



PERFORMING A SEXUAL RISK ASSESSMENT

Past STIs/Personal risk	<ul style="list-style-type: none">• Are you currently sexually active? If not, have you ever been sexually active?• Have you had vaginal, oral or anal sex without a condom?• Have you ever been diagnosed with an STI?• Have you ever been tested for HIV or other STIs?• Have you had sex with someone who has an STI/HIV?• Have you had a new sex partner in the past three months?• Have you had more than one sex partner?• Have you had sex with someone who may have had more than one partner?• Have you exchanged sex for drugs, money and/or other things?	
Partners	<ul style="list-style-type: none">• In recent months, how many sex partners have you had?• Have you had sex with men, women or both?	
Practices	<ul style="list-style-type: none">• Do you have vaginal sex (penis in vagina)?• Do you have anal sex (penis in anus/butt)?• Do you have oral sex (mouth on penis, vagina or vulva)?• Have you ever used needles to inject/shoot drugs?	
Prevention	<ul style="list-style-type: none">• What do you do to prevent STIs and HIV?• Do you and your partner(s) use any protection against STDs?• If so, what kind of protection do you use?• How often do you use this protection?• In what situations or with whom?• Tell me about your use of condoms with your recent partner.	
Pregnancy plans and prevention	<ul style="list-style-type: none">• How would it be for you if you get pregnant now?	