

CLIENT ASSESSMENT QUESTIONNAIRE

INSTRUCTIONS: Please answer the following questions. Mark or write a number in the boxes for each question. There are no right or wrong answers. All of your answers are completely confidential and will not be shared with anyone. If you need assistance please ask the person who gave you this form.

- 1) What is your sex / gender? (mark one)
 - (1) Male
 - (2) Female
 - (3) Transgender (male to female)
 - (4) Transgender (female to male)
 - (5) Other identity, specify: _____

- 2) What is your race / ethnicity? (mark all that apply)
 - (1) Black / African American
 - (1) American Indian / Alaska Native
 - (1) Asian
 - (1) Native Hawaiian / Pacific Islander
 - (1) Hispanic / Latino(a)
 - (1) White
 - (1) Other race, specify: _____

- 3) What is your birthday / birth date?

		/			/				
Month			Day			Year			

- 4) What is the FIRST LETTER of your LAST NAME?

- 5) What ZIP code do you live in?

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- 6) What County do you live in? _____

- 7) Which of the following comes closest to your sexual orientation? (mark one)
 - (1) Heterosexual or straight
 - (2) Bisexual
 - (3) Gay, lesbian, queer, same gender loving, or homosexual
 - (4) Other orientation, specify: _____

- 8) Have you had sex with a **woman** in the last year (12 months)? (mark all that apply)
 - (1) Vaginal sex (penis in vagina)
 - (1) Anal sex (penis in anus (butt))
 - (1) Oral sex (mouth on penis, vagina, or anus)
 - (1) I have not had sex with a woman in the last year.

- 9) Have you had sex with a **man** in the last year (12 months)? (mark all that apply)
 - (1) Vaginal sex (penis in vagina)
 - (1) Anal sex (penis in anus (butt))
 - (1) Oral sex (mouth on penis, vagina, or anus)
 - (1) I have not had sex with a man in the last year.

- 10) Have you had sex in the last year with a sex worker or prostitute (whether you paid or not)? (1) Yes (0) No

- 11) Have you had sex in the last year with someone that you know injects drugs? (1) Yes (0) No

- 12) Have you had sex in the last year with someone that you know has HIV or AIDS? (1) Yes (0) No

- 13) If you are **female**, in the last year have you had sex with a man that you know has had sex with another man? (1) Yes (0) No

- 14) Have you used a needle to inject drugs in the last year? (1) Yes (0) No

- 15) Have you used meth, speed, crank, crystal, cocaine, or crack in the last year? (1) Yes (0) No

- 16) Have you received drugs, money, or other items or services for sex in the last year? (1) Yes (0) No

- 17) Has a medical or service provider told you that you have gonorrhea or syphilis in the last year? (1) Yes (0) No

- 18) Has a medical or service provider ever told you that you have hepatitis C? (1) Yes (0) No

- 19) Have you ever used a needle to inject drugs? (1) Yes (0) No

- 20) How many HIV/AIDS tests have you had before today?

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 (enter zero if you never tested before today)

If you have tested before, what is the date of your last test?

		/				
Month			Year			

If you have tested before, what was the last test result you received? (mark one)

 - (1) Negative (No HIV infection)
 - (2) Positive (HIV infection found)
 - (6) Other result, specify: _____
 - (5) I have never received a result

Thank you! Please return this completed form now.

Unique Office of AIDS
Client Number

CLINIC USE ONLY

ADMINISTRATIVE

Data entry initials:

(1) Mark if no billing

CLIENT ASSESSMENT

Assessment initials:

Initial intervention:

- (1) LR low-level (*indicate transition*)
- LR high-level (*CIF required*)
- HR high-level (*CIF required*)

Transition to high-level?

Yes (*CIF required*) (0) No

Local variance used?

Yes (*CIF required*) (0) No

Agency ID:

Intervention: _____

Intervention ID:

Location ID:

HIV test election: (mark one)

- (1) Tested anonymously
- (2) Tested confidentially
- (3) Client declined testing
- (4) HIV test not offered

(date and initial)

Intervention session:

Date (mm/dd/yy)

Initials (print)

Disclosure session: (same date as intervention for rapid tests)

Reschedule attempt: (for missed HIV confidential disclosures)

Reschedule attempt outcome: (mark one if no HIV disclosure)

- (1) Unable to locate/contact (3) Obtained HIV results elsewhere
- (2) Client declined notification (4) Rescheduled but client did not return

Note: CIF is required for all preliminary positive rapid tests.

OTHER TESTING

Referred for hepatitis C testing? (mark one)

Yes (*CIF required*) No

Additional tests this visit: (mark all that apply)

- (1) No additional tests (1) Tuberculosis (TB)
- (1) Hepatitis B (1) Syphilis (1) Gonorrhea
- (1) Chlamydia (1) Other STD (*other than HIV*)

HIV TEST SUMMARY

Final HIV test result: (mark one)

(attach lab slips/ Testing Incident Report)

- (1) Negative
- Positive (*CIF required*)
- Preliminary positive (*CIF required*)
(no confirmatory sample taken)
- Inconclusive (*CIF required*)
- Discordant (*CIF required*)
- (6) Invalid
- Other result, specify (*CIF required*)

OPTIONAL DATA

Item 1:

Item 2:

Item 3:

Item 4:

NOTES

HR = High-Risk Client LR = Low-Risk Client CIF = HIV Counseling Information Form STD = Sexually Transmitted Disease or Infection

Place additional lab stickers here:

LAB SLIP #2

LAB SLIP #3

LAB SLIP #4

LAB SLIP #5