

BFC Health Questionnaire - Man's questions

This questionnaire is designed to assess whether it is necessary for you to receive counselling prior to having your screening tests undertaken. Please complete it and bring it with you to your initial consultation.

NAME:	Date of birth:
Are you HIV positive?	YES / NO
Have you had sex with someone who might be HIV positive?	YES / NO
Have you ever injected yourself with anything, including intravenous drugs?	YES / NO
Have you had sex with anyone who has injected themselves with drugs?	YES / NO
Have you had sex with another man, even 'safe sex' using a condom?	YES / NO
Have you ever had sex with a prostitute?	YES / NO
Have you ever had sex with someone who has haemophilia or a related blood clotting disorder, who has received clotting factor concentrates?	YES / NO
Have you ever had sex with anyone of any race who has been sexually active in Africa in the past year (apart from Morocco, Algeria, Tunisia, Libya, Egypt)?	YES / NO
Have you ever had a serious illness including Hepatitis or Jaundice?	YES / NO
Have you ever received blood yourself?	YES / NO
Have you had acupuncture, body piercing, tattooing or semi-permanent make-up?	YES / NO
Have you had any injury which could have put you at risk of Hepatitis?	YES / NO

Signature _____ Date _____