

## <u>U.S. Public Health Services (PHS) Guidelines to assess Behavioral Risk</u> <u>Factors</u>

	Patient Name (Print)			Patient Signature	Date
10.	Have you been on hemodialysis in the last 12 months? Yes $\square$ No $\square$ N/A $\square$				
	Yes $\square$	No 🗆	N/A		
9.	Have you been newly diagnosed with or treated for syphilis, gonorrhea, chlamydia, or genital ulcers in the last 12 months?				
	12 months? Yes □	No □	N/A	·	1 8
8.	Have you been in lockup, jail, prison, or a juvenile correctional facility for more than 72 hours in the preceding				
	last 12 months? Yes □	? No □	N/A		
7.	Have you injected drugs by intravenous, intramuscular, or subcutaneous route for nonmedical reasons in the				
6.	Have you had sex with a person that has injected drugs by intravenous, intramuscular, or subcutaneous route for nonmedical reasons in the last 12 months? Yes $\square$ No $\square$ N/A $\square$				
5.	Have you had s Yes □	sex with a person	who i	had sex in exchange for money or drugs in the $\Box$	ast 12 months?
4.	Have you had s Yes □	sex in exchange to No $\square$	for mo N/A	oney or drugs in the last 12 months?	
3.	Are you a wom Yes □	an who has had No □	sex wi	ith a man with a history of MSM behaviors in the	ne last 12 months?
2	Yes	No □	N/A		1 . 12
2.	Are you a man that has had sex with men (MSM) in the last 12 months?				
	Yes □	No □	N/A		
1. Have you had sex with a person known or suspected to have HIV, Hepatitis B, or Hepatitis last 12 months?					patits C infections in the