

# Sexually Transmitted Diseases

Collection date for sexually transmitted diseases information:

\_\_\_\_\_  
(DD-MM-YYYY)

**SEXUALLY TRANSMITTED DISEASES**

Has the participant ever been diagnosed with a sexually transmitted disease (STD)(excluding HIV/AIDS)?

- ☐ Yes
- ☐ No
- ☐ Refused

(If Yes) Specify diagnosed STD/s:

- ☐ Chlamydia
- ☐ Gonorrhoea
- ☐ Herpes Simplex
- ☐ Human papillomavirus (HPV)
- ☐ Syphilis
- ☐ Other

(If Other) Specify other diagnosed STD/s:

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H3ABioNet & H3Africa Phenotype Standards