NORTH Dakota | Health & Human Services
Be Legendary.

STI/HIV/VIRAL HEPATITIS RISK ASSESSMENT

North Dakota Department of Health
Division of Sexually Transmitted and Bloodborne Diseases
SFN 58942 (Rev. 08/2021)

Please fill in your answer or check the appropriate box.
All information is CONFIDENTIAL and will help us meet your needs.
Please use NORTH DAKOTA Contact Information

Session Date:

Client Information

First Name	Last Name	Birth Date
Address	City	State
County / Zip Code / Telephone Number		Country of Birth ☐ USA ☐ Other _____

Current Gender Identity : ☐ Male ☐ Female ☐ Transgender Female ☐ Transgender Male ☐ Another Gender _____

Assigned Sex at Birth: ☐ Male ☐ Female ☐ Refused

Race: ☐ American Indian ☐ Asian ☐ Black/African American ☐ Native Hawaiian/Pacific Islander ☐ White

Ethnicity: ☐ Hispanic or Latino ☐ Not Hispanic or Latino

Testing & Previous Testing History

1. What would you like to be tested for?
   ☐ HIV ☐ Hepatitis C ☐ Chlamydia and Gonorrhea ☐ Syphilis ☐ All

2. Have you ever been tested for HIV?
   ☐ No ☐ Unknown ☐ Yes **If yes**: Date Tested: _____ **Result**: Positive/Negative/Unknown

3. Have you ever been tested for Hepatitis C?
   ☐ No ☐ Unknown ☐ Yes **If yes**: Date Tested: _____
   Result: Positive Antibody/Positive RNA/Positive/Negative/Unknown

4. Check any sexually transmitted infection (STI), disease or condition you have had:
   ☐ Syphilis ☐ Chlamydia ☐ Genital/Sex Warts ☐ Hepatitis C ☐ Herpes
   ☐ Hepatitis A ☐ Hepatitis B ☐ Gonorrhea (Clap) ☐ Trichomonas (Trich) ☐ HIV
   ☐ **Men** – burning or drip from penis (not gonorrhea or chlamydia)
   ☐ **Women** – infection in your tubes/womb (PID). ☐ HPV/Abnormal PAP. When?

5. Could you be pregnant? ☐ Yes ☐ No ☐ Not Sure

Vaccination History

6.Have ever received any of the following vaccines? (Check all that apply.)
☐ Hepatitis A ☐ Hepatitis B ☐ Hepatitis A & B Vaccine (TWINRIX) ☐ HPV ☐ Not Sure

For Nursing Staff Use Only:
Immunizations Verified to be Up To Date: ☐ Hepatitis A ☐ Hepatitis B ☐HPV
Immunizations Provided at Visit: ☐ Hepatitis A ☐ Hepatitis B ☐ HPV

Please complete this risk history by indicating which activities/behaviors you do or have done in the past that might place you at risk for HIV/STI/Viral Hepatitis.

Sex Partners and Behaviors in your Lifetime

1. I have had sex with (Check All That Apply): ☐ Males ☐ Females ☐ Transgender Individuals
2. Have you ever injected drugs that were not prescribed by a doctor? ☐ No ☐ Yes
3. Have you ever used non-injection drugs that were not prescribed by a doctor? ☐ No ☐ Yes

Current Sex Partners and Behaviors Last 12 Months or Since Last Sexual Encounter Unless Otherwise Specified

4. How many people have you had sex with in the past **60 days**? ☐ 0 ☐ 1 – 2 ☐ 3 – 5 ☐ >5
5. My current sex partners are (Check All That Apply): ☐ Males ☐ Females ☐ Transgender Individuals
   ☐ I have never had sex (Skip to Question 9)

   Number of **Male** Partners in the Last 5 Years: _____

   Number of **Female** Partners in the Last 5 Years: _____

   Number of **Transgender** Partners in the Last 5 Years: _____
6. How often do you use **condoms**/other protection? ☐ Always ☐ Most of the Time ☐ Not that Often ☐ Never
7. Have you had **anal sex**? ☐ No ☐ Yes If Yes, type: ☐ top/giving ☐ bottom/receiving
8. Have you had **oral sex**? ☐ No ☐ Yes If Yes: type: ☐ perform ☐ bottom/receive
9. Have you injected drugs not prescribed by a doctor in the last 12 months? ☐ No ☐ Yes
   - Have you ever shared injection drug equipment? ☐ No ☐ Yes
10. Have you used non-injection drugs not prescribed by a doctor in the last 12 months? ☐ No ☐ Yes
11. Have you had anonymous sex partners? (ex. used dating apps or met at bar) ☐ Yes ☐ No ☐ Unknown

Additional Risk Factors

12. **What activities/behaviors do you do or have done in the past that might place you at risk for HIV/STI/Hepatitis? (Check all that apply.)**

☐ Exchange sex for drugs/money
☐ Sex with someone diagnosed with a STI
☐ Previously diagnosed with STI
☐ Sex under influence of drugs or alcohol
☐ Sex with multiple parnters
☐ Sex with person living with HIV
☐ Sex with someone who exchanges sex for drugs/money
☐ Victim of sexual assault
☐ From Endemic HIV Region
☐ Victim of human/sex trafficking
☐ Had sex with a person who injects drugs
☐ Have HIV infection
☐ Received clotting factor before 1987
☐ Had a blood transfusion or organ transplant before 1992
☐ Abnormal liver tests
☐ Mother had HCV infection
☐ Family member HCV positive
☐ Receiving long-term hemodialysis
☐ Received tattoos or body piercings in a non-sterile setting
☐ Had sex with someone who has HCV positive
☐ Baby boomer screening (born 1945 – 1965)
☐ Patient requested testing

13. **What one thing do you think you can do to reduce your HIV/STI/Viral Hepatitis risk right now?**