COBATEST NETWORK

DATA COLLECTION FORM
OTHER STIs

Date of visit ☐☐ ☐☐ ☐☐☐☐ (Day / Month / Year)

Client's Unique identifier (COBATEST): ☐ Gender (0 cis man, 1 cis woman, 2 trans man, trans woman or non-binary) ☐☐ Day ☐☐ Month of birthay ☐☐☐☐ year ☐ Nº older brothers ☐ Nº of older sisters ☐ initial letter of your mother's name

Previous STIs tests:

Have you ever been tested for some STI? ☐ Yes → Year of last STI test: ☐☐☐☐ year
☐ No
☐ Don't know

Have you had any previous STIs in the last 12 months? ☐ Yes → Which one/s:
☐ No
☐ Don't know

- ☐ Syphilis
- ☐ Gonorrhea
- ☐ Chlamydia
- ☐ Genital herpes
- ☐ Papilloma virus (genital warts)
- ☐ Lymphogranuloma
- ☐ Trichomoniasis
- ☐ Other: _____

Have you received complete treatment? ☐ Yes ☐ No ☐ Don't know

Chlamydia and gonorrhea screening:

Presence of chlamydia/gonorrhea symptoms? ☐ Yes → Which one/s:
☐ No
☐ Don't know

- ☐ Genital/rectal pain
- ☐ Anormal genital fluid
- ☐ Other: _____

Chlamydia test:

Chlamydia test performed? ☐ Yes ☐ No ☐ Don't know → Sample collection date: ☐☐ Day ☐☐ Month ☐☐☐☐ Year

Type of sample collected/location *(multiple answer)*: ☐ Urine ☐ Genital ☐ Rectal ☐ Pharyngeal

Type of test used: ☐ Conventional PCR ☐ Point-of-care PCR (Genexpert) ☐ Rapid test ☐ Don't know

Test result: ☐ **Positive** ☐ **Negative** ☐ **Inconclusive**

Has the test been repeated? ☐ Yes ☐ No ☐ Don't know

Test result: ☐ **Positive** ☐ **Negative** ☐ **Inconclusive**

Has treatment been provided? ☐ Yes ☐ No ☐ Don't know → Treatment date: ☐☐ Day ☐☐ Month ☐☐☐☐ Year

Gonorrhea test:

Gonorrhea test performed? ☐ Yes ☐ No ☐ Don't know → Sample collection date: ☐☐ Day ☐☐ Month ☐☐☐☐ Year

Type of sample collected/location *(multiple answer)*: ☐ Urine ☐ Genital ☐ Rectal ☐ Pharyngeal

Type of test used: ☐ Conventional PCR ☐ Point-of-care PCR (Genexpert) ☐ Rapid test ☐ Don't know

Test result: ☐ **Positive** ☐ **Negative** ☐ **Inconclusive**

Has the test been repeated? ☐ Yes ☐ No ☐ Don't know

Test result: ☐ **Positive** ☐ **Negative** ☐ **Inconclusive**

Has treatment been provided? ☐ Yes ☐ No ☐ Don't know → Treatment date: ☐☐ Day ☐☐ Month ☐☐☐☐ Year