

**Risk Assessment
Health Education/Risk Reduction
IDI & CRCS**



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When writing letters or numbers, place one character in each box. Please print carefully and avoid the edges of the box. For letters, use only capitals. **PLEASE USE BLACK PEN ONLY**

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	2	3	4	5	6	7	8	9	0
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SESSION AND REFERRAL INFORMATION

Session: (choose only one)

- Session 1 Final Session 60 Day Follow Up

Program ID:

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Site ID:

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Intervention Type: (choose only one)

- Individual Level Intervention (IDI)
 Comprehensive Risk Counseling Service (CRCS)

Date: (mm/dd/yy)

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Time of Encounter:

	:	
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- AM
 PM

Length of Contact:

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(minutes)

Complete this section for IDI and CRCS encounters at the FIRST SESSION ONLY:

How was client referred? (choose only one)

- Agency*** Friend/Family
 HC/PI Self
 Partner Don't Know

Other, specify:

*****If client was referred from an agency, which program?** (choose only one)

- HCT HC/PI Partner Services
 CRCS HE/RR Outreach Encounter
 Intake Don't Know Other

Complete this section if client is unaware of their status or wishes to be tested. Place a test lab sticker in the box if client tests today:

Testing Referral: (choose only one)

- Tested at encounter
 Referred for testing
 Declined/refused testing
 No testing referral



Place Test Lab Sticker #1 Below

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Referrals: (choose all that apply)

- No referrals provided

Risk/Harm Reduction

- Comprehensive risk counseling (CRCS)
 HIV education & prevention services
 Follow-up HIV counseling
 Prevention skill development
 Prevention support group
 Individual psychotherapy/counseling

Substance Use Services

- Alcohol/Drug Treatment
 Harm reduction services
 Syringe exchange program (SEP)
Positive Referrals
 HIV medical care
 HIV case management

Other Referrals

- HCV medical services Social services
 Post exposure prophylaxis (PEP) Reproductive services
 Hepatitis testing/vaccination STD testing & treatment
 General medical services TB testing & treatment
 Other referral, specify:

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CLIENT BACKGROUND INFORMATION

First Name Initial: Last Name Initial:

Residence Zip Code:

Date of Birth: (mm/dd/yy)

/ /

What country was the client born in?

Incarcerated? Yes No Declined/Refused
(In last 12 months or since last session)

Is client a sex worker? Yes No

Gender Identity: (choose only one gender)

- Male
- Female
- Transgendered: M to F
- Transgendered: F to M
- Other, specify:

Gender at Birth: (choose only one)

- Male Female
- Pregnant?** Yes No Client doesn't know
- If Yes, in Perinatal Care?** Yes No

Homeless Status: (choose only one)

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

Race/Ethnicity: (choose all that apply)

- Black / African-American Asian
- American Indian/ Alaska Native White
- Hispanic/ Latino(a) Don't Know
- Native Hawaiian/ Pacific Islander Decline/Refused to Answer
- Other race, specify:

Sexual Orientation: (choose only one)

- Heterosexual/straight
- Bisexual
- Gay or lesbian
- Declined/Refused
- Other, specify:

Current Health Insurance Coverage: (choose all that apply)

- No coverage Medi-Cal (Medicaid)
- Private Indian Health Service
- Military Other, specify:
- Medicare

Partner Services (PS) discussed/offered to client?
(choose only one)

- No, PS not discussed
 - Yes, client declined services
 - Yes, PS referred out
 - Yes, PS activities this session
- (If yes to activities this session, initial below and indicate activities in PS Activities section to the right)

PS Initials/ID (if activities)

If PS activities took place this session, indicate activities below and fill in PS initials/ID in section on left.

