

PrEP Assessment

Name: _____

Date: _____

1. Do you have sex, without using condoms, with multiple partners of unknown HIV status? YES or NO
2. Does your primary or regular sex partner(s) or injecting partner(s) have HIV? Or do you plan on entering into a sexual or needle sharing relationship with a person with HIV? YES or NO
3. Have you been diagnosed with syphilis or rectal gonorrhea/chlamydia in the past 6 months? YES or NO
4. Do you have any HIV positive shooting partners that you share needles with? YES or NO
5. Have you shared needles or “works” more than 3 times in the past 6 months? YES or NO
6. Are you currently exchanging sex as a source of income or as a means of obtaining drugs? YES or NO
7. For females, are you trying to become pregnant with a male who is HIV positive? YES or NO