

STI Disclosure Script

The last time I was tested for STIs was:

I was tested for: Results are either Positive or Negative, never use the word "clean".
STI screening panel include Gonorrhea/Chlamydia/HIV and Syphilis

☐ GC/Chlamydia

Genital ☐ Positive ☐ Negative

Throat ☐ Positive ☐ Negative

Anal ☐ Positive ☐ Negative

☐ HIV ☐ Positive ☐ Negative ☐ I have this ☐ I am on PrEP

☐ Syphilis ☐ Positive ☐ Negative

My history with herpes (HSV) is:

Must ask specifically for herpes blood test. Multiple sexual partners is an indication for this test.

Herpes Simplex Type 1 (HSV1) oral-cold sores and/or genital: Negative or

☐ I have oral herpes

☐ I have had genital herpes type 1

☐ Anti-viral use every day

☐ Anti-viral use only when needed

☐ I had this come back positive on a blood test, but I've never had a break-out.

☐ I have a partner with oral or genital herpes type 1 but I have not had a break-out.

Herpes Simplex Type 2 (HSV 2) genital: Negative or

☐ I have had genital herpes type 2.

☐ Anti-viral use every day

☐ Anti-viral use only when needed

☐ I had this come back positive on a blood test, but I've never had a break-out.

☐ I have a partner with HSV 2 but I have not had a break-out.

Other STIs to consider:

- ☐ Human Papilloma Virus (HPV)
 - ☐ I had this on a pap test _____
 - ☐ I no longer have this but was positive _____
 - ☐ I am immunized for HPV
 - ☐ I have had a partner with HPV
- ☐ Hepatitis B ☐ Positive ☐ Negative ☐ Immunized
- ☐ Hepatitis C ☐ Positive ☐ Negative ☐ I have this

Since my last test:

- ☐ I have been sexually active with people
 - ☐ Using barriers
 - ☐ Not using barriers
- ☐ I am only sexually active with one person
- ☐ I have not been sexually active since my last test

My risk factors include:

- ☐ I am sexually active with “penis owners” who have sex with other “penis owners”
- ☐ I have multiple sexual partners
- ☐ I do (or have done) sex work (that may be relevant to current situation)
- ☐ I am under 25 years old (increase risk for Chlamydia and HPV).
- ☐ I don't use barriers for (oral, genital, anal) penetration
- ☐ I have / had a partner with Herpes Simplex type 2 (genital)
- ☐ I have / had a partner with HIV

How about you?

Sexual Health

- ☐ Side effects of medications
- ☐ Physical limitations/concerns
- ☐ Concerns around infections or pain in genitalia
- ☐ Medical issues that interfere or play a role in sexuality

Turn-Ons



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- ☐ I like receiving/getting:
- ☐ I enjoy performing/giving:
- ☐ Some things I'd like to explore are:
- ☐ I like my genitals/breasts/chest referred to as:
- ☐ When I get turned on or am enjoying something I look like/sound like this
- ☐ My ideal/fantasy sex life looks like this:
- ☐ I engage/enjoy/prefer/desire/want to explore this type of sexual activity:
- ☐ My most erotic zones are....and I like to be touched lightly/hard/scratch/pinch/tickled
- ☐ My favorite places to be touched are:
- ☐ I get turned on by:
 - conversation, kissing, eye-gazing, friendship first/that's as far as I go, hard/soft touch, compliments/validation, sexting, dirty talk, romance, energy (curiosity, attentiveness)
- ☐ I engage/enjoy/prefer/desire/want to explore this type of sexual activity:
 - Insertive or Receptive
 - Oral, Genital, Anal
 - Toy, Fingers
 - Kink/BDSM-Power dynamics, impact play
 - Other

Avoids

- ☐ A big turn-off is when someone does:
- ☐ Right now I am not interested in
- ☐ I do not like:
- ☐ A trigger that you should know about is:
- ☐ I do not like to be touched like:
- ☐ A big turn-off is when someone does:
- ☐ My choices about ejaculation fluid are:
- ☐ My choices about sex and menstruation (blood) are:
- ☐ When I don't like something I tend to move/sound this way:

Other Things to Consider That Can Be Turn-Ons or Avoids

- ☐ Pornography, sex toy and props.
- ☐ Things you do or don't want to feel during a particular sexual encounter:
 - desired, adored
 - powerful, dominant
 - helpless, submissive
 - primal, animalistic
- ☐ Desire for "Vanilla" or "Kink" sex
- ☐ Frequency, pacing and duration of sexual encounters. Talking / music/ noise during sex
- ☐ Receptive/Insertive/Top/Bottom preferences. Don't make assumptions based on perceived gender
- ☐ Pet names or other things you do and don't like to be called (baby/slut/Daddy)

Relationship Intentions

Who I am

- ☐ My sexual orientation is:
- ☐ My gender identity is:
 - ☐ my pronouns are:
- ☐ I am monogamous/polyamorous/something else all together
- ☐ I am partnered in this way
- ☐ I am single or consider myself solo and this is what it means to me

What I want

- ☐ My partner(s) is / are (gender). They have a penis/vagina/other
- ☐ I would like this with you
 - ☐ Dating
 - ☐ Looking for a long term relationship
 - ☐ Looking for sex
 - ☐ Swinging/group sex/unicorn
 - ☐ Polyamory

Expectations

What I need

- ☐ Communication-text, email, calls, video. Frequency, response rate and timing.
- ☐ Social Media presence
- ☐ Disclosure about other partners.
- ☐ Love languages (Acts of Service, Gifts, Physical Touch, Quality Time, Words of Affirmation)
- ☐ Emotional intelligence (authenticity, vulnerability, personal growth work)
- ☐ Agreements that I have with other partners are:
- ☐ What do you need from me to feel good about engaging with me?

Safer Sex Etiquette

- ☐ For safer sex I use barriers with
 - ☐ Oral / Penetrative / Toyswhich includes
 - ☐ condoms/ dental dams/ gloves
- ☐ How do we plan to prevent an undesired pregnancy?
- ☐ If an unintended pregnancy were to occur this would mean:
- ☐ My thoughts around sex and the use of alcohol, marijuana, other recreational drug use are:
- ☐ For this encounter, I need this... to feel safer
- ☐ If we are going to have sex then I need this from you (monogamy, barriers with other partners, other).
- ☐ Sex brain can affect me like this:
- ☐ My mental health needs are:
- ☐ Some grounding techniques that I may need are:

COVID 19 Specific

Limit to previous 14 days

- ☐ My personal COVID Risk factors are: immunocompromised, front line worker, at risk person in COVID pod, underlying health conditions, poor access to health care.
- ☐ My personal risk tolerance is (high, medium, low) right now.
- ☐ My COVID needs are: isolation for 2 weeks before we get together, testing, masks around everyone else, social distance, vaccination
- ☐ My COVID pod has these agreements with each other:
- ☐ If I was to get COVID, it would mean this to me:
- ☐ If you or I was get COVID from our encounter, this is how I would like to communicate about it: