

1. Why did you come to the clinic?/Why do you want to be tested?

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2. In what way have you had sex during the past year?

- Vaginal intercourse
- Oral intercourse
- Anal intercourse
- Other

3. Who have you had sex with during the past year?

- Man/men
- Woman/women
- Both man/men and woman/women
- Other

Don't  
Yes No know

	Yes	No	Don't know
4. Do you have any problems? If not, go to question 5			
Urinary problems/pain when you urinate			
Discharge			
Bleeding between periods			
Bleeding during intercourse			
Pain in the lower abdomen/genitals, now or in the past			
Sores, rashes, blisters or genital itching			
Swollen lymph glands			
5. Do you have a partner/have you had a partner who has had urinary or genital problems?			
6. Have you had vaginal, oral or anal sex with a new or temporary partner during the past year?			
7. Have you had vaginal, oral or anal sex during the past year with someone who could have had sex with someone else?			
8. Have you had sex in a country other than Sweden?			

9. Do you use a condom?

- Always
- Mostly
- Sometimes
- Never