This audit tool is designed to be used with the accompanying protocol

Section 1 General information

1.1	Audit date	____/____/____
1.2	Auditor	
1.3	Client ID	_ _ _
1.4	Current Medicare number recorded	1-Yes 0-No
1.5	Date of birth	____/____/____
1.6	Sex	1-Male 2-Female 3-Transgender
1.7	Indigenous status	1-Aboriginal 2-Torres Strait Islander 3-Both 4-Neither 5-Not stated

Section 2 Attendance at health centre

2.1	Date of presentation	____/____/____
2.2	Reason for attendance	1 – Well person's check 2 - Acute care 3 - Antenatal 4 - Sexual health 5 - Other (specify) _____
2.3	If the reason for attendance was **4-Sexual Health**, indicate the reason for this sexual health attendance	1 - Routine check up 2 - Symptoms and signs of an STI/BBV 3 - Opportunistic screening 4 - Community screening 5 - Contact of an STI client 6 - Follow up past STI 7 - Sexual abuse/assault 8 - Contraception 9 - Other (specify) _____
2.4	When the client presented to the health centre, which health practitioner did the client see first?	1 - Aboriginal &/or Torres Strait Islander Health Practitioner 2 - Nurse 3 - General Practitioner 4 - Specialist 5 - Allied health professional 6 - Other 7 - No record

Section 3 Recording of key health information

Indicate if there is a ***recorded diagnosis*** of:			**Date diagnosed**
3.1	Gonorrhoea	☐	____/____/____
3.2	Chlamydia	☐	____/____/____
3.3	Trichomoniasis	☐	____/____/____
3.4	Pelvic inflammatory disease (PID)	☐	____/____/____
3.5	Infectious syphilis	☐	____/____/____
3.6	Genital Herpes	☐	____/____/____
3.7	Donovanosis	☐	____/____/____
3.8	HIV	☐	____/____/____
3.9	Hepatitis B	☐	____/____/____
3.10	Hepatitis C	☐	____/____/____
3.11	Other STI (specify) _____	☐	____/____/____

3.12	What is the **STI/BBV episode being audited?** (most recent infection at least 3 months before audit date)	**Date diagnosed**
	1-Gonorrhoea	____/____/____
	2-Chlamydia	____/____/____
	3-Trichomoniasis	____/____/____
	4-Pelvic inflammatory disease (PID)	____/____/____
	5-Infectious syphilis	____/____/____
	6-Genital Herpes	____/____/____
	7-Donovanosis	____/____/____
	8-HIV	____/____/____
	9-Hepatitis B	____/____/____
	10-Hepatitis C	____/____/____
	11-Other (specify)	____/____/____

Section 4 STI/BBV history

4.1	Indicate if there a record that the client was **ASYMPTOMATIC** on presentation	☐		If yes, go to 4.4
4.2	Indicate if there a record that the client was **SYMPTOMATIC**	☐		If no, go to 4.4
If the client is recorded as SYMPTOMATIC, indicate the symptoms that are documented in the client record.				
Females:				
4.2.1	Dysuria (pain on passing urine)	☐		
4.2.2	Abnormal vaginal discharge	☐		
4.2.3	Abnormal vaginal bleeding e.g. after sex or between periods	☐		
4.2.4	Genital Lesion/sore/ulcers/lumps/warts	☐		
4.2.5	Lower abdominal pain	☐		
4.2.6	Deep internal pain with sex	☐		
Males:				
4.2.7	Dysuria (pain on passing urine)	☐		
4.2.8	Penile discharge	☐		
4.2.9	Testicular/Scrotal pain or discomfort	☐		
4.2.10	Genital Lesion/sore/ulcers/lumps/warts	☐		
Transgender:				
4.2.11	Dysuria (pain on passing urine)	☐		
4.2.12	Genital discharge	☐		
4.2.13	Genital pain	☐		
4.2.14	Genital Lesion/sore/ulcers/lumps/warts	☐		
4.3	If the client is symptomatic, is there a record of how long the client has been experiencing symptoms?	1-Yes	0-No	9-N/A
STI Risk factors assessment				
Indicate if there is documentation that the client was asked about:				
4.4	Past history of STI/BBV	☐		
4.5	Having unprotected sexual intercourse	☐		
4.6	Contact with a person from outside the local area (clients in NT, Central Australia and Kimberley only)	1-Yes	0-No	9-N/A
4.7	Current use or history of injecting drug use	☐		
4.8	Exposure to unsafe body piercing or tattooing practices	☐		
4.9	History of incarceration	☐		
4.10	If Hepatitis B status known	☐		
4.11	Having sex with another man in the past (male only)	☐		

