SAGINAW COUNTY HEALTH DEPARTMENT
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.

1. Have you or any sexual partner had a blood transfusion between 1978 and 1985?  YES  NOT  UNSURE
2. Have you or any sexual partner ever used IV drugs and/or shared needles to shoot up?  YES  NOT  UNSURE
3. Have you ever had more than one sex partner?  YES  NOT  UNSURE
4. Have you ever had sex with a person you didn’t know well?  YES  NOT  UNSURE
5. Have you ever had sex with a man who might have had sex with both men and women?  YES  NOT  UNSURE
6. Have you ever had a sexually transmitted disease (STI)?  YES  NOT  UNSURE
7. Have you ever exchanged sex for drugs or money?  YES  NOT  UNSURE
8. Have you been exposed to the blood of someone who may be HIV positive?  YES  NOT  UNSURE
9. Have you ever been a victim of sexual assault (rape)?  YES  NOT  UNSURE
10. Have you ever had a health care exposure to blood or other body fluids?  YES  NOT  UNSURE
11. Are you starting a new relationship?  YES  NOT  UNSURE
12. Have you had a possible or recent risk exposure?  YES  NOT  UNSURE
13. Have you been referred by another agency or health care provider?  YES  NOT  UNSURE
14. Did your partner, friend or family member suggest you get tested?  YES  NOT  UNSURE
15. Have you been court ordered to test?  YES  NOT  UNSURE
16. Do you think you are at a high risk for getting HIV?  YES  NOT  UNSURE
17. How / where have you met your sex partners? (Circle all that apply)
   Internet  Apps  Friends  Work  School  Neighborhood  Parks  Street  Bars/Clubs
   Sex Workers/Prostitutes  Other___________________________

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