

# HIV Risk Assessment

## A Quick Reference Guide

**Mountain Plains AIDS Education  
and Training Center**



## Conducting a Risk Assessment

Risk assessment specific to sexually transmitted and blood borne diseases is critical in the era of HIV infection. Risk assessment should be done on a regular basis and with every new patient. Sexual and drug use risks should be determined along with other risks during routine history taking.

Below is a list of key questions. Any “yes” response requires further assessment.

- **Have you ever had a blood transfusion? Have you ever received any other kind of blood product? Before 1985? (If yes, refer to section C.)**
- **Do you now or have you ever shared injection equipment? (If yes, refer to section A.)**
- **Are you now or have you ever been sexually active? (If yes, refer to section B.)**

Information on this card, individualized to the patient, can help determine the patient’s risk for HIV and need for HIV testing.

- ◆ **Begin by assuring confidentiality and telling the patient why asking these questions is important:**
  - “I am going to ask some personal questions. I ask them of all my patients to help me provide the best possible care. All of your responses will remain confidential. Is that okay with you?”
- ◆ **Ask direct questions about specific behaviors:**
  - ? “When was the last time you. . .?”
  - ? “How often do you. . .?”
  - ? “Have you ever exchanged sex for money or drugs?”
- ◆ **Exploratory questions may help (especially with teenagers):**
  - ? “Do your friends use condoms?”
  - ? “What happens at parties?”
  - ? “How easy is it to get drugs?”
- ◆ **Honest responses may be more forthcoming if the behaviors are normalized:**
  - ? “Some of my patients who use drugs inject them. Do you inject drugs?”
  - ? “Sometimes people have anal intercourse. Have you ever had anal intercourse?”

- ◆ **It is important to be non-judgmental and non-moralistic.** Injection drug use is illegal in the U.S., and many patients are reluctant to be truthful unless trust is established.
- ◆ **Start with less threatening questions:**
  - ? “What over-the-counter or prescription medications are you taking?”
  - ? “How often do you use alcohol? tobacco?”
  - ? “Have you ever used drugs from a non-medical source?”
  - ? “Have you ever injected any kind of drug?”
- ◆ **Do not assume anything.** Drug use occurs in all socioeconomic strata. Don’t forget that people also inject things like insulin and steroids. Any sharing, even one time, can result in HIV exposure.
- ◆ **Look for other clues in the history and physical:** antisocial behavior, recurrent criminal arrests, needle tracks.
- ◆ **If there is a positive history of drug injection use, get more information:**
  - ? “Do/Did you share needles/other equipment?”
  - ? “Is/was the equipment you use(d) clean?  
How did you know it was clean?”
  - ? “What drugs did you inject?”



**Follow up a positive responses with a clinical risk assessment. (Section C)**

- ◆ **Direct and non-judgmental questions are best:**
  - ? “Do you have sex with men, women or both?”
  - ? “Do you have oral sex? vaginal sex? anal sex?”
  - ? “What do you know about the sexual activities of your partners?”
  - ? “What do you do to protect yourself during sex?”
  - ? “When was the last time you had unprotected sex?”
  - ? “Do you use condoms? How often?”
  - ? “Have you ever had sex with someone you didn’t know or just met?”
  
- ◆ **Ask for an explanation of sexual practices:**
  - ? “When you say you had sex, what exactly do you mean?”
  - ? “I don’t know what you mean, could you explain. . .?”
  
- ◆ **Do not assume anything.**
  - Marriage does not always mean an individual is monogamous or heterosexual.
  - People who identify as homosexual may also have heterosexual sex.
  
- ◆ **Use specific terms:**
  - Use “men who have sex with men” or “women who have sex with women” instead of gay. (Some men do not consider themselves “gay” if they practice anal insertive intercourse, but their receptive partners are considered to be gay.)

**Follow up a positive responses with a clinical risk assessment. (Section C)**

In addition to obtaining the history of risk factors, a basic medical history to elicit symptoms of early HIV infection is essential.

- ◆ **Include HIV in the differential diagnosis.**
- ◆ **Assess the patient for constitutional signs, history of chronic infection and HIV, and associated problems:**
  - Headaches
  - Diarrhea
  - Fatigue
  - Shingles
  - History of STD, hepatitis, or TB
  - Fever, chills, night sweats
  - Skin lesions
  - Weight loss
  - Oral Thrush
  - Generalized Lymphadenopathy

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