Lynchburg College Men’s Sexual Health Questionnaire

Date ______________

Student Name__________________________________         DOB_________________

Contact Phone # ________________________               Fr     So     Jr     Sr      Gr      Ac

Current Medications _____________________________      Allergies _____________________

Symptoms

Yes        No
□            □           Frequent urination
□            □           Burning during or at end of urination
□            □            Abdominal pain
□            □            Back pain
□            □            Discharge from penis. If yes, color: □ Yellow □ White □ Other _________
□            □            Blood in ejaculate
□            □            New bumps. If yes, are they on the     □ Penis     □ Rectum      □ Scrotum      □ Groin
□            □            Ulcers. If yes, are they □ painful      □ not painful
□            □            New growths. If yes, are they on the    □ Penis     □ Rectum      □ Scrotum      □ Groin
□            □            Previous sexually transmitted infection (STI)
□            □            Had a Hepatitis B vaccination series
□            □            Do testicular self exams

Sexual partners □ Female □ Male □ Both Number of sexual partners in the past year? _____

Condom use: □ Never □ Sometimes □ Always

Cigarette use: □ Current. How many cigarettes/day? _____ □ Former □ Never

Other symptoms/medical problems: ______________________________________________________

Student signature:__________________________________________________

RN/NP Reviewed ____________                  Date reviewed ____________

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