HIV/STD/Hepatitis Risk Assessment

Client Name or ID _____ Date _____

Introduction to Client: *I am going to ask you a series of questions to assess your risk for sexually transmitted diseases, including hepatitis and HIV. These are very personal and intimate questions. In order to give you an accurate assessment of your health risks, I need to ask these questions and it's important that you answer as honestly and accurately as possible.*

PART ONE: INFECTION STATUS

1. To the best of your knowledge, do you now have or have you ever had any of the following?

Gonorrhea	❒ Yes	❒ No	❒ Don't know	If *no or don't know to all*, skip to Question 2
Chlamydia	❒ Yes	❒ No	❒ Don't know	
Syphilis	❒ Yes	❒ No	❒ Don't know	
Herpes	❒ Yes	❒ No	❒ Don't know	
Anal/Genital Warts or HPV	❒ Yes	❒ No	❒ Don't know	
Viral Hepatitis	❒ Yes	❒ No	❒ Don't know	

1a. If yes, are you currently being treated or were you previously treated for?

Gonorrhea	❒ Yes	❒ No	❒ Don't know	If *no or don't know*: ❒ Provide/refer to care for appropriate STD and/or hepatitis
Chlamydia	❒ Yes	❒ No	❒ Don't know	
Syphilis	❒ Yes	❒ No	❒ Don't know	
Herpes	❒ Yes	❒ No	❒ Don't know	
Anal/Genital Warts or HPV	❒ Yes	❒ No	❒ Don't know	
Hepatitis B	❒ Yes	❒ No	❒ Don't know	
Hepatitis C	❒ Yes	❒ No	❒ Don't know	

2. Have you been vaccinated for?

Hepatitis A	❒ Yes	❒ No	❒ Don't know	If *no or don't know to either:* ❒ Provide/refer to testing and vaccination
Hepatitis B	❒ Yes	❒ No	❒ Don't know	

3. When did you have your most recent HIV test?	❒ Never been tested Date of most recent test_____	If *never been tested*, skip to Question 4
3a. What was the result of your most recent test?	❒ Positive ❒ Negative ❒ Don't know	If *negative* or *don't know*, skip to Question 4
3b. If positive, have you seen a physician for HIV medical care in the last 6 months?	❒ Yes ❒ No	If *no*: ❒ Refer to HIV medical care

The purpose of this risk assessment tool is to help providers identify individuals at highest risk of acquiring and/or transmitting STDs, HIV and/or hepatitis in order to: 1) conduct appropriate testing, vaccination, health education and risk reduction counseling, and 2) provide referrals to staff/agencies/clinics that offer those services.

***For clients who are NOT KNOWN TO BE INFECTED with HIV, an STD, or hepatitis; or have completed treatment for a bacterial STD,* follow the questions below:**

OR

***For clients who ARE CURRENTLY INFECTED with HIV, hepatitis A or B, and/or an STD,* follow the questions below:**

PART TWO: SEXUAL RISK	
4. Have you had unprotected *oral* sex with <u>more than one partner</u> in the last year?	
❒ Yes ❒ No ❒ Don't know	If *yes or don't know*: ❒ Provide/refer to risk reduction counseling *and* ❒ Provide/refer to testing for STDs, and hepatitis A and B
5. Have you had unprotected *vaginal* sex with <u>more than one partner</u> in the last year?	
❒ Yes ❒ No ❒ Don't know	If *yes or don't know*: ❒ Provide/refer to risk reduction counseling *and* ❒ Provide/refer to testing for HIV, STDs, and hepatitis B
6. Have you had unprotected *anal* sex with <u>more than one partner</u> in the last year?	
❒ Yes ❒ No ❒ Don't know	If *yes or don't know*: ❒ Provide/refer to risk reduction counseling *and* ❒ Provide/refer to testing for HIV, STDs, and hepatitis A and B

Continue with Part Three on the following page

PART TWO: SEXUAL RISK	
4. Have you had unprotected *oral* sex with <u>anyone</u> in the last year?	
❒ Yes ❒ No ❒ Don't know	If *yes or don't know*: ❒ Provide/refer to risk reduction counseling *and* ❒ Provide/refer to testing for other possible sexually transmitted infections
5. Have you had unprotected *vaginal* sex with <u>anyone</u> in the last year?	
❒ Yes ❒ No ❒ Don't know	If *yes or don't know*: ❒ Provide/refer to risk reduction counseling *and* ❒ Provide/refer to testing for other possible sexually transmitted infections
6. Have you had unprotected *anal* sex with <u>anyone</u> in the last year?	
❒ Yes ❒ No ❒ Don't know	If *yes or don't know*: ❒ Provide/refer to risk reduction counseling *and* ❒ Provide/refer to testing for other possible sexually transmitted infections
If yes to any of the above:	❒ Emphasize the need for partner(s) to get tested for infection(s) that the client has

Continue with Part Three on the following page

Client Name or ID _____ Date _____

PART THREE: INJECTION HISTORY

7. Have you ever injected drugs or anything else, such as hormones, steroids, or non-prescription medications?

❒ Yes ❒ No

If *no*, skip to Question 12

If *yes*, continue with Questions 8, 9, 10 and:

❒ Provide/refer to risk reduction counseling

8. Have you been tested for HIV since the last time you injected? ***(Skip to Question 9 if client has HIV/AIDS)***

❒ Yes ❒ No ❒ Don't know

If *no or don't know*:

❒ Provide/refer to HIV testing

9. Have you been tested for hepatitis B since the last time you injected? ***(Skip to Question 10 if client has been vaccinated for hepatitis B)***

❒ Yes ❒ No ❒ Don't know

If *no or don't know*:

❒ Provide/refer to hepatitis B testing and vaccination

If *yes and client has never had hepatitis B*:

❒ Provider/refer to vaccination

If *yes and client still has hepatitis B and is not receiving treatment:*

❒ Provide/refer to treatment

10. Have you been tested for hepatitis C since the last time you injected? ***(Skip to Question 11 if client currently has hepatitis C)***

❒ Yes ❒ No ❒ Don't know

If *no or don't know*:

❒ Provide/refer to hepatitis C testing *and*

❒ Provide education on possibility of re-infection

If client is currently infected with HIV, hepatitis B, and/or hepatitis C, continue with Question 11
If not, skip to Question 12

11. Have you ever shared needles and/or other injection equipment?

❒ Yes ❒ No

If *yes*:

❒ Provide/refer to risk reduction counseling *and*

❒ Recommend that partner(s) get tested for infection(s) that client has

PART FOUR: OTHER QUESTIONS

12. These questions have focused on the highest risk behaviors. What questions or concerns do you have about these or other risk behaviors?

13. What questions or concerns do you have about another person's behaviors that might put you at risk?

Summary of Recommendations
Testing:
Vaccinations:
Risk Reduction Counseling:
Client Referrals:
Partner Referrals:
Other:

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