

Behavioral Assessment Screener

We want to ask you some questions about your sex and drug practices that will help us take better care of you. Please take a few minutes to answer the questions on this page. Please give this form to your provider when you are finished.

Your answers are completely confidential so please answer honestly. Thank you!

PLEASE USE STICKER

Name:

Date of Service:

Date of Birth:

Med Rec #:

PCP:

1. Why are you here today? _____

2. Thinking over the last 3 months, did you have sex with anyone? (oral, anal, or vaginal sex)

No Yes **if no, go to #7**

3. How many different sex partners did you have in past 3 months: _____#males _____#females

4. Have you had any main sex partners in the past 3 months? (someone you are committed to)

No Yes **If yes, how many**_____

5. Have you had any occasional sex partners in the past 3 months?

No Yes **If yes, how many**_____

6. Were you told you had a sexually transmitted infection other than HIV in the past 3 months?

No Yes

7. Did you smoke any crack or use crystal in the past 3 months? No Yes

8. Have you injected any recreational drugs in past 3 months? No Yes

9. Is there anything about sex or drugs that you want to talk to your provider about today?

No Yes

You are done! Thank you for answering these questions.

This section to be completed by providers only (Back of BAS)

DISCUSSION PROMPTS FOR PRIMARY PROVIDER

Any oral sex: Receptive or insertive? Main or casual partner? Partner serostatus?
Condom or barrier used? How often?

Any anal sex: Receptive or insertive? Main or casual partner? Partner serostatus?
Condom or barrier used? How often?

Any vaginal sex: Receptive or insertive? Main or casual partner? Partner serostatus?
Condom or barrier used? How often?

Any IDU: Shares needles/works? Shares with main partner?
Shares with casual contacts? Serostatus of persons patient shares needle/works with?

Pregnancy: Considering trying to become pregnant? Serostatus of partner?

RISK REDUCTION PLAN (Check all that apply)

Partner Choice Strategies

- Avoid places/people that cause you to take risks
- Choose partners based on serostatus
- Identify people you can talk to
- Eliminate/reduce casual partners

Disclosure/Communication Strategies

- Tell partners you have HIV
- Ask partners if they have HIV
- Talk to partner about safer sex

Condom / Barrier Use

- Always carry condoms/barrier
- Increase use condom/barrier

Drug-related Strategies

- Needle exchange options
- Use clean needle/works
- Don't share needles/works
- Don't use or reduce drugs/alcohol

Reduce Sexual Episodes

with sex

- Reduce episodes of anal intercourse
- Reduce episodes of vaginal intercourse
- Mutual masturbation only- no exchange of body fluids
- Choose not to have sex
- Don't share sex toys

Other _____

Continue current risk reduction plan

Time spent on risk reduction

<2 minutes 3-5 minutes 6-10 minutes >10 minutes **OR** total# minutes _____

Referrals:

- | | | |
|---|---|------------------------------------|
| <input type="checkbox"/> Prevention Counseling | <input type="checkbox"/> Mental Health | <input type="checkbox"/> Food |
| <input type="checkbox"/> Prevention Case Management | <input type="checkbox"/> Substance Abuse | <input type="checkbox"/> Housing |
| <input type="checkbox"/> Case Management | <input type="checkbox"/> Domestic Violence Prevention | <input type="checkbox"/> Financial |
| <input type="checkbox"/> Reproductive Health Planning | <input type="checkbox"/> PCRS/Partner notification | <input type="checkbox"/> None |
| <input type="checkbox"/> Other _____ | | |