

**New York State Department of Health
Answer Guide for the STD/HIV/Hepatitis Risk Questionnaire**

Match the question and answer on the STD/HIV/Hepatitis Risk Questionnaire completed by the client to the corresponding number in the Question column on this form. An “X” in any column across the table indicates the client is at risk for the disease listed at the top of the column containing the “X”. The client should be screened, tested and/or considered for the appropriate vaccine.

Question	Answer	Hepatitis A	Hepatitis B	Hepatitis C	HIV	STD
1 ¹	See Footnote 1					
2	If 1 or more		X	X	X	X
3	Both or if msm (men who have sex with men)	X	X		X	X
4	Anal	X	X		X	X ²
4	Oral	X	X			X ³
4	Vaginal		X			X
5	See Footnote 4		X		X	X
6	Yes		X	X	X	X
7	Yes		X	X	X	X
8	Yes		X	X	X	X
9	Yes or not sure		X ⁵	X ⁵	X ⁵	X ⁵
10	If yes to HBV	X	X		X	X
10	If yes to HCV	X	X		X	X
10	If yes to HIV		X	X	X	X
10	If yes to any		X		X	X
11	Yes	X				X
12a	Yes	X	X	X	X	X
12b	Yes		X	X	X	
13a	Yes		X	X		X
13b	Yes		X	X	X	
14	Yes or not sure		X			
15	Yes or not sure		X			
16	Yes		X		X	
17	Yes or not sure				X	
18	Yes			X	X	
19	Yes			X	X	
20	Yes				X	X
21	If unsure or vaccination series has not been completed	X	X			

¹ Take the answer to this question into consideration with responses to all others on risk assessment

² Consider rectal swab.

³ Consider pharyngeal swab.

⁴ If answer “most of the time,” “not that often,” or “never.”

⁵ Current or past partner.