



**STATE OF FLORIDA  
DEPARTMENT OF JUVENILE JUSTICE**

**Sexually Transmitted Infections Screening Form**

Youth:	DJJ ID:		
Date/Time: /	Facility/Location:		
Printed Name and Title of Person Completing Form:			
	<b>Yes</b>	<b>No</b>	<b>Don't Know</b>
1. Have you ever had vaginal, anal or oral sex without using protection? If yes, when was the last time that you had unprotected sex? _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. When the last time you were tested for (sexually transmitted infections) STI's or HIV? _____			
3. Have you ever put drugs of any type in your veins or shared needles?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Have you ever had any type of infection of your sex organs?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Has the use of alcohol or any drug caused you to do things sexually that you would not normally do?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Some teens use sex to get things that they need. Have you ever had to do this?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Have you ever been hit, kicked, slapped, pushed or shoved by your sexual partner?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Have you recently been sexually assaulted?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Some females / males prefer to have sex with males, some with women and some with both. What type of partner do you prefer? (Please Check One) <input type="checkbox"/> Men <input type="checkbox"/> Women <input type="checkbox"/> Both			
10. As far as you know, have you ever had sex with someone who had HIV/AIDS or an STI?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. As far as you know, have you ever had sex with someone who was a man who had sex with men?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. As far as you know, have you ever had sex with someone who used IV Drugs or put drugs in their veins?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. As far as you know, have you ever had sex with someone who was a prostitute - either male or female?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

*My signature confirms that I have truthfully answered these questions to be the best of my knowledge.*

\_\_\_\_\_  
Youth Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Person Completing Form's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Physician/Designee Reviewer Signature

\_\_\_\_\_  
Date

**Testing Needed:**  No  Yes - See Practitioner Order/Protocol