



PERFORMING A SEXUAL RISK ASSESSMENT

<p>Past STDs/Personal risk</p>	<ul style="list-style-type: none"> • Are you currently sexually active? If not, have you ever been sexually active? • Have you had unprotected vaginal, oral or anal sex? • 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? • 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? 	
<p>Partners</p>	<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? 	
<p>Practices</p>	<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 (penis in mouth or vagina/vulva)? • Have you ever used needles to inject/shoot drugs? 	
<p>Prevention</p>	<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. 	
<p>Pregnancy plans and prevention</p>	<ul style="list-style-type: none"> • How would it be for you if you get pregnant now? 	

