

STD/HIV Risk Screening and Intervention Tool

Questions/Risk Factors	YES	NO
1. Have you had a blood transfusion or received any blood products prior to 1985? <i>Blood exposure?</i>		
2. Have you ever had a job that exposed you to blood or other body fluids? Like a nursing home or a day care or hospital? Doctor's office? Funeral Home? <i>Occupational exposure?</i>		
3. Your medical history tells me that you (do or do not have) the free bleeding disease called Hemophilia. Is that correct? <i>Has Hemophilia?</i>		
4. Has the use of alcohol or any other drug ever caused you to do things sexually that you normally would not do? <i>Risky use of alcohol or non-IV drugs?</i>		
5. Have you ever put drugs of any type into your veins? <i>Ever an IV drug user?</i>		
6. Have you ever had any type of infection of the sex organs? <i>History of STDs?</i>		
7. Think about the first time you had sex. (Since your last HIV test?) Have you had sex with more than one partner since then? What about your current partner? <i>Multiple Sex Partners?</i>		
8. Some women and some men use sex to get things they need. Have you ever had to do this?		
9. Have you ever been hit, kicked, slapped, pushed or shoved by your partner? <i>History of Abuse?</i>		
10. Some women/men prefer sex with men, some with women and some with both. What type of partner do you prefer? Circle One: Man Woman Both		
11. As far as you know , have you ever had sex with someone who		
a. was a free bleeder or Hemophiliac?		
b. had HIV or AIDS or an STD?		
c. was a man who had sex with men?		
d. used IV drugs or put drugs into their veins?		
e. was a prostitute - either male or female?		
NOTE: For screening after a previous negative HIV test, ask, "Since your last HIV test ..."		

Documentation instructions and explanations:

<ol style="list-style-type: none"> 1. Yes or No. Blood transfusion prior to 1985 places the person at risk for HIV/AIDS. 2. Yes or No. Any profession that exposes the patient to body fluids creates a risk for HIV/AIDS. 3. Yes or No. Yes, if the patient has Hemophilia; No, if does not have the disease. Hemophilia itself does not create risk for HIV, but the use of blood and blood products by the patient does create risk for HIV/AIDS. 4. Yes or No. Use of alcohol or non-IV drugs in a setting/manner that results in sexual risk taking places a person at risk for both STDs and HIV. 5. Yes or No. IV drug use is a risk factor for HIV specifically. 6. Yes or No. A history of any STD places the patient at risk for another STD including HIV/AIDS. 7. Yes or No. Having more than one partner places a patient at risk for both STDs and HIV, unless the partners were prior to 1978. 8. Yes or No. Exchanging sex for anything places a person at risk for both HIV and STDs. 9. Yes or No. Any type of abuse or coerciveness that the patient has experienced places the patient at risk for both HIV and STDs , 10. Circle the appropriate choice. Male homosexuality and/or male bisexuality are risk factors for HIV/AIDS. 11. a-e. Yes or No. Any Yes answer is considered a risk factor for both STDs and HIV/AIDS.
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Intervention Documentation: Circle the intervention taken

Level I: - No risk factors identified – No counseling required. Offer “STDs – Don’t...” Handout – because “sometimes we change”. HIV testing w/counseling is optional – at patient request.

Level II: Risks are related to blood products exposure ONLY – Recommend HIV test. Inform of need for and explain universal precautions. Use “STDs – Don’t...” handout.

Level III: Any other risk factor present - significant risk exists. Recommend strongly the HIV test. Test for other STDs as CI. Provide prevention counseling about need for change in (specifically identified) habits and importance of protected sex. Use “STDs – Don’t...” handout. Provide skill training in use of condom and in negotiation skills.

Remember: All patients should be given information the handout, “Facts about HIV and HIV testing.”

Documentation of HIV testing:

HIV Testing Done

NO HIV Test drawn
IF Patient declined, why? Circle One
 * I am not at risk,
 * Do not want to know,
 * Other

Follow-up Notes:

Signature/title of counselor _____ Date _____

HIV Post Test Counseling

HIV Test Results: Date _____

HIV positive

- Test results explained
- Provided emotional assistance related to test result
- Explained need to notify partners/contacts
- Offered options for partner notification
- Stressed need for transmission prevention
- Explained need for early medical evaluation & treatment

HIV Negative

- Test results explained
- Counseled re need for safe sex practices
- Scheduled for retest on _____

Indeterminate

- Test results explained
- Counseled re need for safe sex practices
- Scheduled for retest on _____

<p>Referrals made:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Mental Health _____ <input type="checkbox"/> Partner notification services _____ <input type="checkbox"/> Other Health Care Provider _____ <input type="checkbox"/> Social Services _____ <input type="checkbox"/> Retesting _____ <input type="checkbox"/> Other _____ 	<p>Retest Results (Date) _____</p>
	<p>Positive _____ Negative _____ Indeterminate _____</p> <p>Follow-up Notes:</p>

Additional Post- test counseling

Reason:

Points covered:

Signature/title of counselor _____ Date _____