

ECONOMIC SECURITY CORP / WOMEN'S HEALTH CARE
302 JOPLIN, JOPLIN, MO. 64801
PHONE 417-781-4788

HIV RISK ASSESSMENT

Name _____ Date _____

1. Have you ever received any blood, blood products, body organs or tissue?
If yes, when _____
Yes _____ No _____
2. Do you have hemophilia or any type of clotting disorder? Yes _____ No _____
3. Have you ever had sexual contact or shared an IV needle with a hemophiliac?
Yes _____ No _____
4. To your knowledge have you ever had sexual contact or shared needles with anyone who had AIDS or HIV infection (the AIDS virus) or who later developed AIDS or HIV infection?
Yes _____ No _____
5. To your knowledge, have you ever had sex with a known or suspected IV drug user? Yes _____ No _____
6. Have you ever used IV drugs? Yes _____ No _____
7. Have you ever had sex for money or drugs? Yes _____ No _____
8. Have you ever had sex or shared needles with a prostitute? Yes _____ No _____
9. Have you ever had sex with a homosexual/bisexual person? Yes _____ No _____
10. Are you currently pregnant? Yes _____ No _____
11. Have you ever had a sexually transmitted infection (Chlamydia, gonorrhea, syphilis)?
Yes _____ No _____
12. Over the past *60 days*, approximately how many sex partners have you had?
_____ None
_____ One
_____ More than one
_____ More than five
_____ More than ten
_____ More than fifteen
13. Does your partner have other partners? Yes _____ No _____