**Sexual Risk Assessment**

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| **Questions** | **Comments** |
| 1. What brings you in for testing today? |  |
| 2. What do you think your risk is for HIV or Hepatitis C? |  |
| 3. Are you using any prevention methods currently? E.g. Condoms, PrEP, Treatment as Prevention or Tasp |  |
| 4. If you use condoms, how often do you use them? Who decides whether you use condoms? You/Your Partner(s)/Both? |  |
| 5. Have you heard of the phrase “Undetectable equals Uninfectious / U equals U”? |  |
| 6. Have you heard of PrEP before? Have you taken PrEP? If you did, and you are not taking it now, why not? Was there a change in your habits? |  |
| 7. Have you ever been diagnosed or treated for STIs in the past? |  |
| 8. Have you had a scare in the past where you thought you may have been exposed to HIV? What happened? |  |
| 9. Have you ever had transactional sex? (Housing, food, money, non-prescribed substances) |  |
| 10. Do you ever have sex after consuming alcohol or using non-prescribed substances? Have you ever shared injection drug equipment with someone else? Have you been tested for Hep B/C? Vaccinated for A/B? |  |
| 11. How many sexual partners do you currently have? How many people have you had sex with in the last 6 months? |  |
| 12. How do your sexual partners identify? E.g. men, women, transgender Female-to-Male/Male-to-Female? |  |
| 13. What body parts do you use when you have sex? |  |
| 14. Do you engage in receptive (bottom) or insertive (top) sex? |  |
| 15. After our discussion, what do you think your risk is of acquiring HIV or Hepatitis C? |  |