allow the provider to complete a more thorough sexual history as part of their visit to determine if patient is open to testing, treatment, and ensure the patient has a follow-up plan.

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We invite you to participate in this voluntary sexual health screen. Your answers will remain confidential between you and your medical provider unless you disclose concerns for non-consensual sex or your personal safety. The answered questions will allow your medical provider to make recommendations on testing and/or treatment for sexually transmitted infections which can affect your health and the health of your sexual partners.

1. What was your biological sex assigned at birth? (*Select one*)
  - a. Male
  - b. Female
  - c. Intersex
  - d. None of these describe me (optional text box)
  - e. Prefer not to answer
  
2. What terms best express your gender identity? (*Select all that apply*)
  - a. Man
  - b. Woman
  - c. Non-binary
  - d. Transgender
  - e. Other (text box)
  - f. Prefer not to answer
  
3. Have you ever had any type of sex with a male or female (vaginal sex, anal sex or oral sex) (*Select one*)?
  - a. Yes
  - b. No

\*\*\* if answer to #3 is "no", this concludes the screen. If any other answer is chosen, screen continues\*\*\*
  
4. During your entire life, who have you had sex with? (*Select one*)
  - a. Males

- b. Females
  - c. Males & Females
  - d. I prefer not to answer
5. When was the last time you had sex? (*Select one*) \*\*\*important to determine eligibility for emergency contraception\*\*\*
- a. Within the past 5 days
  - b. More than 5 days ago but less than 1 month ago
  - c. More than 1 month ago but less than 1 year ago
  - d. More than 1 year ago
  - e. Not sure
  - f. I prefer not to answer
6. When was the last time you were tested for a sexually transmitted infection (gonorrhea, chlamydia, trichomonas, or HIV)? (*Select one*)
- a. I have never been tested
  - b. Within the last 6 months
  - c. More than 6 months ago, but less than 1 year ago
  - d. More than 1 year ago
  - e. I don't know
  - f. I prefer not to answer
7. Would you be interested in testing for sexually transmitted infections as part of your visit today? (*Select one*)
- a. Yes
  - b. No