



This page is to be filled out for DRSi STI Risk Surveys.

Do NOT record patient's name or partner names/identifying information on these pages.

## BEHAVIORAL

Does the patient have sex with:	Men	Women	Both	Other	Unknown	
<u>Martial status:</u> Single, never married Married Married, separated Divorced Widowed Cohabiting Committed relationship Unknown Refused to answer	<u>Sexual behavior</u> Anonymous Partner Sex with spouse/partner Men-sex-with-men Exchanged money/drugs for sex Injection drug use Other Unknown Refused to answer			within past 3 months	within past 12 months	Prevention counseling and partner referral services conducted? Yes    No    Unk

## PARTNER INFORMATION

Testing and treatment are appropriate for all named partners of this patient who were exposed within 60 days prior to the date of onset.

### Partner # 1

<u>Partner type:</u> Spouse Anonymous partner Refused to answer Other main partner Casual or periodic partner Commercial sex worker Unknown	<u>Location at time of exposure to this partner:</u> Home station      On leave/liberty Deployed            Underway CONUS                OCONUS Prior to enlistment    Other	<u>Partner notification option chosen by patient:</u> Provider referral      Third party referral Patient referral        Contract referral Dual referral            Other: None
	<u>Condom used?</u> Yes            No            Unk	<u>Partner testing and treatment confirmed within 30 days?</u> Yes            No            Unk
	<u>Partner notified of exposure within 30 days?</u> Yes            No            Unk	<u>Partner confirmed infected with STI?</u> Yes            No            Unk

### Partner # 2

<u>Partner type:</u> Spouse Anonymous partner Refused to answer Other main partner Casual or periodic partner Commercial sex worker Unknown	<u>Location at time of exposure to this partner:</u> Home station      On leave/liberty Deployed            Underway CONUS                OCONUS Prior to enlistment    Other	<u>Partner notification option chosen by patient:</u> Provider referral      Third party referral Patient referral        Contract referral Dual referral            Other: None
	<u>Condom used?</u> Yes            No            Unk	<u>Partner testing and treatment confirmed within 30 days?</u> Yes            No            Unk
	<u>Partner notified of exposure within 30 days?</u> Yes            No            Unk	<u>Partner confirmed infected with STI?</u> Yes            No            Unk

Print third page for additional partners

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## ADDITIONAL PARTNER INFORMATION

Testing and treatment are appropriate for all named partners of this patient who were exposed within 60 days prior to the date of onset.

Partner # \_\_\_\_\_

<u>Partner type:</u>	<u>Location at time of exposure to this partner:</u>	<u>Partner notification option chosen by patient:</u>
Spouse	Home station                      On leave/liberty	Provider referral                      Third party referral
Anonymous partner	Deployed                              Underway	Patient referral                        Contract referral
Refused to answer	CONUS                                OCONUS	Dual referral                            Other:
Other main partner	Prior to enlistment                Other	None
Casual or periodic partner	<u>Condom used?</u>	<u>Partner testing and treatment confirmed within 30 days?</u>
Commercial sex worker	Yes                      No                      Unk	Yes                      No                      Unk
Unknown		

Partner notified of exposure within 30 days?

Yes                      No                      Unk

Partner confirmed infected with STI?

Yes                      No                      Unk

Partner # \_\_\_\_\_

<u>Partner type:</u>	<u>Location at time of exposure to this partner:</u>	<u>Partner notification option chosen by patient:</u>
Spouse	Home station                      On leave/liberty	Provider referral                      Third party referral
Anonymous partner	Deployed                              Underway	Patient referral                        Contract referral
Refused to answer	CONUS                                OCONUS	Dual referral                            Other:
Other main partner	Prior to enlistment                Other	None
Casual or periodic partner	<u>Condom used?</u>	<u>Partner testing and treatment confirmed within 30 days?</u>
Commercial sex worker	Yes                      No                      Unk	Yes                      No                      Unk
Unknown		

Partner notified of exposure within 30 days?

Yes                      No                      Unk

Partner confirmed infected with STI?

Yes                      No                      Unk

Partner # \_\_\_\_\_

<u>Partner type:</u>	<u>Location at time of exposure to this partner:</u>	<u>Partner notification option chosen by patient:</u>
Spouse	Home station                      On leave/liberty	Provider referral                      Third party referral
Anonymous partner	Deployed                              Underway	Patient referral                        Contract referral
Refused to answer	CONUS                                OCONUS	Dual referral                            Other:
Other main partner	Prior to enlistment                Other	None
Casual or periodic partner	<u>Condom used?</u>	<u>Partner testing and treatment confirmed within 30 days?</u>
Commercial sex worker	Yes                      No                      Unk	Yes                      No                      Unk
Unknown		

Partner notified of exposure within 30 days?

Yes                      No                      Unk

Partner confirmed infected with STI?

Yes                      No                      Unk