

ADMINISTRATIVE USE ONLY

Referrals: (1) No Referrals Provided

Agency: _____

Outcome: _____

(1) HIV Risk Reduction Activities

(1) Pre-Exposure Prophylaxis (PrEP)

(1) HIV Medication Adherence Services

(1) Substance Use Services

(1) Syringe Services Program

(1) STD Testing and Treatment

(1) Hepatitis Services

(1) Mental Health Services

(1) TB Testing and Treatment

(1) Housing Services

Testing Referral (check one):

(1) Tested at Encounter

(2) Referred for Testing

(3) Declined/Refused Testing

(4) No Testing Referral

(1) If Test Result is Positive or Preliminary Positive

Date Tested (mm/dd/yyyy): _____

Unique Office of AIDS Number

Risk Reduction/Behavioral Outcomes (complete at first session, last session and 30 days after intervention):

Number of Vaginal or Anal Sex Partners for the Past 30 Days:

_____ Male

+ _____ Female

+ _____ Transgender

= _____ TOTAL

Number of Vaginal or Anal Sex Partners by Serostatus Sex Partners for the Past 30 Days:

_____ Positive Partners

+ _____ Negative Partners

+ _____ Partners with Unknown Status

= _____ TOTAL

Percentage of Condom Use During Vaginal or Anal Sex by Serostatus Sex Partners for the Past 30 Days:

_____ % with HIV Positive Partners

_____ % with HIV Negative Partners

_____ % with HIV Unknown Partners

Was Client Referred to HIV Medical Care?

Agency: _____

Outcome: _____

Date of Medical Visit (mm/dd/yyyy): _____

Provider Notes:

(1) Provider Referred Client to HIV Medical Care:

(2) Provider Referred Client to Program that does Linkage/Re-engagement to Care:

(3) No Referral Made Because: (1) Client Currently in Care (2) Referred at Previous Session

(3) Client Declined Referral (specify reason): _____

(4) Other Reason (specify): _____

HIV Medical Adherence: Check if Adherence Support Provided During This Session: (1) Yes

Please verify client's HIV medical adherence response answered in question #32 and provide adherence support if indicated.

Adherence Notes:

Percent of ART Doses Taken in the Past Four Weeks:

_____ % As of (mm/dd/yyyy): _____

Partner Services:

Was Partner Services Discussed/Offered This Session (check one):

(1) Offered and Accepted (2) Offered and Refused (3) Not Offered

Was Skill Building Provided for Self-Notification:

(1) Yes (0) No

If yes, number of partners to be self-notified (0-999): _____

Was Client Interviewed for Partner Elicitation at This Agency (dual and 3rd party):

(1) Yes (0) No If yes, interview date (mm/dd/yyyy): _____

(attach Partner Information Forms)

If yes, number of partners (dual and 3rd party) (0-999): _____

Was Partner Services Referred Out to Another Agency:

(1) Yes (0) No If yes, specify agency: _____

If yes, was client interviewed for partner elicitation:

(1) Yes

(0) No

(8) Don't Know

If yes, interview date (mm/dd/yyyy): _____

If yes, number of partners (dual and 3rd party) (0-999): _____

Data Entry Initials: _____

Encounter ID #: _____

LEO SELF ADMINISTERED QUESTIONNAIRE (SAQ)

Do NOT write your name on this survey.

This anonymous questionnaire contains questions about your health and sexual behavior. We hope that you will respond honestly to each item. Of course, you may leave an item blank if you really don't want to answer it. But please help us by answering all of the items that you can. Your answers will help local and state health agencies better serve the health needs of people living in California.

SOME BACKGROUND INFORMATION ABOUT YOU

1.) What is your current gender identity? (check one)

(1) Male

(2) Female

(3) Transgender (male to female)

(4) Transgender (female to male)

(5) Other Identity (specify): _____

2.) What was your biological sex at birth? (check one)

(1) Male

(2) Female

(3) Intersex

3.) What is your race/ethnicity? (check all that apply)

(1) Black/African American

(1) American Indian/Alaskan Native

(1) Asian (specify): _____

(1) Native Hawaiian/Pacific Islander (specify): _____

(1) Hispanic/Latino(a) (specify): _____

(1) White

(1) I do not know my race/ethnicity

4.) What is your date of birth?

____ (mm/dd/yyyy)

5.) What is the first letter of your last name?

6.) What county do you live in? _____

7.) What state do you live in? _____

8.) What ZIP code do you live in? _____

9.) What is your current housing status? (check one)

(1) Homeless (2) Unstably Housed

(3) Stably Housed (4) D/R

10.) What was your most severe housing status in the last 12 months? (check one)

(1) Homeless (2) Unstably Housed

(3) Stably Housed (4) D/R

11.) Have you been in jail or prison for more than 24 hours in the past 12 months? (1) Yes (0) No

12.) Do you regularly live in various locations throughout the year because of work? (1) Yes (0) No

13.) Which of the following comes closest to your sexual orientation? (check one)

(1) Heterosexual/Straight (2) Bisexual

(3) Gay, Lesbian, Queer, or Same Gender Loving

(4) Other Orientation (specify): _____

(5) I do not know my sexual orientation

14.) What is your health insurance coverage?

(check all that apply) (1) No Coverage (1) Medicare

(1) Medi-Cal (Medicaid) (1) Indian Health Service

(1) Private (self or employer) (1) Family PACT

(1) Low Income Health Program (LIHP) (1) Military

(1) Other Public Coverage (specify): _____



STOP HERE. Only complete the remaining pages if your group leader asks you to.

