

STARS Worksheet

Sexually Transmitted Infections:

The last time I was tested for STIs was:

I was tested for the following and my results were (please note if tested at different times):

- | | | | | |
|--|-----------------------------------|-----------------------------------|--------------------------------------|-------------------------------------|
| <input type="checkbox"/> GC/Chlamydia <i>Genital</i> | <input type="checkbox"/> Positive | <input type="checkbox"/> Negative | | |
| <input type="checkbox"/> GC/Chlamydia <i>Throat</i> | <input type="checkbox"/> Positive | <input type="checkbox"/> Negative | <input type="checkbox"/> Not tested | |
| <input type="checkbox"/> GC/Chlamydia <i>Anal</i> | <input type="checkbox"/> Positive | <input type="checkbox"/> Negative | <input type="checkbox"/> Not tested | <input type="checkbox"/> Low risk |
| <input type="checkbox"/> HSV 1 blood test | <input type="checkbox"/> Positive | <input type="checkbox"/> Negative | <input type="checkbox"/> I have this | <input type="checkbox"/> Anti-Viral |
| <input type="checkbox"/> HSV 2 blood test | <input type="checkbox"/> Positive | <input type="checkbox"/> Negative | <input type="checkbox"/> I have this | <input type="checkbox"/> Anti-Viral |
| <input type="checkbox"/> HIV ½ | <input type="checkbox"/> Positive | <input type="checkbox"/> Negative | <input type="checkbox"/> I have this | <input type="checkbox"/> PrEP |
| <input type="checkbox"/> Syphilis | <input type="checkbox"/> Positive | <input type="checkbox"/> Negative | | |
| <input type="checkbox"/> Hepatitis B | <input type="checkbox"/> Positive | <input type="checkbox"/> Negative | <input type="checkbox"/> Immunized | |
| <input type="checkbox"/> Hepatitis C | <input type="checkbox"/> Positive | <input type="checkbox"/> Negative | <input type="checkbox"/> I have this | |
| <input type="checkbox"/> HPV with my Pap Test* | <input type="checkbox"/> Positive | <input type="checkbox"/> Negative | <input type="checkbox"/> Immunized | |

I get tested every:

- I am only sexually active with one person
- I have not been sexually active since my last test
- Get tested before every new partner
- 3 months
- 6 months
- Yearly
- Other:

My risk factors include:

- I am sexually active with men who have sex with other men.
- I have multiple sexual partners
- I use needles for drugs
- Sex Work (for money or drugs)
- Time incarcerated or with incarcerated partner
- I am under 25 years old
- I don't use barriers for penetration (oral, genital, anal)
- I have (had) a partner with Herpes type 2
- I have (had) a partner with HIV

How about you?

*The pap test is done without HPV testing below the age of 30 in people with cervix's. The HPV test can also be done on anal tissue for people who have receptive sex. There is no test available for men who only have insertive sex at this time.

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Testing Recommendations

GC/Chlamydia: Women yearly up until the age of 25. Men and older women at increased risk* or if symptomatic.

Hepatitis B: Screen at risk* individuals. Vaccine is recommended.

Hepatitis C: Screen everyone born before 1965, people with HIV and at increased risk*.

HSV 1 & 2: Screening is controversial. The latest recommendation is to not do routine antibody screening. PCR Culture if lesion is present

HIV: The CDC recommends that all individuals 15-65 be screened at least once in their lifetime and “more often” in individuals at higher risk* for contracting HIV and all others at risk of coming in contact with the HIV virus should be screened AT LEAST annually.

Syphilis: Screen all at risk*, but the CDC has no recommendations and the ACOG recommends only adolescents at increased risk.

HPV: All women start screening at age 21. Ages 21-29 a Pap test every 3 years. Age 30-65 Pap with HPV every 5 years or just the Pap test every 3 years. There is no screening for men. Some recommendations to do anal pap for people engaging in anal sex.

HPV Vaccine: 2 dose vaccine until the age of 15. 3 dose vaccine: Men to age 21. Women, transgendered, MSM, Men w/HIV, and compromised immunity to age 26. Insurance does not cover after age of 26.

***Increase risk:**

*MSM (men who have sex with men), *having unprotected anal or vaginal intercourse, *having a male partner who is bisexual, *multiple sexual partners, *having a partner who is an injection drug user, *having a partner who is HIV-positive, * individuals who are injection drug users, *those who exchange sex for drugs or money, *HIV positive people and *pregnancy.

Personal recommendations of “at risk” individuals: every 90 days if new partners and in between relationships. At least annual screen.

Recommended Screening Panel: GC/Chlamydia, HerpeSelect with reflex HSV2 Inhibition for HSV1/2 (or HSV2 alone if you know that you have HSV1), HIV 1/2, RPR (Syphilis), and Hep B (unless immunized), Hep C if born before 1965.

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Turn-Ons

My erogenous zones are:

I like to be caressed lightly/firmer here:

A sexual fantasy I'd like to explore is:

I like my vulva/penis referred to as:

I like it when my partner does this to me:

I enjoy doing this to my partner:

Some things I would like to explore are:

My ideal sexual life would be:

My best sexual experience was:

I usually engage/enjoy/prefer in this type of sexual activity the most:

Insertive or Receptive
Oral, Genital, Anal

Avoids

A big turn-off is when someone does:

Right now I am not interested in:

Something that happened that I didn't like was:

Ejaculation fluid preferences:

My choices about sex and menstruation (blood) are:

My worst sexual experience was:

or

I have certain triggers they are:

I do not like to be touched like:

Other Things to Consider:

- Feelings about pornography, sex toy and props:
- Desire for "Vanilla" or "Kink" sex and what that means for you.
- Use of alcohol, marijuana, other recreational drug use and sex.
- Frequency, pacing and duration of sexual encounters. Talking/Noise during sex.
- Receptive/Insertive/Top/Bottom preferences. Don't make assumptions based on perceived gender

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Relationship Intentions/Expectations:

Who am I and what I desire with you

- My sexual orientation is:
- My gender orientation is and my preferred gender pronouns are:
- I am Monogamous/Polyamorous/Something else all together
- I am Partnered/Single
- If partnered, is it an open relationship?
 - My partner(s) is/are -gender-:
 - My agreements with my partner(s) is/are:
- I am looking for a relationship/a hook-up/something else WITH YOU:
- After “encounter” desires:
 - Communication- form (text, email, calls), how often
 - Social Media presence
- Tonight I would like to:

Safer Sex Etiquette:

- For safer sex I use barriers with: Oral/ Penetrative, Toys
- I do not use barriers for:
- My barriers include: condoms, dental dams, gloves.
- I use anti-viral meds/would like my partners to use prophylactic anti-viral meds
- Do you want children?
- What is your ideal method of birth control?
- What are your ideas/thoughts if an unintended pregnancy were to occur?