

INFECTIOUS DISEASE RISK ASSESSMENT FORM

Circle the answer for each question.

1. Yes No Don't know Have you seen a doctor or other health care provider in the past 3 months?
2. Yes No Don't know Do you live or have you lived on the street or in a shelter?
3. Yes No Don't know Have you ever been in jail/prison/juvenile detention?
4. Yes No Don't know Have you ever been in a long-term care facility (nursing home, mental health hospital, or other hospital)?
5. Where were you born?

6. Yes No Don't know In the past 3 years have you traveled/lived outside the U.S. (except Canada, Australia, New Zealand, Japan, Western Europe, or Great Britain)?
7. Yrs/Mos _____ How long have you been in the U.S.?
8. Yes No Don't know Are you a combat veteran?
9. Yes No Don't know In the past 12 months have you had a tattoo, ear/body piercing, acupuncture or come into contact with someone else's blood?

Within the last 30 days, have you had any of the following symptoms lasting for more than 2 weeks:

- _____ Nausea
- _____ Fever
- _____ Drenching night sweats that were so bad you had to change your clothes or the sheets on the bed.
- _____ Productive cough

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- _____ Coughing up blood
- _____ Shortness of breath
- _____ Lumps or swollen glands in the neck or armpits
- _____ Diarrhea (runs) lasting more than a week
- _____ Losing weight without meaning to
- _____ Brown tinged urine
- _____ Women: Have you missed your last two periods?
- _____ Extreme fatigue
- _____ Jaundice (yellow skin) or yellow eyes

11. Yes No Don't know Have you ever been told you have TB? Has anybody you know or have lived with been diagnosed with TB in the past year?
12. Yes No Don't know 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.)
13. Yes No Don't know Have you ever been treated for TB?
14. Yes No Don't know Have you ever been told you have:
 Yes No Don't know Hepatitis A
 Yes No Don't know Hepatitis B
 Yes No Don't know Hepatitis C
15. Yes No Don't know Have you **ever** used needles to shoot drugs?
16. Yes No Don't know Have you **ever** shared needles or syringes ("rigs") to inject drugs?
17. Yes No Don't know Have you ever had a job that put you in danger of needle stick injuries or other types of blood contact?
18. Yes No Don't know Do you use stimulants (cocaine/methamphetamine)?

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19. Yes No Don't know In the past 12 months, have you, or anyone you have had sex with, had: syphilis, gonorrhea, herpes, Chlamydia, nongonoccal urethritis, other sexually transmitted diseases, or hepatitis?

To help find out if you are at 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. Yes No Don't know Did you receive a blood transfusion before 1992?
21. Yes No Don't know Have you received blood products produced before 1987 for clotting problems?
22. Yes No Don't know Was your birth mother infected with Hepatitis C virus during the time of your birth?
23. Yes No Don't know Have you been, or are you currently, on long-term kidney dialysis?
- Yes No Don't know Have you had unprotected sex with someone who has the blood disease hemophilia?
26. Yes No Don't know Have you had unprotected sex with a man who has sex with other men?
27. Yes No Don't know Have you had sex in exchange for money or drugs, or in order to survive?
28. Yes No Don't know 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 your consent?

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29. Yes No Don't know Have you had sex or shared needles to inject drugs with a person who has AIDS or who tested positive on the antibody test for AIDS/HIV disease or Hepatitis C?
30. Yes No Don't know Have you ever injected drugs, even once?
31. Yes No Don't know Have you ever been pricked by a needle or syringe that may have been infected with HIV or Hepatitis C virus?
32. Yes No Don't know Have you ever had a drinking problem that required medical care or counseling?
33. Yes No Don't know Have you ever been told or thought that you have a drinking problem?

*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 question, 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 required 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?

If “yes,” have you been tested within the last six months?

2. Have you ever had a blood test for Hepatitis C virus?

If “no,” would you like a blood test?

If “yes,” have you been tested within the last six months?

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.