

NAME: _____

DATE: _____

STD/STI FACT CHART

For each disease listed on the chart, fill in the symptoms, treatment, how it enters the human body, and how you can prevent from getting these sexual transmitted diseases and infections.

Name of STD	SYMPTOMS	TREATMENT	HOW IT ENTERS THE BODY	PREVENTION	CURABLE
AIDS					Yes No
CHLAMYDIA					Yes No
GENITAL HERPES					Yes No
GONORRHEA					Yes No
GENITAL WARTS					Yes No

HEPATITIS					Yes	No
PUBIC LICE					Yes	No
TRICHOMONIASIS					Yes	No
SCABIES					Yes	No
SYPHILIS					Yes	No

REQUIREMENTS

Symptoms:	Minimum of 3 symptoms, if more, add more
Treatment:	Minimum of 2
How it enters the body:	Minimum of 2
Prevention:	Minimum of 2
Curable:	Circle YES or NO

EACH SECTION IS WORTH 1 POINT. HAND WRITING MUST BE LEGIBLE

TOTAL: _____ / 50 POINTS