



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 Gender
- 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 heard of PrEP (Pre-Exposure Prophylaxis) that can prevent a HIV infection?  Yes  No
- 16) Have you ever taken or been prescribed PrEP?  Yes  No
- 17) 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  <b>Hispanic Ethnicity</b> <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

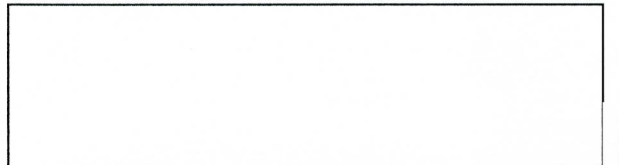
**THIS SECTION TO BE COMPLETED BY STD CLINIC STAFF**

<b>Date Of Birth</b>	<b>Date Seen</b>	<b>Client Number</b>
<input style="width: 20px;" type="text"/> / <input style="width: 20px;" type="text"/> / <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/>	<input style="width: 20px;" type="text"/> / <input style="width: 20px;" type="text"/> / <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/>	<input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <b>2 0 2 0</b> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/>

Tested for HIV This Visit?  Yes  No If yes,  Serum  Rapid

If Rapid HIV test, result?  Positive  Negative  Invalid

Place Barcode Label Level in Center of Area Below



Provider Code

**1 9 5 S 2 0**

December 2019