

## Infectious Disease Risk Assessment

The following questions are necessary to assess your risk for infectious diseases. You are not required to answer these questions to participate in an assessment/treatment and client confidentiality laws protect all answers.

Client Name: \_\_\_\_\_

Client #: \_\_\_\_\_

Infectious Disease Risk	Yes	No	?
Have you seen a health care provider in the past three months			
Do you or have you lived on the street or in a shelter			
Have you ever been in jail/prison/juvenile detention			
Have you ever been in a long-term care facility (mental health hosp, nursing home, rehab)			
In the past 3 months, have you traveled outside the US (where: _____)			
Are you a combat veteran			
In the past year, have you had a tattoo, body piercing, acupuncture, or contact with blood			
Where were you born			
How long have you been in the US			
Have you lived with anyone diagnosed with TB in the past year			
Have you ever been treated for TB			
Have you ever been told you have Hepatitis A			
Have you ever been told you have Hepatitis B			
Have you ever been told you have Hepatitis C			
Have you ever used needles to shoot drugs			
Have you ever shared needles or syringes to inject drugs			
Have you ever had a job where you were at risk for needle sticks or blood contact			
In the past year, have you or anyone you had sex with have an STD or Hepatitis			
<b>In the past 30 days have you had any of these symptoms lasting more than 2 wks</b>			
Nausea			
Fever			
Drenching night sweats that were so bad you had to change clothes or bed sheets			
Productive cough			
Coughing up blood			
Shortness of breath			
Lumps or swollen glands in the neck or armpits			
Loss of weight without trying to			
Diarrhea lasting more than a week			
Brown tinged urine			
Women: Missed periods for last two months			
Extreme fatigue			

Jaundice or yellow eyes			
<b>HIV/AIDS/Hepatitis C Risk</b>	<b>Yes</b>	<b>No</b>	<b>?</b>
Did you receive a blood transfusion before 1992			
Have you received blood products produced before 1987 for clotting problems			
Was your birth mother infected by Hepatitis C during the time of your birth			
Have you been or are you currently on long-term kidney dialysis			
Have you had unprotected sex with someone who has the blood disease hemophilia			
Have you had unprotected sex with a person who injects drugs			
Have you had unprotected sex with a man who has sex with other men			
Have you had sex in exchange for money or drugs in order to survive			
Have you had unprotected sex with more than one partner in the past 6 months			
Have you had sex or shared needles with a person who has AIDS, HIV+, or Hep C +			
Have you ever injected drugs, even once			
Have you ever been pricked by a needle that may have been infected with HIV or Hep C			
Have you ever had a blood test for HIV			
If no, would you like to be tested			
If yes, was it within the last six months			
Have you ever had a blood test for Hepatitis C			
If no, would you like to be tested			
If yes, was it within the last six months			
<b>How would you judge your own risk for being infected with HIV (Please circle one)</b>			
I know I am infected			
I think I am at high risk			
I think I am at low risk			
I think I am at <b>NO</b> risk			
I am not sure what my risk is			
<b>How would you judge your own risk for being infected with Hepatitis C (Please circle one)</b>			
I know I am infected			
I think I am at high risk			
I think I am at low risk			
I think I am at <b>NO</b> risk			
I am not sure what my risk is			

**Client completed / did not complete the risk assessment. If completed, client was / wasn't referred to the health department or a primary care physician. (circle correct responses)**

\_\_\_\_\_  
Client Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Counselor Signature

\_\_\_\_\_  
Date