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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 type 1
- ❑ 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
- ❑ Issues with painful sex
- ❑ Medical issues that interfere or play a role in sexuality
- ❑ Changes in sexuality with age
- ❑ Risk of shifts in microbiome of genital canal
- ❑ Need for lubricants and what type you prefer

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

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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

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❑ For safer sex I use barriers with
    ❑ Oral / Penetrative / Toys
    which 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:

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