**Note:** This survey is completely voluntary and anonymous. Questions answered on this survey will help assist seniors of the Community Health Education Program in creating a STI Prevention Program for SIUe students.

1. **Gender**:

Male   Female

1. **Age**: \_\_\_\_\_
2. **What is your race/ethnicity?**  
       a. White  
       b. Black  
       c. Hispanic  
       d. Native American  
       e. Asian/Pacific Islander  
       f. Other
3. **What is your relationship status?**  
       a. single  
       b. in relationship  
       c. in open relationship  
       d. married  
       e. divorced
4. **Have you ever been sexually active?**  
       a. Yes  
       b. No
5. **How old were you when you first had sex with another person?**

\_\_\_\_\_

1. **Have you ever had sex without a condom?**
   1. Yes
   2. No
2. **Are you currently sexually active?**  
       a. Yes  
       b. No
3. **Do you have sex with men, women, or both?**  
       a. men  
       b. women  
       c. both
4. **Do you have vaginal, oral, or anal sex?**   
       a. vaginal  
       b. oral  
       c. anal  
       d. all of the above  
       e. two of the above (which two?)
5. **In the past 12 months, how many sexual partners have you had?**

\_\_\_\_\_

1. **In the past 12 months, how many of these partners did you use a condom with?**

\_\_\_\_\_

1. **Have you ever had unprotected sex while under the influence of alcohol or drugs?**
   1. Yes
   2. No
2. **Have you ever had an STI before?**  
       a. Yes  
       b. No  
       c. I don’t know
3. **Do you currently have an STI?**
   1. Yes
   2. No
   3. I don’t know
4. **Where would you receive health care services for concerns with STIs?**
   1. private/ personal physician
   2. school health clinic
   3. Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
5. **Do you feel there is a need for more STI Prevention information on campus?**
   1. Yes
   2. No