

**BBVTRAQ**

Blood Borne Virus  
Transmission Risk Assessment  
Questionnaire

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**Fry, C., Rumbold, G., Lintzeris, N. (1998). *The Blood Borne Virus Transmission Risk Assessment Questionnaire (BBVTRAQ): Administration and Procedures Manual*. Melbourne: Turning Point Alcohol and Drug Centre.**

# BBV-TRAQ<sup>1</sup>

## Blood Borne Virus Transmission Risk Assessment Questionnaire

### Instructions

- Please consider the following questions carefully and answer each one as accurately and truthfully as you can. All questions refer to your behaviour in the past MONTH / 4 week period (ie. **The month before current treatment commenced**).
- Try and remember that the only correct answer is an accurate and honest answer.
- Remember that the information you provide will remain completely confidential.

### Part 1: INJECTING PRACTICES

Record your responses to each of the following questions by circling the answer option that you think is most relevant to you.

- 1.1 In the last month, how many times have you handled another person's used needle/syringe (eg. to dispose, to break-off needle) at a time when you had cuts, sores or lesions on your fingers and hands?**
- No times      Once      Twice      3 - 5 times      6 - 10 times      More than 10 times
- 1.2 In the last month, how many times have you sucked or licked left-over drugs from a spoon or other mixing container which had been used by another person?**
- No times      Once      Twice      3 - 5 times      6 - 10 times      More than 10 times
- 1.3 In the last month, how many times have you sucked or licked a filter which had been used by another person?**
- No times      Once      Twice      3 - 5 times      6 - 10 times      More than 10 times
- 1.4 In the last month, how many times have you sucked or licked a plunger after using it in a mix which has been used by another person?**
- No times      Once      Twice      3 - 5 times      6 - 10 times      More than 10 times
- 1.5 In the last month, how many times have you injected a drug that was filtered through another person's filter?**
- No times      Once      Twice      3 - 5 times      6 - 10 times      More than 10 times

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**1.6a** In the last month, how many times have you injected a drug that was prepared in another person's used spoon or mixing container?

No times      Once      Twice      3 - 5 times      6 - 10 times      More than 10 times



(Go to Question 1.7)

**1.6b** On those occasions how often did you clean the spoon or mixing container before using it?

Never      Rarely      Sometimes      Often      Every time

**1.7** In the last month, how many times have you injected a drug prepared with water which had been used by another person?

No times      Once      Twice      3 - 5 times      6 - 10 times      More than 10 times

**1.8** In the last month, how many times have you injected a drug which had come into contact with another person's used needle/syringe?

No times      Once      Twice      3 - 5 times      6 - 10 times      More than 10 times

**1.9a** In the last month, how many times have you injected a drug that you prepared immediately after 'assisting' another person with their injection (eg. *injecting them, holding their arm, handling their used needle/syringe; touching their injection site to feel for a vein, to wipe away blood, or to stop bleeding*)?

No times      Once      Twice      3 - 5 times      6 - 10 times      More than 10 times



(Go to Question 1.10a)

**1.9b** On those occasions, how often did you wash your hands before preparing your mix?

Never      Rarely      Sometimes      Often      Every time

**1.10a** In the last month, how many times have you injected a drug that was prepared by another person who had already injected or assisted in someone else's injection?

No times      Once      Twice      3 - 5 times      6 - 10 times      More than 10 times



(Go to Question 1.11a)

**1.10b** On those occasions, how often did the person preparing the mix wash their hands before preparing the mix?

Never      Rarely      Sometimes      Often      Every time

**1.11a In the last month, how many times have you been injected by another person who had already injected or assisted in someone else's injection?**

No times      Once      Twice      3 - 5 times      6 - 10 times      More than 10 times



*(Go to Question 1.12a)*

**1.11b On those occasions, how often did the person injecting you wash their hands before injecting you?**

Never      Rarely      Sometimes      Often      Every time

**1.12a In the last month, how many times have you injected with a needle/syringe which had been handled or touched by another person who had already injected?**

No times      Once      Twice      3 - 5 times      6 - 10 times      More than 10 times



*(Go to Question 1.13a)*

**1.12b On those occasions, how often did they wash their hands prior to handling the needle/syringe that you used?**

Never      Rarely      Sometimes      Often      Every time

**1.13a In the last month, how many times have you injected with another person's used needle/syringe?**

No times      Once      Twice      3 - 5 times      6 - 10 times      More than 10 times



*(Go to Question 1.14)*

**1.13b On those occasions, how often did you rinse it with a combination of full-strength bleach and water (ie. the '2x2x2' method) before you used it?**

Never      Rarely      Sometimes      Often      Every time

**1.14 In the last month, how many times have you injected with a needle/syringe after another person has already injected some of its contents?**

No times      Once      Twice      3 - 5 times      6 - 10 times      More than 10 times

**1.15a In the last month, how many times have you touched your own injection site (eg. to feel for a vein, to wipe away blood, or to stop bleeding) soon after 'assisting' another person with their injection (eg. injecting them, holding their arm, handling their used needle/syringe; touching their injection site to feel for a vein, to wipe away blood, or to stop bleeding)?**

No times      Once      Twice      3 - 5 times      6 - 10 times      More than 10 times



