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.

1. What is your sex/gender?
   - Male
   - Transgender (M-F)
   - Transgender (F-M)
   - Female
   - Other (Specify):

2. What is your race/ethnicity? (mark all that apply)
   - Black/African American
   - American Indian/Alaska Native
   - Asian
   - 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
    - 8th grade
    - 11th grade
    - High School graduate (12th grade)
    - GED
    - Some college/Trade school/Associate's Degree
    - 4-year college graduate (Bachelor's)
    - Post-graduate Degree
    - Don't know
    - Refused to answer

11. Which of the following comes closest to your sexual orientation?
    - Heterosexual or straight
    - Bisexual
    - Gay, lesbian, queer, same gender loving, or homosexual
    - 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

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24. How many HIV/AIDS tests have you had before today?  
   O Yes  O No

25. If you have tested before, what is the date of your last test?  
   (mm/yy format)
   [ ]

26. If you have tested before, what is the last test result you received?  
   O Negative (No HIV infection)  O I have never received a result  
   O Positive (HIV infection found)  Other result, specify: [ ]

27. Please select the response that best describes your living situation.  
   O Not Homeless/Has a permanent living situation indoors  O Homeless, sleeping in a car or temporary indoor situation without additional services  
   O Homeless, living outdoors  O Homeless, staying in a shelter or transitional housing where other services are provided  
   O Homeless, but cannot or will not give more detail  O Unable or unwilling to give any information as to homeless status

28. Do you identify as a sex worker?  
   O Yes  O No
**CLINIC USE ONLY**

### SITE AND TEST INFO

<table>
<thead>
<tr>
<th>HIRS Site Code</th>
<th>State Site Code</th>
<th>Intervention Session Date: (mm/dd/yyyy)</th>
<th>Counselor ID/Initials</th>
</tr>
</thead>
<tbody>
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<table>
<thead>
<tr>
<th>Actual Disclosure Session Date: (mm/dd/yyyy)</th>
<th>Counselor ID/Initials</th>
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<tbody>
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<thead>
<tr>
<th>Reschedule Attempt Date for Rapid or Conventional Test Result (mm/dd/yyyy)</th>
<th>Counselor ID/Initials</th>
</tr>
</thead>
<tbody>
<tr>
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</tbody>
</table>

**Reschedule Attempt Outcome:**
- [ ] Client returned for disclosure
- [ ] Obtained HIV results elsewhere
- [ ] Unable to locate/contact
- [ ] Client declined notification
- [ ] Rescheduled but did not return

**Test Election:**
- [ ] Anonymous test
- [ ] Confidential test

**Additional Tests this Visit:**
- [ ] No additional tests
- [ ] Syphilis
- [ ] Other STD (other than HIV)
- [ ] Tuberculosis
- [ ] Gonorrhea
- [ ] Hepatitis B
- [ ] Chlamydia

**HIRS Client ID (HIRS Sites Only)**

### ADMINISTRATIVE INFORMATION

**Assessment Initials:**

- [ ] Yes (CIF required)
- [ ] No

**Transition to high-level?**

- [ ] Yes (CIF required)
- [ ] No

**Referred for hepatitis C testing?**

- [ ] Yes (CIF required)
- [ ] No

**Consent Received**

- [ ] Yes
- [ ] No

**Release form**

- [ ] Yes
- [ ] No

**Type of Identification (Mark only one):**
- [ ] Client Photo ID
- [ ] Green Card
- [ ] Passport
- [ ] Other ID

**Identify Verified (Confidential clients)?**

- [ ] Yes
- [ ] No

**Final HIV Test Result:**

- [ ] Negative
- [ ] Preliminary Positive (no confirmatory sample taken)
- [ ] Positive
- [ ] Inconclusive
- [ ] Discordant
- [ ] Invalid
- [ ] Other, specify: ____________________________

### COUNSELOR NOTES

- [ ] Note: This section is for informational purposes only

- [ ] Place Lab Sticker #1
- [ ] Place Lab Sticker #2
- [ ] Place Lab Sticker #3
- [ ] Place Lab Sticker #4