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** [ ][ ] / [ ][ ] / 2019

**Sex**
○ Male ○ Female
○ MTF ○ FTM

**Date Of Birth** [ ][ ] / [ ][ ] / [ ][ ][ ][ ]

**Race (select all that apply)**
○ White ○ Black or Afr. American ○ Asian
○ Nat. Hawaiian or Pac. Islander ○ Am. Indian or Alaskan Native ○ Other
○ Unknown

**Ethnicity**
○ Hispanic ○ Unknown
○ Non-Hispanic

**(Expanded HIV Testing Grant Questions)**

**Previous HIV Test**
○ Yes
○ No
○ Not Asked
○ Declined to Answer
○ Don't Know

**Self Reported HIV Result**
○ Positive
○ Negative
○ Preliminary Positive
○ Indeterminate
○ Not Asked
○ 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** 0 0 1 S 0 1

December 2015