



MINISTRY OF HEALTH

HIV SELF RISK CHECKER



1.	Are you sexually active?	No <input type="checkbox"/> Yes <input type="checkbox"/>
2.	In the last three months have you ever had more than one sexual partner?	No <input type="checkbox"/> Yes <input type="checkbox"/>
3.	Do you know the status of your current sexual partner(s)	No <input type="checkbox"/> Yes <input type="checkbox"/> Some <input type="checkbox"/>
4.	Did you use a condom correctly and consistently with your sexual partner(s) in the last 3 months?	No <input type="checkbox"/> Yes <input type="checkbox"/>
5.	Have you had an Sexually Transmitted Infection in the last 3 months	No <input type="checkbox"/> Yes <input type="checkbox"/>
6.	Have you engaged in: sex in exchange for money or other favors	No <input type="checkbox"/> Yes <input type="checkbox"/>
7.	Within the last 3 months, have you experienced any form of violence (sexual, physical e.t.c)?	No <input type="checkbox"/> Yes <input type="checkbox"/>
8.	Have you ever injected drugs?	No <input type="checkbox"/> Yes <input type="checkbox"/>
9.	Have you used Post Exposure Prophylaxis (PEP) twice or more in the last 3 months?	No <input type="checkbox"/> Yes <input type="checkbox"/>
10.	Do you rate your chances of getting HIV as High/Medium?	No <input type="checkbox"/> Yes <input type="checkbox"/>

Criteria for further support; a response of YES to any or all of the above questions, kindly visit a health facility for support or Call Uliza NASCOP Toll free Number 0800724848

