

FOR GROUP OUTREACH EVENTS:
Distribute to individuals in group. Collect completed forms.

Providing the following information is voluntary, and it cannot be linked back to you. The information that you provide will help us to meet our goals and improve our services. Thank you.

1. MY PRIMARY RISK FOR HIV &/OR HEPATITIS C (check one)	
<input type="checkbox"/>	I am a man who has sex with other men.
<input type="checkbox"/>	I use injection drugs.
<input type="checkbox"/>	I am a man who has sex with other men AND I use injection drugs.
<input type="checkbox"/>	I am transgender and/or I have sex with transgender individuals.
<input type="checkbox"/>	I have heterosexual sex.
<input type="checkbox"/>	I don't have any risk OR I have no risk OR I don't know my risk.

2. MY GENDER	
<input type="checkbox"/>	I am male.
<input type="checkbox"/>	I am female.
<input type="checkbox"/>	I am transgender (male to female).
<input type="checkbox"/>	I am transgender (female to male).
<input type="checkbox"/>	Other.

3. MY AGE	
<input type="checkbox"/>	UNDER 13
<input type="checkbox"/>	13-18
<input type="checkbox"/>	19-24
<input type="checkbox"/>	25-34
<input type="checkbox"/>	35-44
<input type="checkbox"/>	OVER 44

EVENT INFORMATION	
DATE	/ /
EVENT LOCATION	

4. MY ETHNICITY (check one)	
<input type="checkbox"/>	I am HISPANIC/LATINO.
<input type="checkbox"/>	I am NOT HISPANIC / LATINO.
<input type="checkbox"/>	I don't know.
<input type="checkbox"/>	I am choosing not to answer.

5. MY RACE (check all that apply)	
<input type="checkbox"/>	I am AMERICAN INDIAN / ALASKA NATIVE.
<input type="checkbox"/>	I am ASIAN.
<input type="checkbox"/>	I am BLACK / AFRICAN AMERICAN.
<input type="checkbox"/>	I am NATIVE HAWAIIAN / PACIFIC ISLANDER.
<input type="checkbox"/>	I am WHITE / CAUCASIAN.
<input type="checkbox"/>	OTHER.

6. MY HIV STATUS	
<input type="checkbox"/>	I am HIV+.
<input type="checkbox"/>	I am HIV-.
<input type="checkbox"/>	I don't know.

7. MY HEPATITIS C STATUS	
<input type="checkbox"/>	I am HCV+.
<input type="checkbox"/>	I am HCV-.
<input type="checkbox"/>	I don't know.

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