

CLIENT ASSESSMENT QUESTIONNAIRE

Unique Office of AIDS
Client Number

INSTRUCTIONS: Please answer the following questions. Mark one response for each question unless instructed otherwise. All of your answers are voluntary and completely confidential. If you need assistance, please ask the person who gave you this form.

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

2. What was your biological gender at birth?
 - (1) Male
 - (2) Female
 - (3) Intersex

3. What is your race/ethnicity? *(mark all that apply)*
 - (1) Black/African American
 - (1) American Indian/Alaska Native
 - (1) Asian, specify: _____
 - (1) Native Hawaiian/Pacific Islander, specify: _____
 - (1) Hispanic/Latino(a) , specify: _____
 - (1) White
 - (1) I do not know my race/ethnicity.

4. What is your date of birth?

Month		Day		Year			

5. What is the first letter of your last name?

6. What county do you live in? _____

7. What State do you live in? _____

8. What ZIP code do you live in?

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9. Are you currently homeless? (1) Yes (0) No

10. Have you been in jail or prison for more than 24 hours in the past 12 months? (1) Yes (0) No

11. Are you currently a migrant? (1) Yes (0) No

12. Which of the following comes closest to your sexual orientation?
 - (1) Heterosexual/straight
 - (2) Bisexual
 - (3) Gay, lesbian, queer, or same gender loving
 - (4) Other orientation, specify: _____
 - (5) I do not know my sexual orientation.

13. What is your health insurance coverage? *(mark all that apply)*
 - (1) No coverage
 - (1) Private *(self or employer)*
 - (1) Medi-Cal (Medicaid)
 - (1) Family PACT
 - (1) Low Income Health Program (LIHP)
 - (1) Medicare
 - (1) Military
 - (1) Indian Health Service
 - (1) Other coverage, specify: _____

14. Have you been tested for HIV/AIDS before today?
 - (1) Yes (0) No (8) I do not know.

If yes, what was the last test result you received?

 - (1) Negative *(No HIV infection)*
 - (2) Positive *(HIV infection found)*
 - (3) Preliminary positive *(rapid test not confirmed)*
 - (4) Other result *(inconclusive, discordant, or invalid)*
 - (5) I do not know my last test result.

If yes, what is the date of your last test?

Month			Year		

15. Have you had vaginal sex *(penis in vagina)* or anal sex *(penis in anus [butt])* with a **male** in the past 12 months? (1) Yes (0) No

If yes, what type of sex have you had with a **male**? *(mark all that apply)*

 - (1) Vaginal sex *(penis in vagina)*
 - (1) Anal insertive sex *(your penis in your partner's anus [butt])*
 - (1) Anal receptive sex *(your partner's penis in your anus [butt])*

If yes, have you had vaginal or anal sex with a **male** ... *(mark all that apply)*

 - (1) without using a condom
 - (1) who injects drugs
 - (1) who you know has HIV or AIDS
 - (1) who you know has had sex with another male *(if your gender is female)*

16. Have you had oral sex with a **male** in the past 12 months? (1) Yes (0) No

17. Have you had vaginal sex (*penis in vagina*) or anal sex (*penis in anus [butt]*) with a **female** in the past 12 months? ⁽¹⁾ Yes ⁽⁰⁾ No

If yes, what type of sex have you had with a **female**? (mark all that apply)

- ⁽¹⁾ Vaginal sex (*penis in vagina*)
- ⁽¹⁾ Anal insertive sex (*your penis in your partner's anus [butt]*)

If yes, have you had vaginal or anal sex with a **female** ... (mark all that apply)

- ⁽¹⁾ without using a condom
- ⁽¹⁾ who injects drugs
- ⁽¹⁾ who you know has HIV or AIDS

18. Have you had oral sex with a **female** in the past 12 months? ⁽¹⁾ Yes ⁽⁰⁾ No

19. Have you had vaginal sex (*penis in vagina*) or anal sex (*penis in anus [butt]*) with a **transgender person** in the past 12 months? ⁽¹⁾ Yes ⁽⁰⁾ No

If yes, what type of sex have you had with a **transgender person**? (mark all that apply)

- ⁽¹⁾ Vaginal sex (*penis in vagina*)
- ⁽¹⁾ Anal insertive sex (*your penis in your partner's anus [butt]*)
- ⁽¹⁾ Anal receptive sex (*your partner's penis in your anus [butt]*)

If yes, have you had vaginal or anal sex with a **transgender person** ... (mark all that apply)

- ⁽¹⁾ without using a condom
- ⁽¹⁾ who injects drugs
- ⁽¹⁾ who you know has HIV or AIDS

20. Have you had oral sex with a **transgender person** in the past 12 months? ⁽¹⁾ Yes ⁽⁰⁾ No

21. How many people have you had vaginal or anal sex with in the past 12 months? (1 to 999)?

22. Have you received drugs, money, or other items or services for sex in the past 12 months?

- ⁽¹⁾ Yes ⁽⁰⁾ No

23. Have you had sex with a person who has exchanged sex for drugs or money in the past 12 months? ⁽¹⁾ Yes ⁽⁰⁾ No

24. How many alcoholic drinks do you have on a typical day when you are drinking?

25. Have you used any of these drugs in the past 12 months? (mark all that apply)

- ⁽¹⁾ Stimulants (*meth, speed, crank, crystal, cocaine, or crack*)
- ⁽¹⁾ Heroin
- ⁽¹⁾ Prescription opioids (*Oxycontin, Percocet, Morphine, Methadone, Codeine, Fentanyl, Buprenorphine, Norco and Vicodin*)
- ⁽¹⁾ Poppers (*amyl nitrate*)
- ⁽¹⁾ I have not used any of these drugs.

26. Have you used a needle to inject drugs in the past 12 months? ⁽¹⁾ Yes ⁽⁰⁾ No

If you have injected, did you share needles or drug injection equipment? ⁽¹⁾ Yes ⁽⁰⁾ No

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

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

29. Have you been diagnosed with any of following in the past 12 months? (mark all that apply)

- ⁽¹⁾ Chlamydia
- ⁽¹⁾ Gonorrhea
- ⁽¹⁾ Syphilis
- ⁽¹⁾ I have not been told I have any these.

30. Is there anything else that may have put you at risk for HIV? ⁽¹⁾ Yes ⁽⁰⁾ No

If yes, then please specify:

Thank you! Please return this completed form now.