Please complete this form—it will help your counselor measure your risk for HIV. If you don’t know an answer or feel uncomfortable with a question, leave it blank. Your counselor will review this with you during your session.

**Personal Information** – Please answer the questions below.

<table>
<thead>
<tr>
<th>Date of Birth: _______________</th>
<th>County Where You Live: _______________</th>
<th>Zip Code: _______________</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>☐ 13-19</td>
<td>☐ 20-24</td>
<td>☐ 25-34</td>
</tr>
<tr>
<td>☐ 25-34</td>
<td>☐ 35-49</td>
<td>☐ 50 or over</td>
</tr>
</tbody>
</table>

**Race & Ethnicity:** *(Select ALL that apply)*
- ☐ American Indian/Native Alaskan
- ☐ Asian
- ☐ Black/African American
- ☐ Native Hawaiian/Pacific Islander
- ☐ Hispanic/Latinx
- ☐ Non-Hispanic/Latinx

**Current Gender Identity:**
- ☐ Male
- ☐ Female
- ☐ Trans/Nonbinary

**Sexual Health Information** – Please answer questions 1-11 below.

1. Are you pregnant? ☐ Yes ☐ No ☐ Don’t Know ☐ N/A

2. Have you ever been tested for HIV? ☐ Yes ☐ No
   - **Date of Last Test:** _______________
   - **Result:** ☐ Positive ☐ Negative ☐ Don’t Know

3. Have you ever heard of PrEP or PEP? ☐ Yes, PrEP ☐ Yes, PEP ☐ No

4. Are you currently taking PrEP or PEP? ☐ Yes, PrEP ☐ Yes, PEP ☐ No

5. Have you taken PrEP in the last year? ☐ Yes ☐ No

6. Were you told by a Local Health Department that you may have been exposed to HIV? ☐ Yes ☐ No ☐ Don’t Know

7. Are any of your sex or injection partners HIV+? ☐ Yes ☐ No ☐ Don’t Know

8. IF you have a sex or injection partner who is HIV+, are they on treatment?
   - ☐ Yes ☐ Don’t Know ☐ N/A (no HIV+ partners)

9. Have you had an STI in the past 12 months?
   - Syphilis ☐ Yes ☐ No ☐ Don’t Know
   - Other ☐ Yes ☐ No ☐ Don’t Know

10. Have you injected or shot up any drugs in the past 12 months?
    - ☐ Yes, prescribed to me
    - ☐ Yes, drugs not prescribed to me
    - ☐ No

11. IF you’ve injected or shot up, have you shared needles or equipment?
    - ☐ Yes ☐ No
    - ☐ Don’t inject drugs

**Sexual Partner History** – Please answer questions 12-17 about your sexual partners.

12. About how many partners have you had in the last 12 months? _______________

13. Were any anonymous, or someone you didn’t know? ☐ Yes ☐ No

14. Tell me about your sexual activity for the past 12 months:

<table>
<thead>
<tr>
<th>My partners were...</th>
<th>Condom use was...</th>
<th>My position(s) were...</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Always</td>
<td>Sometimes</td>
</tr>
<tr>
<td>Men</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Women</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Trans/Nonbinary</td>
<td>☐</td>
<td>☐</td>
</tr>
</tbody>
</table>

| Individuals         | ☐      | ☐         | ☐     | ☐       | ☐                  | ☐                     |

Updated 1.30.2020
15. Do your partners inject or shoot-up any drugs?  
☐ Yes  ☐ No  ☐ Don’t Know

16. Have any of your partners had an STI in the last 12 months?  
<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
<th>Don’t Know</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
</tbody>
</table>

17. If your partner(s) have sex with other people, do they have sex with...  
☐ Gay/Bi Men  ☐ Women  ☐ Trans/Nonbinary individuals  ☐ Straight Men  ☐ N/A (No other Partners)  ☐ Don’t Know

Additional Information: Please answer questions 18-29 about needs you may have.

18. Do you have health insurance?  
☐ Yes  ☐ No

19. If you are HIV positive, are you currently seeing a medical provider for treatment?  
☐ Yes  ☐ No  ☐ N/A

20. Do you have trouble taking a daily medication?  
☐ Yes  ☐ No

21. Do you have any mental health concerns?  
☐ Yes  ☐ No

22. Do you use drugs or drink alcohol?  
☐ Yes  ☐ No

23. Do you have any untreated STIs?  
☐ Yes  ☐ No

24. What is your current employment status?  
☐ Employed, not looking for work  ☐ Part-time, seeking full-time work  ☐ Unemployed, looking for work  ☐ Other: ________________________________

25. Do you have reliable transportation?  
☐ Yes  ☐ No

26. Do you have any immediate housing needs?  
☐ Yes  ☐ No

27. Do you feel safe in your relationship?  
☐ Yes  ☐ No  ☐ N/A

28. Does your partner pressure you into having sex?  
☐ Yes  ☐ No

29. Do you ever exchange sex for money or drugs or something you need?  
☐ Yes  ☐ No

Section Only Completed by HIV Test Counselor

Client or partners come from an Ohio population prioritized for testing? (see score sheet for list)  
☐ Y

Considered to be at-risk? (circle)  
<table>
<thead>
<tr>
<th>Y</th>
<th>N</th>
</tr>
</thead>
</table>

Total Risk Score: ____________________

If test offered to client with score below 50, justify here: ________________________________

OpScan 5 year questions: In past 5 years...  
☐ had sex with woman?  ☐ Y  ☐ N  ☐ with man?  ☐ Y  ☐ N  ☐ with trans person?  ☐ Y  ☐ N  ☐ injected drugs?  ☐ Y  ☐ N

Referral provided for:  
☐ PrEP  ☐ Health Benefits Navigation  ☐ Linkage to HIV Medical Care  
☐ Mental Health Services  ☐ Substance Use Treatment  
☐ Housing  ☐ Transportation  
☐ DV/IPV Intervention  ☐ Employment Services  
☐ Perinatal Support  ☐ PAPI Enrollment

Service provided:  
☐ Risk Reduction Intervention  ☐ PrEP Navigation  ☐ Linkage to HIV Medical Care  
☐ Health Benefits  ☐ Medication Adherence Support  
☐ PAPI Enrollment

STOP HERE. YOU HAVE REACHED THE END OF THE RISK ASSESSMENT.

Updated 1.30.2020