

Genesee County Health Department Risk Assessment

Date of birth: _____ Sex: female male

Do you have any symptoms (**check all that apply**)

- None Abdominal pain Vaginal discharge Penile discharge Pain with urination Sore throat
 Anal symptoms Other Don't Know

Have you had Gonorrhea in the last 12 months? Yes No Unknown

Have you had Chlamydia in the last 12 months? Yes No Unknown

Have you had Syphilis in the last 12 months? Yes No Unknown

Have you ever had any other STDs? Yes No Other If yes, please specify _____

I use condoms: Always Sometimes Never

What type of sex do you have? (**check all that apply**) Vaginal Oral Anal

Who have you had sex with in the last 12 months Women Men Both

How many men have you had sex with in the last: 3 months _____? 12 months _____?

How many women have you had sex with in the last: 3 months _____? 12 months _____?

Have you used drugs in the last 12 months? Yes No Unknown

If yes, what type? IV drugs Non-IV drugs Please specify type _____

Have you engaged in any of these activities in the last 12 months? (**check all that apply**)

- Given money or drugs for sex Received money or drugs for sex Have sex while intoxicated or high
 Have sex with anonymous partners Had casual sex Had a one night stand

Have any of your partners had these risks in the last 12 months? (**check all that apply**)

- Has had a STD Uses drugs Is a man who has sex with men Has sex while drunk or high
 Injects drugs Exchanged money or drugs for sex Is HIV positive

How did you meet partners in the last 12 months? (**check all that apply**)

- Bars/clubs Neighborhood Work Personal ads/phone services
 Through sex workers (prostitutes) Parks Internet Street Friends/family

Have you been to jail, prison, or juvenile detention in the last 12 months? Yes No Unknown

Do you know your HIV status? Positive Negative Never tested Tested but didn't get results, if tested, when was the last time you had an HIV test? _____ Where _____