ADMINISTRATIVE USE ONLY

Group Name: _____ Provider's ID #: _____ Check (1) Page 1 Only

One: (2) Completed Form

Series #: _____ Session #: _____ of _____ Date of This Group: _____ (mm/dd/yyyy)

LHJ/Agency #: _____ Location #: _____ Agency Client #: _____

Data Entry Initials: _____ Encounter ID #: _____

15.) Have you had vaginal sex (penis in vagina) or anal sex (penis in anus [butt]) with a male in the past 12 months? (1) Yes (0) No

If yes, what type of sex have you had with a male? (check all that apply)

- (1) Vaginal Sex (penis in vagina)
- (1) Anal Insertive Sex (your penis in your partner's anus [butt])
- (1) Anal Receptive Sex (your partner's penis in your anus [butt])

If yes, have you had vaginal or anal sex with a male... (check all that apply)

- (1) without using a condom
- (1) who injects drugs
- (1) who you know has HIV or AIDS
- (1) who you know has had sex with another male (if your gender is female)

16.) Have you had oral sex with a male in the past 12 months? (1) Yes (0) No

17.) Have you had vaginal sex (penis in vagina) or anal sex (penis in anus [butt]) with a female in the past 12 months? (1) Yes (0) No

If yes, what type of sex have you had with a female? (check all that apply)

- (1) Vaginal Sex (penis in vagina)
- (1) Anal Insertive Sex (your penis in your partner's anus [butt])

If yes, have you had vaginal or anal sex with a female... (check all that apply)

- (1) without using a condom
- (1) who injects drugs
- (1) who you know has HIV or AIDS

18.) Have you had oral sex with a female in the past 12 months? (1) Yes (0) No

19.) Have you had vaginal sex (penis in vagina) or anal sex (penis in anus [butt]) with a transgender person in the past 12 months? (1) Yes (0) No

If yes, what type of sex have you had with a transgender person? (check all that apply)

- (1) Vaginal Sex (penis in vagina)
- (1) Anal Insertive Sex (your penis in your partner's anus [butt])
- (1) Anal Receptive Sex (your partner's penis in your anus [butt])

Continued on next column...

If yes, have you had vaginal or anal sex with a transgender person... (check all that apply)

- (1) without using a condom
- (1) who injects drugs
- (1) who you know has HIV or AIDS

20.) Have you had oral sex with a transgender person in the past 12 months? (1) Yes (0) No

21.) How many people have you had vaginal or anal sex with in the past 12 months? (1 to 999)

22.) Have you received drugs, money, or other items or services for sex in the past 12 months? (1) Yes (0) No

23.) Have you had sex with a person who has exchanged sex for drugs or money in the past 12 months? (1) Yes (0) No

24.) How many alcoholic drinks do you have on a typical day when drinking? (1 to 99)

25.) Have you used any of these drugs in the past 12 months? (check all that apply)

- (1) Stimulants (such as meth, speed, crank, crystal, cocaine, or crack)
- (1) Heroin
- (1) Prescription Opiate Drugs (such as Oxycontin, Percocet, Morphine, Methadone, Codeine, Fentanyl, Buprenorphine, Norco, and Vicodin)
- (1) Poppers (such as amyl nitrate)
- (1) I have not used any of these drugs

26.) Have you used a needle to inject drugs in the past 12 months? (1) Yes (0) No

If you have injected, did you share needles or drug injection equipment? (1) Yes (0) No

27.) Have you ever used a needle to inject drugs? (1) Yes (0) No

28.) Has a medical or service provider ever told you that you have hepatitis C? (1) Yes (0) No

Continued on next page...

29.) Have you been diagnosed with any of the following in the past 12 months? (check all that apply)

- (1) Chlamydia
- (1) Gonorrhea
- (1) Syphilis
- (1) I have not been told I have any of these

30.) Is there anything else that may have put you at risk for HIV? (1) Yes (0) No

If yes, specify: _____

31.) Have you ever been tested for HIV/AIDS before today? (1) Yes (0) No (8) I Don't Know

If no, or don't know, STOP HERE. 

If yes, what was the date of your last test?

(mm/yyyy)

If yes, what was the last result you received?

- (1) Negative (no HIV infection) 
- (2) Other Result (inconclusive, discordant, or invalid) 
- (3) I do not know my last result 
- (4) Positive (HIV infection found) Go to #32.
- (5) Preliminary Positive (rapid test not confirmed) Go to #32.

32.) If HIV positive:

Have you ever been to an HIV medical provider?

- (1) Yes (0) No

If yes, date of last HIV medical appointment:

(mm/yyyy)

What is the date of your next HIV medical appointment?

(mm/yyyy)

No appointment scheduled

Do you take HIV medication? (1) Yes (0) No

If yes, in the last 3 days, not including today, how many days did you take all of your HIV medicines correctly?

- (0) Zero (1) One
- (2) Two (3) Three

Please enter most recent CD4 count: _____

Date of last CD4 count:

(mm/yyyy)

Please enter most recent viral load: _____

or Check here if undetectable

Date of last viral load:

(mm/yyyy)

Would you like help informing any partners about your HIV status? (1) Yes (0) No

If you are female and HIV positive:

Are you pregnant? (1) Yes (0) No

If yes, do you have prenatal care?

- (1) Yes (0) No

 STOP HERE. Thank you! Please return this completed form now.