

Appendices

Appendix A: *Comfort Scale* Self-Assessment

HOW COMFORTABLE ARE YOU? PERSONAL COMFORT SELF-ASSESSMENT

In order to be successful at helping clients reduce their risks of STIs, staff needs to feel comfortable discussing a variety of topics. This exercise will help you evaluate your own readiness to talk with clients in a variety of relevant topic areas. Please look at each topic and check each box to the right if the statements are true. If the statement is not true, leave a space in that box. In the last column is a space for you to write ideas you have about how to increase your comfort with the topic, such as reading about it, observing others, attending training, asking questions of an experienced staff person, practice talking about it, etc.

	I feel that I have enough knowledge to talk about this topic with a client.	I feel that I have enough experience to talk about this topic with a client.	My own values will not conflict with my ability to talk about this topic with a client.	What I can do to increase my comfort.
Vaginal intercourse				
Sexual orientation				
Fellatio (oral sex on a man)				
Cunnilingus (oral sex on a woman)				
Anal intercourse				
Fisting/rimming				
Postponing sex or abstinence				
Masturbation				
Orgasm				
Drug and alcohol use				
Sex with multiple partners				
Sex toys (vibrators, dildos)				
Safer Sex				

Appendix B: *Sample History Forms*

FOR WOMEN: Self Administered History Form

This information is confidential and will be used by your provider to make sure you get proper care.

1. Have you had sex with men, women or both? _____
2. How many partners have you had sex with in the past 12 months? _____ past 6 months? _____
3. Do you think any of these partners have had other sex partners while you were having a sexual relationship with them?
Yes, definitely _____ Not sure, possibly _____ No, very unlikely _____
4. What kinds of sex have you had with your partner(s) in the past year?
Vaginal (penis in vagina) _____
Anal (penis in anus/butt) _____
Oral (mouth on penis or vagina) _____
5. How often do you use condoms?
Never _____ Occasionally _____ Usually _____ Always _____
6. What sexually transmitted infections have you had in the past?

7. When was your last HIV test? _____ Never tested _____
a. What was the result? Negative _____ Positive _____ Don't know _____
8. Have you ever had sex for drugs or money?
Yes _____ No _____
9. Have you ever been emotionally or physically threatened or hurt by a partner?
Yes _____ No _____
10. Have you ever had any kind of sex that you didn't want to have?
Yes _____ No _____
11. How many glasses of an alcoholic beverage do you drink in an average week? _____
12. Do you use any recreational drugs?
Yes _____ No _____ If yes, please list _____
13. Have you ever injected drugs?
Yes _____ No _____
14. Have you had any sex partners who:
injected drugs? Yes _____ No _____
had HIV? Yes _____ No _____
16. Have you ever had a male sex partner who had sex with men?
Yes _____ No _____

Appendix B: *Sample History Forms* continued

FOR MEN: Self Administered History Form

This information is confidential and will be used by your provider to make sure you get proper care.

1. Have you had sex with men, women or both? _____
2. How many partners have you had sex with in the past 12 months? _____ past 6 months? _____
3. Do you think any of these partners have had other sex partners while you were having a sexual relationship with them?
Yes, definitely _____ Not sure, possibly _____ No, very unlikely _____
4. What kinds of sex have you had with your partner(s) in the past year?
Vaginal (penis in vagina) _____
Anal (penis in anus/butt) _____
Oral (mouth on penis or vagina) _____
5. How often do you use condoms?
Never _____ Occasionally _____ Usually _____ Always _____
6. What sexually transmitted infections have you had in the past?

7. When was your last HIV test? _____ Never tested _____
a. What was the result? Negative _____ Positive _____ Don't know _____
8. Have you ever had sex for drugs or money?
Yes _____ No _____
9. Have you ever been emotionally or physically threatened or hurt by a partner?
Yes _____ No _____
10. How many glasses of an alcoholic beverage do you drink in an average week? _____
11. Do you use any recreational drugs?
Yes _____ No _____ If yes, please list _____
12. Have you ever injected drugs?
Yes _____ No _____
13. Have you had any sex partners who:
injected drugs? Yes _____ No _____
had HIV? Yes _____ No _____

POCKET GUIDE: Sexual History-Taking in a Family Planning Setting: Focus on STIs

- Conduct with each new client, and update at all subsequent visits.
- Always assure confidentiality.
- Ask questions in a neutral manner to avoid making assumptions.
- Use clear, direct, non-judgmental language.

Statements of Confidentiality Policies:

For adults:

"I want you to know that what we talk about today is completely confidential, meaning that nothing will be shared with anyone outside of the healthcare team without your permission."

For minors:

"Everything we talk about is confidential, or private, meaning that no information will be shared with anyone outside of the clinic staff unless you tell me that someone is hurting you, or that you are planning to hurt yourself. Then I would have to get others involved to help you."

Examples of Introductory Statements:

"I talk with all my clients about their sexual history so I can give the best possible care. I'll be asking some personal questions and if you're uncomfortable answering any of them, just let me know and we'll move on to the next question."

"I am going to be more specific about your sexual history, so I understand your risks for sexually transmitted infections."

"When I saw you last, you had been with your boyfriend for six months and neither of you were having sex with anyone else – has that changed?"

"Tell me what's going on in your relationship since you were last here..."

The Five P's:

Pregnancy Plans and Prevention

"How would it be for you if you were to get pregnant now?"

"Are you doing anything now to protect yourself from getting pregnant?"

"What birth control methods have you used in the past?"

Past STI

"Have you ever had a sexually transmitted infection?"

If yes, follow with more closed-ended questions:

"What kind of infection did you have?"

"What treatment were you given?"

"Did you have symptoms at the time?"

"Did your partner get treated also?"

"Have you had another test since then?"

Appendix C: *Questions to Ask* Pocket Guide *continued*

Partners

“Have you had sex with men, women, or both?”

“In the past 12 months, how many people have you had sex with?”

“Have you had any new partners in the past 12 months?”

“During the past 12 months, do you think your boy/girlfriend/sex partners had sex with someone else while s/he was in a sexual relationship with you?”

“Have any of your sexual partners injected drugs?”

“Have you ever had sex when you didn’t want to?”

“Many of our clients have concerns about their relationships and have been threatened or have been emotionally or physically forced to have sex – has that ever happened to you?”

Practices

“Do you have:

vaginal sex (penis in vagina sex)?

anal sex (penis in anus/butt sex)?

oral sex (penis in mouth sex or mouth on vagina/vulva sex)?”

“What’s your experience been with drugs and alcohol?”

“Have you ever used needles to inject/shoot drugs?”

Prevention Practices

“Do you feel you need to do anything to protect yourself from getting a sexually transmitted infection?”

“What do you do to protect yourself from sexually transmitted infections?”

“Many clients have a difficult time talking about birth control and sexually transmitted infections (STIs) with their partners – is that an issue for you?”

“Have you and your partner(s) discussed using birth control or STI protection?”