Section 5 Other risk factors

Documented in the last 12 months (unless otherwise stated)

5.1	Documented **alcohol use**	1- Higher risk 2- Low risk 3- Alcohol use but risk level not stated 4- No alcohol use 5- No record
5.2	If **higher risk alcohol use**, indicate if there documentation that the client has received **brief intervention** for alcohol use	☐
5.3	Documented **other drug** use	1- Current use 2- No other drug use 3- No record
5.4	If client currently uses **other drugs**, indicate if there documentation that the client has received **brief intervention** for other drug use	☐

Section 6 clinical examination

Indicate the examinations documented (for the STI episode being audited)

6.1	Bimanual pelvic examination	1-Yes	0-No	8-Decl	9-N/A
6.2	Genital examination	1-Yes	0-No	8-Decl	
6.3	Other examination	1-Yes	0-No	8-Decl	

Section 7 Investigations

Indicate the investigations ordered (for the STI episode being audited)

7.1	Chlamydia	1-Yes	0-No	8-Decl	
7.2	Gonorrhoea PCR/NAAT	1-Yes	0-No	8-Decl	
7.3	Gonorrhoea MC & S	1-Yes	0-No	8-Decl	
7.4	Trichomoniasis	1-Yes	0-No	8-Decl	
7.5	Syphilis serology	1-Yes	0-No	8-Decl	
7.6	Hepatitis B serology	1-Yes	0-No	8-Decl	
7.7	Hepatitis C serology	1-Yes	0-No	8-Decl	
7.8	HIV serology	1-Yes	0-No	8-Decl	
7.9	HCG level (urine or blood, female only)	1-Yes	0-No	8-Decl	9-N/A
7.10	Pap smear (Cytology gynaecological, female only)	1-Yes	0-No	8-Decl	9-N/A
7.11	Other (specify) _____	1-Yes	0-No	8-Decl	

Section 8 Treatment

Indicate the medications prescribed for treatment of the STI episode being audited and date treatment was given

8.1	Amoxicillin oral 3 grams single dose	☐	____/____/____
8.2	Probenecid oral 1 gram single dose	☐	____/____/____
8.3	Azithromycin oral 1 gram single dose	☐	____/____/____
8.4	Ceftriaxone IM 500 mg (mixed with 2 ml lignocaine 1%) single dose	☐	____/____/____
8.5	Metronidazole oral 2 gram single dose	☐	____/____/____
8.6	Tinidazole oral 2 grams single dose	☐	____/____/____
8.7	Benzathine penicillin 1.8 gram (2.4 million units) single dose	☐	____/____/____
8.8	Benzathine penicillin 1.8 gram (2.4 million units) weekly for 3 weeks	☐	____/____/____
8.9	Valaciclovir oral 500 mg b.d. for 5-10 days	☐	____/____/____
8.1	Valaciclovir oral 500 mg b.d. for 3 days	☐	____/____/____
8.11	Famciclovir oral 500 mg once then 250 mg 12 hourly for 3 doses	☐	____/____/____
8.12	Other (specify)_____	☐	____/____/____

Section 9 Discussion/follow up

Indicate if there is documentation of the following (for the STI being audited)

9.1	Placed on recall for follow up	1-Yes	0-No		9-N/A
9.2	Attending for follow up	1-Yes	0-No		9-N/A
9.3	Re-testing at follow up	1-Yes	0-No		9-N/A
9.4	Contact tracing	1-Yes	0-No	8-Decl	9-N/A
9.5	Contraception prescribed/discussed	1-Yes	0-No	8-Decl	9-N/A
9.6	Discussion of safe sexual practice	1-Yes	0-No		9-N/A
9.7	Notification of diagnosis	1-Yes	0-No		9-N/A