

Supplementary File 1

Part one: Baseline characteristics

Patient's code:
Date:
Age (year):
Education status:
Did not complete high school <input type="checkbox"/> High school diploma <input type="checkbox"/> Elementary <input type="checkbox"/> Illiterate <input type="checkbox"/> Bachelor's degree and higher <input type="checkbox"/>
Employment status: Unemployed <input type="checkbox"/> Employee <input type="checkbox"/> Self-employed <input type="checkbox"/>

Part two: Clinical complaint and symptoms

Symptoms	Yes
Urethral discharge	
Dysuria	
Frequency	
Genital ulcers	
Inguinal bubo	
Anal discharge	
Scrotal swelling	
Other symptoms:	

Part three: History of STI

1. History of STIs before incarceration: No <input type="checkbox"/> Yes <input type="checkbox"/> Name of the disease....
2. History of STI syndrome in partner: No <input type="checkbox"/> Yes <input type="checkbox"/> Name of the disease....
3. Symptom of STIs in the sexual partner: Dysuria <input type="checkbox"/> Frequency <input type="checkbox"/> Warts <input type="checkbox"/> Abnormal vaginal discharge <input type="checkbox"/> Genital ulcer <input type="checkbox"/> other
4. Drug use before incarceration: No <input type="checkbox"/> Yes <input type="checkbox"/>
5. History of drug use in the sexual partner: No <input type="checkbox"/> Yes <input type="checkbox"/>
6. New sexual partner in last 3 months: No <input type="checkbox"/> Yes <input type="checkbox"/>

Part four: History of medication

Antibiotic use in last month: No <input type="checkbox"/> Yes <input type="checkbox"/> name

Part five: Clinical examination

Signs
Rash : No <input type="checkbox"/> Yes <input type="checkbox"/>
genital/perineal/ perianal wart: No <input type="checkbox"/> Yes <input type="checkbox"/>

Genital ulcer	No <input type="checkbox"/> Yes <input type="checkbox"/>
If yes;	
Genital ulcer location :	Genitalia <input type="checkbox"/> scrotum <input type="checkbox"/> perianal <input type="checkbox"/> perineum <input type="checkbox"/>
Marginal induration:	No <input type="checkbox"/> Yes <input type="checkbox"/>
Vesicles:	No <input type="checkbox"/> Yes <input type="checkbox"/>
Inguinal bubo :	No <input type="checkbox"/> Yes <input type="checkbox"/>
Urethral discharge:	No <input type="checkbox"/> mucoid <input type="checkbox"/> hemorrhagic <input type="checkbox"/> purulent <input type="checkbox"/>
Scrotal swelling:	No <input type="checkbox"/> Yes <input type="checkbox"/>
Anal discharge:	No <input type="checkbox"/> Yes <input type="checkbox"/>

Sexually transmitted infections syndromes

Urethral discharge <input type="checkbox"/>		
Genital ulcer <input type="checkbox"/>	Anal discharge <input type="checkbox"/>	
Scrotal swelling <input type="checkbox"/>	Inguinal bubo <input type="checkbox"/>	

Clinical diagnosis:

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Prescribed medication:

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Name and sign: