## HIV RISK ASSESSMENT

| Risk Factors   | <u>Yes</u>  | <u>No</u> |
|--|-------------|-----------|
| I. Since 1978, have you  |             |           |
| a used IV drugs and shared needles/syringes?   |             |           |
| b immigrated from a country with a high prevalence of HIV infection (Haiti or Central African countries)?        |             |           |
| c engaged in prostitution  |             |           |
| d received blood/blood products prior to 4/85?   |             |           |
| e been raped?  |             |           |
| f had evidence of HIV infection?   |             |           |
| g had genital ulcer disease?   |             |           |
| (For Women Only)   |             |           |
| h been artificially inseminated prior to 11/86?  |             |           |
| (For Men Only)   | <del></del> |           |
| L- received clotting factor for treatment of hemophilia prior to 4/85  | ?           |           |
| II. Since 1978, have you been a sex partner of   |             |           |
| a an IV drug user?   |             |           |
| b a person who received blood/blood products prior to 4/85?  |             |           |
| c an entrant or immigrant from a country with a prevalence of HI infection (Haiti or Central African countries)? | V           |           |
| d a person who has AIDS, ARC or HIV infection?   |             |           |
| e a prostitute?  |             |           |
| (For Men Only)   | <del></del> |           |
| f another man?   |             |           |
| (For Women Only)   |             | ******    |
| g a man who has had sex with another man?  |             |           |
|  |             |           |
| III. Have you had more than one sex partner in the last six months?  |             |           |
|  |             |           |

A "yes" answer to any of the above questions puts the patient at increased risk

The following non-specific signs and symptoms may indicate HIV related disease:

- \* Change in mental status or motor functions that interferes with daily activities
- \* Swollen glands
- \* Weight loss 10% of baseline body weight not due to diet or exercise
- \* Repeated night sweats and/or fever for more than 30 days in absence of another illness
- \* Diarrhea for more than 30 days in absence of another illness
- \* Weakness
- \* Dry cough/shortness of breath
- \* Purplish-blue spots on skin