

**SAGINAW COUNTY DEPARTMENT OF PUBLIC HEALTH  
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.**

	YES	NO	UNSURE
1. Have you or any sexual partner had a blood transfusion between 1978 and 1985?	___	___	___
2. Have you or <u>any</u> sexual partner ever used IV drugs and/or shared needles to shoot up?	___	___	___
3. Have you <u>ever</u> had more than one sex partner?	___	___	___
4. Have you <u>ever</u> had sex with a person you didn't know well?	___	___	___
5. Have you <u>ever</u> had sex with a man who might have had sex with both men and women?	___	___	___
6. Have you <u>ever</u> had a sexually transmitted disease (STD)?	___	___	___
7. Have you <u>ever</u> exchanged sex for drugs or money?	___	___	___
8. Have you been exposed to the blood of someone who may be HIV positive?	___	___	___
9. Have you <u>ever</u> been a victim of sexual assault (rape)?	___	___	___
10. Have you <u>ever</u> had a health care exposure to blood or other body fluids?	___	___	___
11. Are you starting a new relationship?	___	___	___
12. Have you had a possible or recent risk exposure?	___	___	___
13. Have you been referred by another agency or health care provider?	___	___	___
14. Did your partner, friend or family member suggest you get tested?	___	___	___
15. Have you been court ordered to test?	___	___	___
16. Do you think you are at a high risk for getting HIV?	___	___	___