



53801

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 all that apply) Men Women Trans Men Trans Women Another Gender3) 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 Never5) How many sex partners have you had in the last 12 months? (Place number of partners in the boxes)

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6) Have you had sex while under the influence of alcohol or drugs? Yes No7) Have you had sex with someone you did not know (anonymous)? Yes No8) Have you had sex with someone you met online or through a phone app? Yes No9) Have you given or received money or drugs for sex? Yes No10) Have you had sex with someone who injects drugs? Yes No11) 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 No12) Have you had a sexually transmitted disease (chlamydia, gonorrhea, syphilis, etc.)? Yes No13) Have you been tested for HIV? Yes No14) Do you plan to be tested for HIV today? Yes No15) Have you heard of PrEP (Pre-Exposure Prophylaxis) that can prevent a HIV infection? Yes No16) Have you ever taken or been prescribed PrEP? Yes No17) Are you interested in learning more about PrEP? Yes No**PLEASE SELECT WHAT BEST DESCRIBES YOU:**

Gender Identity	Sexual Orientation	Sex Assigned at Birth	Race (select all that apply)
<input type="radio"/> Man <input type="radio"/> Woman <input type="radio"/> Trans Man <input type="radio"/> Trans Woman <input type="radio"/> Non-Binary <input type="radio"/> Gender Queer <input type="radio"/> Gender Fluid <input type="radio"/> Not Listed <input type="radio"/> Prefer Not to Answer	<input type="radio"/> Straight/Heterosexual <input type="radio"/> Gay or Lesbian <input type="radio"/> Bisexual <input type="radio"/> Queer <input type="radio"/> Asexual <input type="radio"/> Pansexual <input type="radio"/> Not Listed <input type="radio"/> Prefer Not to Answer	<input type="radio"/> Male <input type="radio"/> Female <input type="radio"/> Intersex Hispanic Ethnicity <input type="radio"/> Hispanic or LatinX <input type="radio"/> Non-Hispanic <input type="radio"/> Prefer Not to Answer	<input type="radio"/> White <input type="radio"/> Black or African 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"/> Prefer Not to Answer

THIS SECTION TO BE COMPLETED BY STD CLINIC STAFF

Date Of Birth	Date Seen	Client Number																																				
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Tested for HIV This Visit? Yes No If yes, Serum RapidIf Rapid HIV test, result? Positive Negative Invalid

Place Barcode Label Level in Center of Area Below

Provider Code

0	0	1	S	0	1
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December 2019