

CLIENT ASSESSMENT QUESTIONNAIRE (CAQ)

INSTRUCTIONS: Please answer the following questions. 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.

Fill bubbles completely with a black pen. When writing letters or numbers, place one character in each box. For letters, use only capitals.

Shade Circles Like This--> ●

Not Like This--> ⊗ ⊙

A	B	C	D	E	F	G	H	I	J	K	L	M
N	O	P	Q	R	S	T	U	V	W	X	Y	Z

1. What is your sex/gender?

- Male Transgender (M-F) Transgender (F-M)

Female Other (Specify):

↳ **Are you pregnant?**

- Yes No

↳ **Are you in prenatal care?**

- Yes No

2. What is your race/ethnicity? (mark all that apply)

- Black/African American Latino(a)
 American Indian/Alaska Native White
 Asian Native Hawaiian/Pacific Islander

Other race (specify):

3. What is your date of birth? (mm/dd/yyyy format)

/ /

4. What Country were you born in?

5. What is your NAME? For anonymous clients, only the initials of your first and last name

First Name

Last Name

6. What is your current Health Insurance coverage?

- No Coverage Medicare Other Public, specify :
 Private Military
 Medi-Cal (Medicaid) Indian Health Services

7. Were you Incarcerated for more than 24 hours, in the last 12 months? Yes No

8. What ZIP code do you live in?

9. What County do you live in?

10. What is the highest level of school you have completed or the highest degree you have received?

- 6th grade Some college/Trade school/Associate's Degree
 8th grade 4-year college graduate (Bachelor's)
 11th grade Post-graduate Degree
 High School graduate (12th grade) Don't know
 GED Refused to answer

11. Which of the following comes closest to your sexual orientation?

- Heterosexual or straight Gay, lesbian, queer, same gender loving, or homosexual
 Bisexual Client does not know

Other orientation, specify:

12. Have you had sex with a WOMAN in the last year (12 months)?

- Vaginal sex (penis in vagina) Oral sex (mouth on penis, vagina, or anus)
 Anal sex (penis in anus (butt)) I have NOT had sex with a woman in the last year

13. Have you had sex with a MAN in the last year (12 months)?

- Vaginal sex (penis in vagina) Oral sex (mouth on penis, vagina, or anus)
 Anal sex (penis in anus (butt)) I have NOT had sex with a man in the last year



14. Have you had sex in the last year with a sex worker or prostitute (whether you paid or not)?

Yes No

15. Have you had sex in the last year with someone you know injects drugs?

Yes No

16. Have you had sex in the last year with someone you know has HIV or AIDS?

Yes No

17. If you are FEMALE, in the last year have you had sex with a man that you know has had sex with another man?

Yes No

18. Have you used a needle to inject drugs in the last year?

Yes No

19. Have you used meth, speed, crank, crystal, cocaine, or crack in the last year?

Yes No

20. Have you received drugs, money, or other items or services for sex in the last year?

Yes No

21. Has a medical or service provider told you that you have gonorrhea or syphilis in the last year?

Yes No

22. Has a medical or service provider EVER told you that you have hepatitis C?

Yes No

23. Have you EVER used a needle to inject drugs?

Yes No

24. How many HIV/AIDS tests have you had before today?

(mm/yy format)

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

 /

26. If you have tested before, what is the last test result you received?

Negative (No HIV infection) I have never received a result

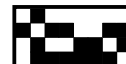
Positive (HIV infection found) Other result, specify:

27. Please select the response that best describes your living situation.

- Not Homeless/Has a permanent living situation indoors
- Homeless, sleeping in a car or temporary indoor situation without additional services
- Homeless, living outdoors
- Homeless, staying in a shelter or transitional housing where other services are provided
- Homeless, but cannot or will not give more detail
- Unable or unwilling to give any information as to homeless status

28. Do you identify as a sex worker?

Yes No



CLINIC USE ONLY

SITE AND TEST INFO	
HIRS Site Code : <input style="width: 100%; height: 20px;" type="text"/>	
State Site Code : <input style="width: 100%; height: 20px;" type="text"/>	
Intervention Session Date: (mm/dd/yyyy) <input style="width: 25%; height: 20px;" type="text"/> / <input style="width: 25%; height: 20px;" type="text"/> / <input style="width: 50%; height: 20px;" type="text"/>	Counselor ID/Initials <input style="width: 100%; height: 20px;" type="text"/>
Actual Disclosure Session Date: (mm/dd/yyyy) <input style="width: 25%; height: 20px;" type="text"/> / <input style="width: 25%; height: 20px;" type="text"/> / <input style="width: 50%; height: 20px;" type="text"/>	Counselor ID/Initials <input style="width: 100%; height: 20px;" type="text"/>
Reschedule Attempt Date for Rapid or Conventional Test Result (Date Client was called: (mm/dd/yyyy)) <input style="width: 25%; height: 20px;" type="text"/> / <input style="width: 25%; height: 20px;" type="text"/> / <input style="width: 50%; height: 20px;" type="text"/>	Counselor ID/Initials <input style="width: 100%; height: 20px;" type="text"/>
Reschedule Attempt Outcome: <input type="radio"/> Client returned for disclosure <input type="radio"/> Obtained HIV results elsewhere <input type="radio"/> Unable to locate/contact <input type="radio"/> Client declined notification <input type="radio"/> Rescheduled but did not return	
Test Election: <input type="radio"/> Anonymous test <input type="radio"/> Client declined testing/not offered <input type="radio"/> Confidential test	
Additional Tests this Visit: <input type="radio"/> No additional tests <input type="radio"/> Syphilis <input type="radio"/> Other STD (other than HIV) <input type="radio"/> Tuberculosis <input type="radio"/> Gonorrhea <input type="radio"/> Hepatitis B <input type="radio"/> Chlamydia	
HIRS Client ID (HIRS Sites Only) <input style="width: 100%; height: 20px;" type="text"/>	
Note: This section is for informational purposes only	
Final HIV Test Result: <input type="radio"/> Negative <input type="radio"/> Preliminary Positive (no confirmatory sample taken) <input type="radio"/> Positive <input type="radio"/> Inconclusive <input type="radio"/> Discordant <input type="radio"/> Invalid <input type="radio"/> Other, specify: <input style="width: 200px; height: 20px;" type="text"/>	
COUNSELOR NOTES	

ADMINISTRATIVE INFORMATION
Assessment Initials: <input style="width: 100%; height: 20px;" type="text"/>
Transition to high-level? <input type="radio"/> Yes (CIF required) <input type="radio"/> No
Referred for hepatitis C testing? <input type="radio"/> Yes (CIF required) <input type="radio"/> No
Consent Received Release form <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> No
Identify Verified (Confidential clients)? <input type="radio"/> Yes <input type="radio"/> No Type of Identification (Mark only one) <input type="radio"/> Client Photo ID <input type="radio"/> Green Card <input type="radio"/> Passport <input type="radio"/> Other ID
Place Lab Sticker #1
Place Lab Sticker #2
Place Lab Sticker #3
Place Lab Sticker #4

