

# HIV Risk Questionnaire



**Testing for HIV is recommended for everyone. This questionnaire is designed to help you and your health care provider decide if you should be tested for HIV. Please note that the information collected in this questionnaire is private between you and your health care provider.**

<b>1a</b> Have you ever been tested for HIV?	Yes	No	I Don't Know
<b>1b</b> If "Yes," what is the date of the most recent test?	Date:		
<b>2</b> Are you a man who has had sex with another man?	Yes	No	
<b>3</b> Are you a transgender woman?	Yes	No	
<b>4</b> Have you had sex – anal or vaginal – with a partner who has HIV?	Yes	No	
<b>5</b> Have you had more than one sex partner since your last HIV test?	Yes	No	
<b>6</b> Have you exchanged sex for drugs or money?	Yes	No	
<b>7</b> Have you ever used any illicit or recreational drugs?	Yes	No	
<b>8</b> Have you ever shared needles, syringes, or other injection equipment (cookers, water, cotton) with others?	Yes	No	
<b>9</b> Have you had sex with someone who could answer yes to any of these questions or someone whose sexual history you do not know?	Yes	No	
<b>10a</b> To the best of your knowledge, do you have or have you ever had any of the following conditions: <ul style="list-style-type: none"> <li>• Syphilis</li> <li>• Chlamydia</li> <li>• Gonorrhea</li> <li>• Herpes</li> <li>• Anal/genital warts or human papillomavirus (HPV)</li> <li>• Viral hepatitis</li> </ul>	Yes	No	
	Yes	No	
	Yes	No	
	Yes	No	
	Yes	No	
	Yes	No	
<b>10b</b> If "Yes," are you currently being treated or were you previously treated for any of the above conditions?	Yes	No	
<b>11</b> Have you ever been vaccinated for: <ul style="list-style-type: none"> <li>• Hepatitis A</li> <li>• Hepatitis B</li> </ul>	Yes	No	
	Yes	No	