Service Provider: _____

IMPORTANT

- This questionnaire was designed to help our staff better serve you and care for your needs. It asks very private and intimate questions. Your answers will be kept in strict confidentiality*
  **This document complies strictly with the confidentiality protection requirements of the law 42 CFR, Ch.I, Part2 Sect. 2.16)*
- A new CD Screening Tool is to be completed each time a person starts a SA Treatment service

PART I – QUESTIONS RELATED TO EXPOSURE TO TB

1. Have you ever been told by a physician or other health care provider that you have had a positive test for a TB test or been told that you have TB? ☐ Yes ☐ No

   If "Yes", do you remember when was this? _____

   Did you follow-up with a physician or health care provider? ☐ Yes ☐ No

2. Have you ever received treatment for TB disease? ☐ Yes ☐ No

   If "Yes", when? _____ How long? _____

3. Have you ever lived with someone or spent time with someone who has had TB? ☐ Yes ☐ No

4. Have you ever lived on the street or in a shelter or been in jail, a psychiatric hospital or in other close quarters with people who you did not know well? ☐ Yes ☐ No

   If "Yes", please give us a brief description of it:

   _____

   _____

5. Are you a veteran/active military who has been stationed in Afghanistan within the past five years (or do you live with someone who is and has been)? ☐ Yes ☐ No

6. Within the last 30 days, have had or have you lived with anyone who has had any of the following symptoms for more than two weeks:

   a. Fever ☐ Yes ☐ No
   b. Night sweats ☐ Yes ☐ No
   c. Chills ☐ Yes ☐ No
   d. Lingering cough that produces mucus (phlegm) ☐ Yes ☐ No
   e. Coughing up blood ☐ Yes ☐ No
   f. Shortness of breath ☐ Yes ☐ No
   g. Lumps or swollen glands in the neck or under the arm ☐ Yes ☐ No
   h. Loss of appetite ☐ Yes ☐ No
   i. Sudden or significant weight loss ☐ Yes ☐ No
   j. Excessive or lingering fatigue ☐ Yes ☐ No

PART II – QUESTIONS RELATED TO EXPOSURE TO: HIV (HUMAN IMMUNODEFICIENCY VIRUS) HEPATITIS (A, B, C) SEXUALLY TRANSMITTED DISEASES

IMPORTANT

- If you have tested positive for HIV/AIDS or Hepatitis C in the past, please let us know*

1. Have you ever shared needles or injecting "works" with other individuals, including your spouse or significant other, even once or a long time ago? ☐ Yes ☐ No
2. Have you had any needle stick injury? ☐ Yes ☐ No
3. Do you have any body art such as tattoos or body piercing? ☐ Yes ☐ No
4. Have you ever experienced other forms of blood-to-blood or body fluid contact including:
   - ☐ Blood transfusion or organ transplant before 1992
   - ☐ Received blood clotting factor made before 1992
   - ☐ Been on hemodialysis
   - ☐ Had occupation exposure to blood in a medical care or public safety setting
5. Have you ever been told you have elevated liver enzymes or liver disease? ☐ Yes ☐ No
6. Have you ever used cocaine with a shared straw or dollar bill? ☐ Yes ☐ No
7. Have you had any mucosal exposure to bodily fluids, such as splashing of blood into the eye or into an open wound/skin cut? ☐ Yes ☐ No
8. Have you, or anyone you've has sex with, has any of the following symptoms within the last 30 days? (check all that apply):

   For men **and** women:
   - ☐ Sore or ulcer on the penis/vagina ("down there")
   - ☐ Rash or spots, especially on your palms or on the soles of your feet
   - ☐ Burning when you urinate

   For women **only**:
   - ☐ A vaginal discharge this is different from what you usually have
   - ☐ Pain when you have vaginal sex
   - ☐ Pain in your lower abdomen

   For men **only**:
   - ☐ Unusual discharge from the penis (example: pus)
9. Have you, or someone you've had sex with, experienced the following? (check all that apply):
   - ☐ Forced sex
   - ☐ Homelessness
   - ☐ Mental health issues
   - ☐ Migrant work
   - ☐ More than one sex partner in six months
   - ☐ Exchanged sex for drugs or money
   - ☐ Incarceration for a period longer than two days

10. Have you had sexual experiences with:
    - ☐ Someone who injects drugs
    - ☐ An anonymous partner (someone you do not know)
    - ☐ **(men only)** Other men
    - ☐ **(women only)** a man who has had sex with a man
    - ☐ Someone who has had a recent sexually transmitted disease (STD)
    - ☐ Someone living with HIV/AIDS
    - ☐ A person against my will
    - ☐ Someone unaware of their HIV status
    - ☐ Someone who drug and sexual history is unknown to you

THANK YOU FOR COMPLETING THIS QUESTIONNAIRE!

PLEASE WAIT UNTIL A STAFF PERSON REVIEWS THIS QUESTIONNAIRE WITH YOU BEFORE YOU COMPLETE THE SECTION BELOW!

Now that a staff person has reviewed the information of the questionnaire above with you, please check the boxes below if they apply to you:

☐ After reviewing the information which I disclosed through this questionnaire, the staff of the program indicated that I may be at a higher risk for developing a Communicable Disease.

☐ A staff person of this program gave me information and education to help better understand how to prevent the risk of contracting Communicable Diseases.

Signature _____ Date _____

Witness _____ Date _____