



## PERFORMING A SEXUAL RISK ASSESSMENT

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