

Sample Screeners

This is an example of questions you can ask to determine what sites to test. This screener can be administered verbally by a healthcare provider, or it can be a self-administered patient screener. For both scenarios, it is important to include a preamble (e.g., rationale for asking these questions, assurance of confidentiality and privacy).

If the screener is self-administered, it should be developed with an eye toward health literacy and languages read/spoken by your patient population, and the clinic should consider confidentiality and privacy for patients while they are completing the screener. These questions should be asked at every visit, as patient behavior and/or comfort answering questions may change.

Below you will find two sample screeners. One is basic and focuses specifically on questions to ask when considering extragenital testing. We recommend including these questions in a more comprehensive sexual health screener (as in the second sample).



Clinics may want to consider providing extragenital testing for everyone, regardless of reported behaviors, given patients' possible hesitance to share sensitive health information

BASIC

“These questions concern your sexual health. We talk to all our patients about sexual health because it’s such an important part of overall health. This information is confidential and private, meaning it will not be shared with anyone besides your healthcare team.

Some sexually transmitted infections can show up in your throat, butt, and genitals (penis or vagina) depending on the kind of sex you are having. A lot of my patients are having more than one kind of sex, and these questions will help us know which tests are best for you today.”

- **Do you have anal sex, meaning penis in butt sex?**
 Yes No Unsure Decline to Answer
- **Do you have genital sex, meaning penis in vagina sex?**
 Yes No Unsure Decline to Answer
- **Do you have oral sex, meaning mouth on a penis, anus (butt), or vagina?**
 Yes No Unsure Decline to Answer

Sample Screeners

COMPREHENSIVE

“These questions concern your sexual health. We talk to all our patients about sexual health because it’s such an important part of overall health. This information is confidential and private, meaning it will not be shared with anyone besides your healthcare team. We recognize that not every question is comfortable to answer. If you don’t feel comfortable answering it on the form, you can skip it and talk about it during your visit.”

1. My current gender identity is:

- Man
- Woman
- Transgender Woman
- Transgender Man
- Two-spirit
- Genderqueer/Gender Fluid
- Intersex
- Non-binary/Gender Non-Conforming
- Other identity: _____
- Decline to answer

2. My sexual orientation is:

- Lesbian
- Gay
- Bisexual
- Pansexual
- Straight
- Queer
- Asexual
- Questioning
- Another identity: _____
- Decline to answer

3. My sex assigned at birth is:

- Male
- Female
- Intersex
- Not designated
- Decline to answer

4. My pronouns are:

- She/her/hers
- He/him/his
- They/them/theirs
- Ze/hir
- Other pronouns: _____

5. My relationship status is:

- Single, never married
- Divorced
- Married
- Civil union
- Domestic partnership / living with a partner
- Partnered, not living together
- Polyamorous / non-monogamous
- Widowed / grieving the loss of a partner
- Decline to answer

6. In the past, my sexual partners have been:

[select all that apply]

- People with penises
- People with vaginas
- Intersex
- None
- Decline to answer

7. Currently, my sexual partner(s) are:

[select all that apply]

- People with penises
- People with vaginas
- Intersex
- None
- Decline to answer

Sample Screeners

COMPREHENSIVE (CONTINUED)

8. What kind of sex do you have?

- None
- Oral sex on a vagina (mouth on vagina)
- Oral sex on an anus/butt (mouth on butt)
- Oral sex on a penis (mouth on penis)
- Vaginal penetration (penis in vagina)
- Anal penetration (penis in butt)
- Sex without penetration
- Decline to answer

9. When did you last have sex with another person? _____

10. How many sexual partners have you had since you were last tested for STIs?

11. When is the last time you had sex without a condom (internal or external)? _____

12. How often do you use barrier protection like condoms (internal or external)?

- None of the time
- Some of the time
- Most of the time
- All of the time

13. What does safer sex practices mean to you?

14. Since you were last tested for STIs, has a sexual partner told you they have an STI?

- Yes
- No
- Unsure
- Decline to answer

15. Have you ever tested positive for a sexually transmitted infection?

- Yes
- No
- Unsure
- Decline to answer

16. Are you considering having a child now or in the future?

- Yes
- No
- Unsure
- Decline to answer

17. Please describe any sexual health concerns you might have today.



You might want to also consider asking about sharing sex toys and nonconsensual sexual activity, which some patients may think of differently