



57382

STD RISK ASSESSMENT SURVEY

INSTRUCTIONS:

1. Only use pen with dark ink

2. Fill in circles

LIKE THIS: ● NOT: ☒ ☑
Mark your MISTAKES like this: ✖

Answer the following questions by filling in the correct circle. Please answer all questions.

1) What is the reason for your visit today? (select all that apply)

- STD Screening/Testing
- Have Symptoms
- My partner was treated for an infection
- Someone told me to come in
- Treatment Only
- Vaccination Only

WITHIN THE LAST 12 MONTHS:

2) Have you had sex with (select only one): Men Women Both Other

3) What types of sex have you had? (select all that apply) Oral Sex Vaginal Sex Anal Sex (insertive) Anal Sex (receptive)

4) How often do you use condoms? (select only one) Always Sometimes Never

5) How many sex partners have you had in the last 12 months? (Place number of partners in the boxes)

6) Have you had sex while under the influence of alcohol or drugs? Yes No

7) Have you had sex with someone you did not know (anonymous)? Yes No

8) Have you had sex with someone you met online or through a phone app? Yes No

9) Have you given or received money or drugs for sex? Yes No

10) Have you had sex with someone who injects drugs? Yes No

11) Have you used a needle to inject drugs? (If you have ever injected drugs, even if more than 12 months, you should be tested for Hepatitis C.) Yes No

12) Have you had a sexually transmitted disease (chlamydia, gonorrhea, syphilis, etc.)? Yes No

13) Have you been tested for HIV? Yes No

14) Do you plan to be tested for HIV today? Yes No

15) Have you ever been told you have Hepatitis? Yes No

16) Have you been vaccinated for Hepatitis A? Don't Know Yes No

17) Have you been vaccinated for Hepatitis B? Don't Know Yes No

THIS SECTION TO BE COMPLETED BY STD CLINIC STAFF ONLY

Client Number	Date Seen	Sex
<input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="radio"/> Male <input type="radio"/> Female
	2018	<input type="radio"/> MTF <input type="radio"/> FTM

Date Of Birth	Race (select all that apply)	Ethnicity
<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="radio"/> White <input type="radio"/> Black or Afr. American <input type="radio"/> Asian <input type="radio"/> Nat. Hawaiian or Pac. Islander <input type="radio"/> Am. Indian or Alaskan Native <input type="radio"/> Other <input type="radio"/> Unknown	<input type="radio"/> Hispanic <input type="radio"/> Unknown <input type="radio"/> Non-Hispanic

(Expanded HIV Testing Grant Questions)

Previous HIV Test	Self Reported HIV Result
<input type="radio"/> Yes	<input type="radio"/> Positive
<input type="radio"/> No	<input type="radio"/> Negative
<input type="radio"/> Not Asked	<input type="radio"/> Preliminary Positive
<input type="radio"/> Declined to Answer	<input type="radio"/> Indeterminate
<input type="radio"/> Don't Know	<input type="radio"/> Not Asked
	<input type="radio"/> Don't Know

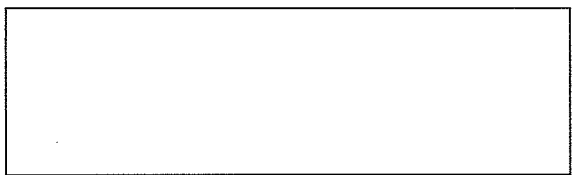
Tested for HIV This Visit? Yes No

If yes, Serum Rapid

If Rapid HIV test this visit, test result was:

Positive Negative Invalid

Affix Bar Code Lab Label Level Within Center of Area Below



Provider Code
December 2015

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