STD RISK ASSESSMENT QUESTIONNAIRE

All information is CONFIDENTIAL and will help identify the services you need.

Today’s date: ________________

Have you been seen in this STD clinic before? ☐ Yes ☐ No When? ________________

1. What is the reason for your visit? (check all that apply)
   ☐ Have symptoms
   ☐ No symptoms –STD testing/screening only
   ☐ Referred by another doctor or clinic
   ☐ Think you could be at risk for an STD/HIV
   ☐ Someone told you to come today
   ☐ Other: ________________

2. If you have symptoms, please check all that apply:
   ☐ Bleeding ☐ Pain ☐ Rash ☐ Discharge ☐ Sores/Blisters
   ☐ Warts ☐ Itch ☐ Problems with urination ☐ Other: ________________

3. Have you had sex in the last 6 months? ☐ Yes ☐ No
   With how many people? 1 2 3 4 5 6 7 8 9 10 more than 10

4. How many people have you had sex with in your lifetime?
   0 1 2 3 4 5 10 15 25 30 50 75 More than 100

5. When with new or non-steady partners, do you use a condom or barrier?
   ☐ Always ☐ Most of the time ☐ Sometimes ☐ Rarely ☐ Never

6. Have you had sex with: ☐ A man ☐ A woman ☐ Both ☐ Other ________________

7. Check all that apply
   ☐ Oral sex ☐ Vaginal sex
   ☐ Anal sex: ☐ Top (Insertive) ☐ Bottom (Receptive) ☐ Both

8. Have you ever experienced domestic violence? ☐ Yes ☐ No

9. Please list any medication(s) you are currently taking: _______________________

10. Please list any allergies to medication(s)?: _______________________

11. Have you ever exchanged drugs or money for sex? ☐ Yes ☐ No

12. Have you had sex with someone you know injects drugs? ☐ Yes ☐ No

13. Have you ever used a needle to inject drugs? ☐ Yes ☐ No

14. Have you had sex with someone you know has HIV/AIDS? ☐ Yes ☐ No

15. Have you used meth, speed, crank, crystal, cocaine, or crack in the last year? ☐ Yes ☐ No

16. Do you smoke cigarettes? ☐ Yes ☐ No

17. Have you ever been in jail or prison? ☐ Yes ☐ No

18. Do you have any tattoos? ☐ Yes ☐ No

19. Have you had the Hepatitis B vaccine? ☐ Yes ☐ No

20. How many HIV/AIDS tests have you had before today? _____

21. Have you ever been diagnosed with an STD? (check all that apply below and indicate when)
   ☐ Chlamydia ☐ Herpes ☐ Trichomonas (trich)
   ☐ Gonorrhea ☐ NGU/NSU ☐ HIV
   ☐ Genital Warts ☐ Syphilis ☐ Other:
   ☐ Never been diagnosed with an STD

22. Do you or your female sex partners use birth control? ☐ Yes ☐ No ☐ Not sure

23. If so, what birth control method(s) are used: _______________________

24. Would you like more information on birth control methods? ☐ Yes ☐ No

STI Education ☐ Yes ☐ No
MOC Education ☐ Yes ☐ No
Risk Reduction Education ☐ Yes ☐ No

Adolescent counseling done per protocol ☐ Yes ☐ No
E. C. provided/discussed ☐ Yes ☐ No
Condoms Dispensed ☐ Yes ☐ No
TSE ☐ Yes ☐ No

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