



HIV SUPPLEMENTAL QUESTIONNAIRE

PLEASE COMPLETE THIS FORM ONLY IF YOU ARE HIV POSITIVE

HIV status (Check one)

___ Diagnosed HIV positive, not AIDS ___ Diagnosed HIV positive, AIDS ___ Unknown / Decline to state

When did you first find out you were HIV positive? ___/___/___ month day year

Please Note: The following questions are used to assess the factors that put you at risk for contracting HIV. Please indicate your risk exposure by marking Yes or No after each factor.

Before your first positive HIV antibody test or AIDS diagnosis, did you engage in the following? (check all that apply)

- Had sex with a man ___Yes ___No
Had sex with a woman ___Yes ___No
Had sex with a male to female transgender person ___Yes ___No
Had sex with a female to male transgender person ___Yes ___No
Injected non-prescription drugs ___Yes ___No

Before your first positive HIV antibody test or AIDS diagnosis, did you engage in heterosexual sexual contact with the following? (check all that apply)

- Intravenous/injection drug user ___Yes ___No
Bisexual male ___Yes ___No
Person with hemophilia/coagulation disorder ___Yes ___No
Transfusion recipient with documented HIV infection ___Yes ___No
Transplant recipient with documented HIV infection ___Yes ___No
Person with HIV/AIDS infection (unknown risk) ___Yes ___No

Before your first positive HIV antibody test or AIDS diagnosis, did you:

- Receive clotting factor for coagulation disorder? ___Yes ___No
If yes, specify: ___ Factor VIII (Hemophilia A) ___ Factor IX (Hemophilia B)
Other: _____
Receive a transfusion of blood/components other than clotting factor? ___Yes ___No
If yes: First transfusion date ___ Last transfusion date ___
Receive a transplant of tissues/organs or artificial insemination? ___Yes ___No
Work in health care or clinical lab setting? ___Yes ___No
If yes, specify occupation _____
Experience some other factor that put you at risk for HIV infection? ___Yes ___No
If yes, specify risk _____

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Were you exposed to HIV by your mother during her pregnancy with you? Yes No

The following questions are a requirement of the agencies who help pay for your services. Please help us improve our reporting by answering the following questions:

In the last 30 days I have had sex with (indicate all that apply):

Male partners	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Female partners	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Transgender male to female partners	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Transgender female to male partners	<input type="checkbox"/> Yes	<input type="checkbox"/> No

In the last 30 days I have participated in the following activities (indicate all that apply):

Sex without a condom or dental dam	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Injecting non-prescription drugs	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Injecting other substances in a non-medical setting	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Alcohol or non-injection drug use	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Exchanging sex for money, drugs, etc.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Receiving blood, blood components, or tissue	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Any other behavior or activity that can spread HIV	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Source(s) / monthly amounts of income (Check all that apply. Indicate monthly amount received from each source.)

<input type="checkbox"/> Employment	Amt: _____	<input type="checkbox"/> SSDI (Soc. Sec. Disability Ins.)	Amt: _____
<input type="checkbox"/> AFDC	Amt: _____	<input type="checkbox"/> Unemployment insurance	Amt: _____
<input type="checkbox"/> Social Security	Amt: _____	<input type="checkbox"/> Worker's Compensation	Amt: _____
<input type="checkbox"/> SSI (Soc. Sec. Retirement)	Amt: _____	<input type="checkbox"/> Housing assistance	Amt: _____
<input type="checkbox"/> SDI (State Disability Ins.)	Amt: _____	<input type="checkbox"/> CAPI	Amt: _____
<input type="checkbox"/> Cal Works	Amt: _____	<input type="checkbox"/> Food stamps	Amt: _____
<input type="checkbox"/> WIC	Amt: _____	<input type="checkbox"/> Veterans benefits	Amt: _____
<input type="checkbox"/> Pension, annuity	Amt: _____	<input type="checkbox"/> TANF	Amt: _____
<input type="checkbox"/> Other (Source) _____	Amt: _____		
<input type="checkbox"/> General Relief (County) _____	Amt: _____		

How many people live in your household including yourself? _____ Of these, how many are dependent children? _____

Housing information

What is your housing situation? (Check one):

- Not homeless (I have a permanent living situation indoors)
- Homeless, living outside (I sleep outdoors)
- Homeless, staying at a shelter (I sleep in a shelter or transitional housing where other services are being provided)
- Homeless, other living arrangements (I sleep in a car or temporary indoor situation without additional services)
- Homeless, unable to specify further (I am homeless, but I do not wish to give more detail)
- Decline to answer

In your current residence, do you: Rent? Own your home? Other _____

Have you been incarcerated? Yes No Decline to answer
If yes, was this within the last 6 months? Yes No

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Do you have a history of drug abuse or dependency problems?

If yes, was this within the last 12 months?

___ Yes ___ No

___ Yes ___ No

___ Decline to answer

Do you have a history of mental health conditions?

If yes, was this within the last 12 months?

___ Yes ___ No

___ Yes ___ No

___ Decline to answer

Highest level of education attained:

- 8th grade or below
- Some high school
- High school graduate / GED
- Some college
- College degree

Prior criminal convictions:

- None
- Yes, felony
- Yes, misdemeanor
- Yes, unknown type
- Decline to answer

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