

Name & Surname	
Cell Number	
Date of Birth	
TVET College/CET	
Campus/Centre	
Date	

Comprehensive Physical Health

Risk-Screening Tool

I declare and understand that completing this questionnaire is voluntary and that my answers to the below questions will be kept confidential. I also give consent for the person receiving my completed risk-assessment tool to follow up with me if further services may be provided with my consent. I also understand that this is a risk assessment and is not a diagnostic tool and is not for research purposes but rather for creating insights into one's own vulnerability. The aim of HIGHER HEALTH is to determine the risk at early stages and to link to relevant services for further treatment, care, and support.

Early prevention saves lives.

Signature

Demographic Information				
1	What is your biological sex?			
	Male	Female	Other (please specify)	
2	Which term best describes your sexual orientation at present?			
	Heterosexual	Homosexual	Bisexual	Prefer not to say
	Other (Please specify)			
3	When was the last time you had an HIV test?			
	0-3 months	3-12 months	More than 12 months	Never had a test before
4	What was the result?			
	Positive.	Negative.	I prefer not to answer.	
Pre-Exposure Prophylaxis (PrEP)? Screening				
5	Do you currently use HIV Pre-Exposure Prophylaxis (PrEP)?	Yes	No	
6	What are the barriers to you using PrEP?			
	I don't know where to get it	I'm worried about being judged for using PrEP	I don't think it makes sense to take ARVs to prevent HIV	I'm worried about side effects
7	Has any of the following happened to you in the last 12 months?			
	Sexually assaulted	Stabbed	Physically beaten	None of the above
8	In the last 3 months have you injected any drugs?			
	Yes	No	I prefer not to answer	
9	Have you regularly used a condom when having sex in the last 3 months?			
	Yes	No	Sometimes	I have not had sex in last 3 months
10	Have you had more than one sexual partner in last 3 months?			Total number of partners
11	Have any of your sexual partners within the last 3 months been HIV positive?			
	Yes	No	I don't know	
12	Have you had sex in exchange for money, airtime, or any other remuneration in the last 3 months?			
	Yes	No	I prefer not to answer	
	Did you use a condom in the last 3 months when having sexual intercourse?			

13	I'm in a monogamous relationship and we've both been tested for STIs	I or my partner is allergic to latex	I or my partner is using another form of contraception	It affects sensation or pleasure
	I trust my partner(s) to be free from sexually transmitted infections	I and/or my partner are trying for a pregnancy	I have difficulty convincing my partner to use one	They are not readily available when needed
	I don't know how to use one properly	I was under the influence of alcohol or drugs and forgot or didn't think to use one	Other reasons (please specify)	
TB (Tuberculosis) Screening				
14	Do you have any of the following?			
	A persistent cough for two weeks or more	high temperatures/fever for more than two weeks	Night sweats that leave you dripping wet?	Losing weight without trying to (more than 1.5 kg in a month)?
	Feeling tired all the time	Currently living with someone who has had TB in the past year	Diagnosed with or treated for TB in the last 2 years	None of the above
STI Screening				
15	Do you currently have any of the following symptoms?			
	An abnormal discharge coming from your vagina or penis	Any rash, bumps, sores, or blisters on your penis or vagina with or without pain	Any scrotal pain or swelling	Genital warts Sore, itchy or swollen penis or vagina
	Burning pain when urinating	Lower stomach pain	A need to urinate more often than usual	None of the above
Sexual and Reproductive Health Screening				
16	Are you or your partner(s) using contraceptives/family planning?			
	Yes	No	Sometimes	I don't know what that is
17	Which method(s) are you using?			
	The pill/Oral contraception	The injection (e.g. "depot")	Male/Female Condoms	Intra-uterine device/IUD/"Copper T"/"Loop"
	None of the above	Withdrawal method/"pulling out"	Calander method/Fertility tracking	The morning after pill
18	What do you feel may be barriers to you using contraception/family planning now or in the future?			
	I feel uncomfortable or unable to ask for information about the options	I don't know where to get them	They cost too much	I am having unprotected sex but don't think I or my partner is at risk of pregnancy
	I am not comfortable talking to my partner about family planning	I am worried about the side effects (e.g. weight gain)	I worry that sex will feel different or less pleasurable if I use contraception	
19	Why don't you use female condoms?			
	My partner refuses to use them	They are awkward	They change the feeling of sex	I don't know how to use one properly
	They are not easily available		I don't want to use them	
<p>You may be vulnerable to Physical Health and should seek help and support from someone. The following 24 Hours Helpline can be contacted for help and support: 08600 36 36 36</p> <p>Remember, you are not alone!</p>				

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