

**SAGINAW COUNTY DEPARTMENT OF PUBLIC HEALTH
PERSONAL AND PREVENTIVE HEALTH SERVICES**

HIV RISK ASSESSMENT

This questionnaire will help us determine if you are at risk for getting the HIV virus. Please answer all questions honestly. Thank you.

	YES	NO	UNSURE
1. Have you or any sexual partner had a blood transfusion between 1978 and 1985?	___	___	___
2. Have you or <u>any</u> sexual partner ever used IV drugs and/or shared needles to shoot up?	___	___	___
3. Have you <u>ever</u> had more than one sex partner?	___	___	___
4. Have you <u>ever</u> had sex with a person you didn't know well?	___	___	___
5. Have you <u>ever</u> had sex with a man who might have had sex with both men and women?	___	___	___
6. Have you <u>ever</u> had a sexually transmitted disease (STD)?	___	___	___
7. Have you <u>ever</u> exchanged sex for drugs or money?	___	___	___
8. Have you been exposed to the blood of someone who may be HIV positive?	___	___	___
9. Have you <u>ever</u> been a victim of sexual assault (rape)?	___	___	___
10. Have you <u>ever</u> had a health care exposure to blood or other body fluids?	___	___	___
11. Are you starting a new relationship?	___	___	___
12. Have you had a possible or recent risk exposure?	___	___	___
13. Have you been referred by another agency or health care provider?	___	___	___
14. Did your partner, friend or family member suggest you get tested?	___	___	___
15. Have you been court ordered to test?	___	___	___
16. Do you think you are at a high risk for getting HIV?	___	___	___