

1) Collection date of STD signs and symptoms:

(DD-MM-YYYY)

STD SIGNS AND SYMPTOMS

2) Abdominal pain:

- ☐ Yes (ongoing)
- ☐ Yes (previously)
- ☐ No
- ☐ Don't know

3) Bumps (Genital/Oral/Rectal)

- ☐ Yes (ongoing)
- ☐ Yes (previously)
- ☐ No
- ☐ Don't know

4) Fatigue:

- ☐ Yes (ongoing)
- ☐ Yes (previously)
- ☐ No
- ☐ Don't know

5) Fever:

- ☐ Yes (ongoing)
- ☐ Yes (previously)
- ☐ No
- ☐ Don't know

6) Genital discomfort/itching:

- ☐ Yes (ongoing)
- ☐ Yes (previously)
- ☐ No
- ☐ Don't know

7) Headache:

- ☐ Yes (ongoing)
- ☐ Yes (previously)
- ☐ No
- ☐ Don't know

8) Jaundice:

- ☐ Yes (ongoing)
- ☐ Yes (previously)
- ☐ No
- ☐ Don't know

9) Loss of appetite:

- ☐ Yes (ongoing)
- ☐ Yes (previously)
- ☐ No
- ☐ Don't know

10) Muscle pain:

- ☐ Yes (ongoing)
- ☐ Yes (previously)
- ☐ No
- ☐ Don't know

11) Nausea/vomiting: ☐ Yes (ongoing)
☐ Yes (previously)
☐ No
☐ Don't know

12) Pain during sexual intercourse ☐ Yes (ongoing)
☐ Yes (previously)
☐ No
☐ Don't know

13) Painful Urination ☐ Yes (ongoing)
☐ Yes (previously)
☐ No
☐ Don't know

14) Swollen lymph nodes: ☐ Yes (ongoing)
☐ Yes (previously)
☐ No
☐ Don't know

15) Unusual Discharge (Penal/Vaginal) ☐ Yes (ongoing)
☐ Yes (previously)
☐ No
☐ Don't know

16) Other symptom/s: ☐ Yes
☐ No
☐ Don't know

17) (If Other) Specify symptom/s:

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H3ABioNet & H3Africa Phenotype Standards