

Questionnaire venereal diseases (VD)

Name:

Date:

Date of birth:

Doctor:

What is your reason for the VD-test?

- Complaints (pain while urinating, vaginal bleeding, vaginal or urethral discharge etcetera)
- New relationship
- Sex with multiple partners
- Unsafe sex (no condom used or torn condom), but no complaints
- Sex partner has a (proven) VD

Do you have sex with men, women or both?

- Men
- Women
- Both

What kind of sexual contacts did you have? (more answers possible)

- Intercourse (penis in vagina)
- Oral (mouth to penis/vagina)
- Anal (penis in anus)

Are there one or more unsafe sexual contacts?

- One
- More; number

When was the last unsafe sexual contact? (date or number of days/weeks ago)

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Does a sex partner have a VD?

- Yes; which is
- No
- Unknown

Did you have a VD yourself before?

- Yes, which is
- No

Do you visit prostitutes or are you a prostitute?

- Yes
- No

Do you use drugs?

- Yes: which en how (intravenous?):
- No

Have you been vaccinated against hepatitis B (for example for work in the medical sector)?

- Yes
- No