- | PS Activities: (choose all that apply) | # of Partners (1-999) |
|---|--|
| <input type="radio"/> Skill building w/ client for self notification (indicate # of partners) | <input type="text"/> <input type="text"/> <input type="text"/> |
| <input type="radio"/> Anonymous third party notification (indicate # of partners) | <input type="text"/> <input type="text"/> <input type="text"/> |
| <input type="radio"/> Dual client/partner session (indicate # of partners) | <input type="text"/> <input type="text"/> <input type="text"/> |



SEXUAL BEHAVIOR HISTORY

Did client have vaginal or anal sex in the last 12 months or since the last session? Yes No
If yes, please complete questions below. If NO, SKIP to page 4.

If this is client's FIRST SESSION, complete the section labeled "In the Last 12 months".

If this is client's FINAL SESSION or 60 DAY FOLLOW UP, complete the section labeled "Since the Last Session".

The section labeled "Always used condoms during sex activity" should be completed for ALL Sessions.

SEX ACTIVITY	COMPLETE THIS COLUMN IF THIS IS YOUR FIRST SESSION			COMPLETE THIS COLUMN AT ALL OTHER SESSIONS			ALWAYS COMPLETE Always used condoms during sex activity
	LAST 12 MONTHS			SINCE THE LAST SESSION			
	Male	Female	Transgender	Male	Female	Transgender	
Oral Sex	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Vaginal Sex	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Anal Sex	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Exchanged sex for drugs/money/ something needed	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sex while intoxicated/ high on drugs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sex with a partner who is an IDU	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sex with a partner who is HIV+	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sex with a partner whose HIV status is unknown	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sex with a partner who exchanges sex for drugs/money/etc.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sex with anonymous partner	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
FOR FEMALE CLIENTS ONLY: Sex with a male or transgender partner who has sex with other men	<input type="radio"/>		<input type="radio"/>	<input type="radio"/>		<input type="radio"/>	<input type="radio"/>

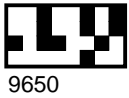
How many partners has the client had vaginal or anal sex with in past 30 days? (0-999)

Male Female Transgender

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SUBSTANCE USE HISTORY

In the last 12 months OR since the last session, has client injected any substance (drugs, hormones, insulin, vitamins, etc.) AND shared needles or works?
 Yes No

Has client EVER injected any substance (drugs, hormones, insulin, vitamins, etc.) AND shared needles or works?
 Yes No

Mark all substances used:

Injected:

Had sex while high or intoxicated:

- | | | |
|---|--|--|
| <input type="radio"/> Alcohol | | <input type="radio"/> Yes <input type="radio"/> No |
| <input type="radio"/> Methamphetamine | <input type="radio"/> Yes <input type="radio"/> No | <input type="radio"/> Yes <input type="radio"/> No |
| <input type="radio"/> Cocaine (Powder) | <input type="radio"/> Yes <input type="radio"/> No | <input type="radio"/> Yes <input type="radio"/> No |
| <input type="radio"/> Crack (Rock) | <input type="radio"/> Yes <input type="radio"/> No | <input type="radio"/> Yes <input type="radio"/> No |
| <input type="radio"/> Heroin (dope, junk, skag, smack, H) | <input type="radio"/> Yes <input type="radio"/> No | <input type="radio"/> Yes <input type="radio"/> No |
| <input type="radio"/> Other Drug, Specify: | <input type="radio"/> Yes <input type="radio"/> No | <input type="radio"/> Yes <input type="radio"/> No |

SUBSTANCES USED

(Last 12 months or Since the Last Session)

- No alcohol or drug use Declined/Refused

If no drug use in last 12 mo. or since last session, skip the section to the right

HIV Test Information

Number of prior HIV tests:

(enter "0" if never tested before today)

Declined/Refused to Answer

(mm/yy)

Date of last HIV test result received?

/

If you have tested before, what was the last test result you received? (Choose only one)

- Negative
- Positive
- Preliminary positive (no confirmatory result received by client)
- Inconclusive, discordant, invalid
- Never received a result
- Declined/Refused to Answer

HIV Medical Care

If client states he/she is HIV+, complete the following questions.

If this is the FIRST session, answer the questions for the past 6 months. For all other intervention sessions or follow up, answer the following questions in terms of 'since last session':

How many times did you see a health care provider for your HIV? Please don't include times when you had an emergency room visit or a hospital admission, or only had a lab test done.

