

RATE the RISK

Review the list of behaviors below. For each behavior, place a check mark in the column that you think best describes the risk level (high risk, low risk, or zero risk) of transmitting HIV/STI.

Behavior	High Risk	Low Risk	Zero Risk
Oral sex with no barrier (bodily fluids exchanged)			
Hugging			
Vaginal sex without a condom			
Masturbation (alone)			
Kissing			
Sharing needles for injection drug use, tattooing, or piercing			
Sharing sex toys without condoms			
Touching/foreplay (clothed)			
Anal sex with a condom			
Oral sex with a barrier (condom or dental dam)			
Mutual masturbation			
Abstinence from all sexual activity			
Vaginal sex with a condom			
Touching/foreplay (unclothed, no bodily fluids exchanged)			
Anal sex without a condom			
Sharing a toilet			

REDUCE the RISK

Review the list of potential obstacles to safer behaviors that teens may face. Next to each obstacle, write an appropriate response that could help someone overcome that obstacle.

Potential Obstacle	Response
<i>Your partner doesn't want to use a condom, saying:</i>	<i>You negotiate the use of condoms by saying:</i>
"Condoms don't fit me."	
"I'm allergic to latex."	
"I will pull out in time."	
"Condoms are so expensive."	
"Don't worry; I'm clean."	
"It'll feel so much better without it."	
"Isn't birth control <i>your</i> responsibility?"	
"It takes so long to put on."	
OTHER OBSTACLE	
OTHER OBSTACLE	
OTHER OBSTACLE	