

# STD HIV *Risk* Assessment

A Quick Reference Guide

Mountain Plains AIDS Education  
and Training Center and  
Seattle STD/HIV Prevention Training Center

**SEATTLE**  
**STD/HIV** Prevention Training Center



# RISK ASSESSMENT

## 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?** (Follow up positive responses with a clinical risk assessment – Section A.)
- **Do you now or have you ever shared injection equipment?** (If yes, refer to section B.)
- **Are you now or have you ever been sexually active?** (If yes, refer to section C.)

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

# KEY POINTS

- ◆ **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. Do you have any questions?”
- ◆ **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?”
  - ? “Do your friends drink alcohol?”
  - ? “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?”

# A Clinical Risk Assessment

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

- ◆ Include STDs and HIV in the differential diagnosis.
- ◆ Assess all patients for signs or symptoms consistent with an STD, including:

- genital ulcers, warts, blisters, or other lesions
- pain or burning with urination
- new or unusual skin rash
- oral lesions

#### For men:

- urethral discharge
- testicular or groin pain

#### For women:

- increased bloody or foul-smelling vaginal discharge
- vulvar itching
- bleeding between periods

- ◆ 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/Rash
- Weight loss
- Oral Thrush
- Generalized Lymphadenopathy

# B Drug Use Risk Assessment

- ◆ **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 of injection equipment, 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 positive responses with a clinical risk assessment (Section A).**

## ◆ 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 may consider themselves to be gay.)

## ◆ 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 and vice versa.

## ◆ 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. . .?”

## ◆ 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?”
- ? “Have you noticed any STD-type symptoms in your partner?”

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

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