

Patient: _____

Date of Birth: _____

Gender: Male Female Transgendered

Today's date: _____

Sexual Health Risk Assessment Form

Sexually transmitted diseases (STDs) raise the amount of HIV in the body and can make HIV easier to pass to another person. Alcohol and drugs can harm your immune system, stop HIV medications from working properly and increase side effects. To help your doctor help you stay healthy and lower your risk of passing HIV and STDs to others, please answer the following questions honestly. Your answers are entirely confidential.

1. Describe your relationship status:

a. **Monogamous relationship** (only one sex partner): Yes No

Please describe your partner: Male Female Transgendered

Do you have concerns that your partner may have other sex partners? Yes No

Do you have difficulty getting your partner to use a condom? Yes No

b. **More than one sex partner in the last 3 months:** Yes No

How many sex partners have you had in the last 3 months? Men Women Transgendered

c. **No relationship or sex partner in the last 3 months:** Yes No

2. Have you had any of these symptoms in the last 3 months? Yes No

- | | | |
|-----------------------------------|---------------------------|--------------------------|
| a. Discharge from penis/vagina | <input type="radio"/> Yes | <input type="radio"/> No |
| b. Burning feeling with urination | <input type="radio"/> Yes | <input type="radio"/> No |
| c. Sores on the genitals | <input type="radio"/> Yes | <input type="radio"/> No |
| d. Anal discharge or pain | <input type="radio"/> Yes | <input type="radio"/> No |
| e. Mucous or blood in stool | <input type="radio"/> Yes | <input type="radio"/> No |
| f. Throat sores or pain | <input type="radio"/> Yes | <input type="radio"/> No |
| g. Skin rash | <input type="radio"/> Yes | <input type="radio"/> No |

3. Have you been diagnosed with a sexually transmitted disease (STD) in the last 3 months? Yes No

a. If so, did you complete treatment? Yes No

IF YOU HAVE NOT HAD SEX IN THE LAST 3 MONTHS, SKIP TO QUESTION 7

4. In the last 3 months, have you given or received oral sex without a condom or dental dam? Yes No

5. In the last 3 months, have you had sex (sexual intercourse) without using a condom? Yes No

6. What is the HIV status of your sex partner(s) (mark all that apply)? Positive Negative Unsure

7*. In the last 3 months, have you used non-injection street drugs (i.e. marijuana, ecstasy, meth, crystal, speed, crack, cocaine)? Yes No

8. In the last 3 months, did alcohol or street drugs cause you to do risky activities (unprotected sex, needle sharing), even once? Yes No

9. Have you ever injected steroids, hormones, vitamins or street drugs? Yes No

7a. If yes, when was the last time you injected? _____

7b. Did you ever share needles? Yes No

10. In the last 3 months, how often did you tell a new sex or needle sharing partner your HIV status?

Never Sometimes Always No new partner in last 3 months

11. Would you be interested in help to inform your partner(s) of HIV exposure? Yes Maybe No