

INFECTIOUS DISEASE RISK ASSESSMENT FORM

Answer each question.

1. Have you seen a doctor or other health care provider in the past 3 months? Yes No
 Don't know
2. Do you live or have you lived on the street or in a shelter? Yes No
 Don't know
3. Have you ever been in jail/prison/juvenile detention? Yes No
 Don't know
4. Have you ever been in a long-term care facility (nursing home, mental health hospital, or other hospital)? Yes No
 Don't know
5. Where were you born?
6. In the past 3 years have you traveled/lived outside the U.S. (except Canada, Australia, New Zealand, Japan, Western Europe, or Great Britain). Yes No
 Don't know
7. How long have you been in the U.S.? years Months
8. Are you a combat veteran? Yes No
9. In the past 12 months have you had a tattoo, ear/body piercing, acupuncture or come into contact with someone else's blood? Yes No
 Don't know
10. Within the last 30 days, have you had any of the following symptoms lasting for more than 2 weeks:
Nausea Yes No
Fever Yes No
Drenching night sweats that were so bad you had to change your clothes or the sheets on the bed? Yes No
Productive cough Yes No
Coughing up blood Yes No
Shortness of breath Yes No
Lumps or swollen glands in the neck or armpits Yes No

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Losing weight without meaning to

Diarrhea (runs) lasting more than a week

Brown Tinged urine

Women: Have you missed your last two periods?

Extreme fatigue

Jaundice (yellow skin) or yellow eyes

11. Have you ever been told you have TB? Has anybody you know or have lived with been diagnosed with TB in the past year?

<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="checkbox"/> Don't know	

12. Have you ever had a positive skin test for TB? (A test where they gave you a shot in your forearm, and a few days later a hard lump appeared.)

<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="checkbox"/> Don't know	

13. Have you ever been treated for TB?

<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="checkbox"/> Don't know	

14. Have you ever been told you have:

Hepatitis A

<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="checkbox"/> Don't know	

Hepatitis B

<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="checkbox"/> Don't know	

Hepatitis C

<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="checkbox"/> Don't know	

15. Have you **ever** used needles to shoot drugs?

<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="checkbox"/> Don't know	

16. Have you **ever** shared needles or syringes ("rigs") to inject drugs?

<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="checkbox"/> Don't know	

17. Have you ever had a job that put you in danger of needle stick injuries or other types of blood contact?

<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="checkbox"/> Don't know	

18. Do you use stimulants (cocaine/methamphetamine)?

<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="checkbox"/> Don't know	

19. In the past 12 months, have you, or anyone you have had sex with, had: syphilis, gonorrhea, herpes, chlamydia, nongonococcal urethritis, other sexually transmitted diseases, or hepatitis.

<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="checkbox"/> Don't know	

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To help find out if you are in increased risk for HIV, the virus known to cause AIDS, or Hepatitis C Virus (HCV), please take a minute to answer the following questions.

20. Did you receive a blood transfusion before 1992? Yes No
 Don't know
21. Have you received blood products produced before 1987 for clotting problems? Yes No
 Don't know
22. Was your birth mother infected with Hepatitis C virus during the time of your birth? Yes No
 Don't know
23. Have you been, or are you currently, on long-term kidney dialysis? Yes No
 Don't know
24. Have you had unprotected sex with someone who has the blood disease hemophilia? Yes No
 Don't know
25. Have you had unprotected sex with a person who injected drugs? Yes No
 Don't know
26. Have you had unprotected sex with a man who has sex with other men? Yes No
 Don't know
27. Have you had sex in exchange for money or drugs, or in order to survive? Yes No
 Don't know
28. Have you had sex with more than one person in the past 6 months? Any type of vaginal, rectal or oral contact without protection (condom or other barrier) with or without consent? Yes No
 Don't know
29. Have you had sex or shared needles to inject drugs with a person who as AIDS or who tested positive on the antibody test for AIDS/HIV disease or Hepatitis C? Yes No
 Don't know
30. Have you ever injected drugs, even once? Yes No
 Don't know
31. Have you ever been pricked by a needle or syringe that may have been infected with HIV or Hepatitis C virus? Yes No
 Don't know

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32. Have you ever had a drinking problem that required medical care or counseling?

<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="checkbox"/> Don't know	

33. Have you ever been told or thought that you have a drinking problem?

<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="checkbox"/> Don't know	

*If you answered “no” to all the questions, you are not at increased risk for HIV/AIDS or Hepatitis C.

*If you answered “yes” or “don't know” to any questions, you may be at risk for HIV/AIDS or Hepatitis C.

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The following questions are asked to help with treatment planning. It is not require that you answer them to participate in assessment and/or treatment.

1. Have you ever had a blood test for the HIV antibody yes no

If “no,” would you like a blood test? yes no

If “yes,” have you been tested within the last six months? yes no

2. Have you ever had a blood test for Hepatitis C virus? yes no

If “no,” would you like a blood test? yes no

If “yes,” have you been tested within the last six months? yes no

3. How would you judge your own risk for being infected with HIV (the AIDS virus)?

- I know I am infected.
- I think I am at high risk.
- I think I am at low risk.
- I think I am at NO risk.
- I am not sure what my risk is.

4. How would you judge your own risk for being infected with Hepatitis C?

- I know I am infected.
- I think I am at high risk.
- I think I am at low risk.
- I think I am at NO risk.
- I am not sure what my risk is.

Document whether or not client was assessed and if they were referred to the health department or other appropriate agency.