

Sexual History (continued):

In the past 6 months, have you had sex with (check all that apply):

- Men Women Both Neither

How often do you use condoms?

- Always Sometimes Never

When was the last time you had vaginal, penile, oral or anal sex (given or received)? _____

What types of sexual acts have you engaged in within the past year:

Penis in vagina Yes No

Vagina to vagina Yes No

Anal sex (given) Yes No

Anal sex (received) Yes No

Oral sex (given) Yes No

Oral sex (received) Yes No

Is your current or recent sex partner having sex of any kind with someone else?

- Yes No

In the past year have you had sex with a one-time sex partner and are unable to contact again (anonymous partner)?

- Yes No

In the past year have you met any sex partners through the Internet or phone app?

- Yes No

Hepatitis Screening:

Have you injected illicit drugs in your lifetime (even once)?

- Yes No

Have you snorted illicit drugs in your lifetime (even once)?

- Yes No

Do you currently engage in **ANY** illicit drug use, including marijuana use?

- Yes No

Are you currently homeless or experience unstable housing?

- Yes No

Do you have a non-professional tattoo or body piercing?

- Yes No

Have you been incarcerated for more than 24 hours?

- Yes No

Have you been in contact with anyone with hepatitis?

- Yes No