*(Go to Question 1.16a)*

**1.15b On those occasions, how often did you wash your hands before touching your own injection site?**

Never                  Rarely                  Sometimes                  Often                  Every time

**1.16a In the last month, how many times has another person touched your injection site (eg. to feel for a vein, to wipe away blood, or to stop bleeding)?**

No times                  Once                  Twice                  3 - 5 times                  6 - 10 times                  More than 10 times



(Go to Question 1.17)

**1.16b On those occasions, how often did the person wash their hands before they touched your injection site?**

Never                  Rarely                  Sometimes                  Often                  Every time

**1.17 In the last month, how many times have you wiped your own injection site with an object**

**(eg. swab, tissue, hanky, towel, etc) which had been used by another person**

No times                  Once                  Twice                  3 - 5 times                  6 - 10 times                  More than 10 times

**1.18 In the last month, how many times have you used a tourniquet (eg. medical tourniquet, belt, rope, tie, cord, etc) which had been used by another person?**

No times                  Once                  Twice                  3 - 5 times                  6 - 10 times                  More than 10 times

**1.19 In the last month, how many times have you received an accidental needle-stick/prick from another person's used needle/syringe?**

No times                  Once                  Twice                  3 - 5 times                  6 - 10 times                  More than 10 times

**1.20a In the last month, how many times have you re-used a needle/syringe taken out of a shared disposal/sharps container?**

No times                  Once                  Twice                  3 - 5 times                  6 - 10 times                  More than 10 times



(Go to PART 2)

**1.20b On those occasions, how often did you rinse it with full-strength bleach before you re-used it?**

Never                  Rarely                  Sometimes                  Often                  Every time

## **Part 2: SEXUAL PRACTICES**

Record your responses to each of the following questions by circling the answer option that you think is most relevant to you. Please remember that “in the last month” refers to the month before you commenced current drug treatment.

**2.1 In the last month, how many times have you engaged in unprotected vaginal sex with another person (ie. penetration of the vagina with the penis)?**

No times      Once      Twice      3 - 5 times      6 - 10 times      More than 10 times

**2.2 In the last month, how many times have you engaged in unprotected vaginal sex with another person (ie. penetration of the vagina with the penis) during menstruation?**

No times      Once      Twice      3 - 5 times      6 - 10 times      More than 10 times

**2.3 In the last month, how many times have you engaged in unprotected vaginal sex with another person (ie. penetration of the vagina with the penis) without lubrication?**

No times      Once      Twice      3 - 5 times      6 - 10 times      More than 10 times

**2.4 In the last month, how many times have you engaged in unprotected anal sex with another person (ie. penetration of the anus with the penis)?**

No times      Once      Twice      3 - 5 times      6 - 10 times      More than 10 times

**2.5 In the last month, how many times have you engaged in unprotected oral sex with another person (ie. lips and tongue come into contact with the vagina, penis and/or anus)?**

No times      Once      Twice      3 - 5 times      6 - 10 times      More than 10 times

**2.6 In the last month, how many times have you engaged in unprotected manual sex with another person (ie. fingers and hands come into contact with the vagina, penis and/or anus) during menstruation?**

No times      Once      Twice      3 - 5 times      6 - 10 times      More than 10 times

**2.7 In the last month, how many times have you engaged in unprotected manual sex with another person (ie. fingers and hands come into contact with the vagina, penis and/or anus) after injecting?**

No times      Once      Twice      3 - 5 times      6 - 10 times      More than 10 times

**2.8 In the last month, how many times have you engaged in unprotected manual sex with another person (ie. fingers and hands come into contact with the vagina, penis and/or anus) without lubrication?**

No times      Once      Twice      3 - 5 times      6 - 10 times      More than 10 times

### **Part 3: OTHER SKIN PENETRATION PRACTICES**

Record your responses to each of the following questions by circling the answer option that you think is most relevant to you. Please remember that “in the last month” refers to the month before you commenced current drug treatment.

**3.1 In the last month, how many times have you come into contact with another person’s blood (eg. through fights, slash-ups, self-mutilation, accidents, blood-sports, occupational, pimples, blood nose, etc)?**

No times      Once      Twice      3 - 5 times      6 - 10 times      More than 10 times

**3.2 In the last month, how many times have you been tattooed by someone who was not a professional tattooist?**

No times      Once      Twice      3 - 5 times      6 - 10 times      More than 10 times

**3.3 In the last month, how many times have you been pierced (eg. ear or body) by someone who was not a professional piercer?**

No times      Once      Twice      3 - 5 times      6 - 10 times      More than 10 times

**3.4 In the last month, how many times have you used another person’s used razor (eg. disposable razors, razor-blades)?**

No times      Once      Twice      3 - 5 times      6 - 10 times      More than 10 times

**3.5 In the last month, how many times have you used another person’s toothbrush?**

No times      Once      Twice      3 - 5 times      6 - 10 times      More than 10 times

**3.6 In the last month, how many times have you used another person’s personal hygiene equipment (eg. nail file, nail scissors, nail clippers, tweezers, comb, brush)?**

No times      Once      Twice      3 - 5 times      6 - 10 times      More than 10 times

Please make sure that you have answered all relevant questions correctly.