If first session, # in past 6 months.

All other sessions, # since last session.

Enter # from 0-199

Declined/Don't Know

(mm/yy)

Date of last HIV medical care visit?

/

If client tested positive today and was not referred this visit, why? (Choose only one)

- Client already in care
- Client declined care

STDs & HEPATITIS: Last 12 Months or Since the Last Session (choose all that apply):

- | | | |
|--|---|---|
| <input type="radio"/> No STDs/Hepatitis | <input type="radio"/> Chlamydia | <input type="radio"/> Genital Herpes (HSV) |
| <input type="radio"/> Syphilis (syph, the pox, lues) | <input type="radio"/> Human Papilloma Virus (HPV) | <input type="radio"/> Hepatitis C (HCV) |
| <input type="radio"/> Gonorrhea (GC, clap, drip) | <input type="radio"/> Trichomoniasis (trich) | <input type="radio"/> Other STD, specify: |
| <input type="radio"/> Hepatitis A (HAV) | <input type="radio"/> Hepatitis B (HBV) | <div style="border: 1px solid black; width: 200px; height: 25px; margin-left: 10px;"></div> |

Have you EVER been vaccinated for either of the following? (choose all that apply):

- Hepatitis A
- Hepatitis B



Self Administered Questionnaire



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Not Like This--> ~~⊗~~ ⊙

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N	O	P	Q	R	S	T	U	V	W	X	Y	Z

1	2	3	4	5	6	7	8	9	0
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Please complete all of the following questions.
If you need assistance please ask the person who gave you this form.

Place the first initials of your first and last name in the boxes below:

First Name Initial: Last Name Initial:

What is your date of birth? (mm/dd/yy)

 / /

What is the zip code for your home/regular hang out?

What gender do you consider yourself?

(choose only one gender)

- Male
- Female
- Transgendered: M to F
- Transgendered: F to M
- Other

For the next set of questions, please indicate to what extent you agree or disagree:

AIDS is now nearly cured.

(choose only one)

- Strongly Disagree
- Disagree
- Neither Agree nor Disagree
- Agree
- Strongly Agree

Being HIV-positive isn't that big of a deal now that treatments are better.

(choose only one)

- Strongly Disagree
- Disagree
- Neither Agree nor Disagree
- Agree
- Strongly Agree

If you are HIV-, what do you think your chances of getting HIV are? If you are HIV+, what do you think your chances of transmitting HIV are?

(choose only one)

- Very Likely
- Likely
- Neither Likely nor Unlikely
- Unlikely
- Very Unlikely

I am able to use a condom under any situation so that I don't get or spread HIV. (Such as when I am drunk or high or when my partner doesn't want to use condoms)

(choose only one)

- Strongly Disagree
- Disagree
- Neither Agree nor Disagree
- Agree
- Strongly Agree



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Self Administered Questionnaire

For the next set of questions, please indicate if you believe the statement is true or false:

	<i>True</i>	<i>False</i>	<i>Don't Know</i>
Pulling out the penis before a man climaxes/cums keeps a man/woman from getting HIV during sex.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
A man/woman can get HIV if he/she has anal sex with a man.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
People who have been infected with HIV quickly show serious signs of being infected.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
There is a vaccine that can stop adults from getting HIV.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
People are likely to get HIV by deep kissing, putting their tongue in their partner's mouth, if their partner has HIV.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Having sex with more than one partner can increase a person's chance of being infected with HIV.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Thank you! All of your responses will remain confidential.

Your answers will help our agency to better serve you.

If you have any questions or concerns as a result of these questions or your answers, you may talk with your group facilitator.

Admin Use Only: To be completed by agency staff.

Intervention Type:

- Individual Level Intervention (IDI)
- Comprehensive Risk Counseling Service (CRCS)
- Group

Date: (mm/dd/yy)

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Session:

- Session 1
- Final Session
- 30 Day Follow Up
- 60 Day Follow Up

Program ID:

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Site ID:

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