SEXUALLY TRANSMITTED INFECTION/HUMAN IMMUNODEFICIENCY VIRUS/ HEPATITIS RISK ASSESSMENT AND REDUCTION PLAN

NORTH DAKOTA DEPARTMENT OF HEALTH
SFN 58942 (6/2017)

Please fill in your answer or check the appropriate box.
All information is CONFIDENTIAL and will help us meet your needs.
Please use NORTH DAKOTA Contact Information

Date

Client Information

Name				Birth Date
Address				
City	State	Zip Code	Telephone Number	Country of Birth

Current Gender:
☐ Male ☐ Female ☐ Transgender – M2F ☐ Transgender – F2M ☐ Transgender - Unspecified

Gender at Birth:
☐ Male ☐ Female ☐ Transgender – M2F ☐ Transgender – F2M ☐ Transgender - Unspecified

Race:
☐ American Indian or Alaska Native ☐ Asian ☐ Black/African American ☐ Native HI/Pacific Islander ☐ White
☐ Other ☐ Don't Know ☐ Declined

Ethnicity: ☐ Hispanic ☐ Non- Hispanic

Risk Assessment

1. What would you like to be tested for?
   ☐ HIV ☐ Hepatitis C ☐ Chlamydia and Gonorrhea ☐ Syphilis ☐ All
2. How many people have you had sex with in your lifetime?
   ☐ 0 ☐ 1 – 5 ☐ 6 – 10 ☐ 11 – 20 ☐ 20+
3. How many people have you had sex with in the last 3 months?
   ☐ 0 ☐ 1 – 5 ☐ 6 – 10 ☐ 11 – 20 ☐ 20+
4. My sex partners are:
   ☐ Men ☐ Women ☐ Both Men and Women
5. Do you participate in **anal sex**? ☐ No ☐ Yes
   If yes, do you (check all that apply): ☐ Give (Top) ☐ Receive (Bottom)
   If yes, have you had anal sex with (check all that apply): ☐ Male ☐ Female ☐ Injection Drug User ☐ HIV + individual
6. Do you participate in **oral sex**? ☐ No ☐ Yes
   If yes, do you (check all that apply): ☐ Give (Top) ☐ Receive (Bottom)
   If yes, have you had oral sex with (check all that apply): ☐ Male ☐ Female ☐ Injection Drug User ☐ HIV+ individual
7. Do you participate in **vaginal sex**? ☐ No ☐ Yes
   If yes, have you had vaginal sex with (check all that apply): ☐ Male ☐ Female ☐ Injection Drug User ☐ HIV + individual
8. When you have sex, do you use condoms or other barrier?
   ☐ Always ☐ Most of the time ☐ Not that often ☐ Never
9. Do you currently or have you ever used drugs not prescribed by a doctor?
   ☐ No ☐ Yes If yes, method of drug use: ☐ Intravenous, IV ☐ Snort ☐ Smoke ☐ Ingest
10. Have you ever been tested for HIV?
    ☐ No ☐ Unknown ☐ Yes If yes: Date of previous test : Past Result: Positive/ Negative / Unk

11. Have you ever been tested for Hepatitis C?

☐ No ☐Unknown ☐ Yes If yes: Date of previous test： Past Result: Positive/ Negative / Unk

11. Check any sexually transmitted infection (STI), disease or condition you have had:

☐ Syphilis ☐ Chlamydia ☐ Genital/Sex Warts ☐ Hepatitis C ☐ Herpes
☐ Hepatitis A ☐ Hepatitis B ☐ Gonorrhea (Clap) ☐ Trichomonas (Trich) ☐ HIV

☐ **Men** – burning or drip from penis (not gonorrhea or chlamydia)
☐ **Women** – infection in your tubes/womb (PID). ☐ HPV/Abnormal PAP. When?

12. Could you be pregnant? ☐ Yes ☐ No ☐ Not Sure

13. Have ever received any of the following vaccines? (Check all that apply.)

☐ Hepatitis A ☐ Hepatitis B ☐ Hepatitis A & B Vaccine (TWINRIX) ☐ HPV ☐ Not Sure

14. What activities/behaviors do you do or have done in the past that might place you at risk for HIV/STI/hepatitis? (Check all that apply.)

☐ Engaged in unprotected sex
☐ Engaged in sex which caused bleeding
☐ Had sex partner infected with STI
☐ Had sex with HIV-positive individual
☐ Had sex with Hepatitis C positive individual
☐ Partner(s) had other partner(s)
☐ Had anonymous sex
☐ Shared sex toys
☐ Had sex under the influence of drugs/alcohol
☐ Had sex with someone who has injected drugs
☐ Had sex in exchange for money/drugs/food/clothing, etc.
☐ Experienced Violence in your home or relationships
☐ Were a Victim of sexual assault
☐ Had an occupational exposure
☐ Tattooing in non-sterile settings (i.e. home or jail)
☐ Received body piercing in non-sterile setting
☐ Snorted drugs (i.e., cocaine, speed meth, ecstasy)
☐ Shared straws while snorting drugs
☐ Used non-injecting drugs, like marijuana
☐ Injected drugs
☐ Shared drug needles and syringes
☐ Shared drug equipment or works
☐ Been in jail, prison or detention center
☐ Had a blood transfusion before 1992
☐ Received clotting factor before 1987
☐ Mother was infected with hepatitis B
☐ Lived with an individual infected with hepatitis B
☐ Other_____

15. What one thing do you think you can do to reduce your HIV/STI/hepatitis risk right now?

16. Are you willing to try to reduce your risk?

☐ Yes ☐ No

If no, what barriers are there? _____

17. What other services may be helpful?