

Individual Level Program Participant Form (ILI-HE/RR and CRCS)

To be completed by provider at first session. Assure your client that their identity will remain anonymous and that we use the client code to keep their participation confidential. Please keep original in client file and send copy to FPSHP.

Contracting Agency:		Intervention Name:	
____ / ____ / ____ Date Information Collected		Local Client Identifier (1 st and 3 rd letter of first and last name)	
____ / ____ / ____ (month/day/year) Client's Birthday			
Age	State of Residence	Sex assigned at birth (fill in only one)	Current Gender
		<input type="radio"/> Male <input type="radio"/> Female	<input type="radio"/> Male <input type="radio"/> Female <input type="radio"/> Transgender- MTF <input type="radio"/> Transgender- FTM <input type="radio"/> Declined to answer <input type="radio"/> _____
Ethnicity (fill in only one)		Race (fill in all that apply)	
<input type="radio"/> Hispanic or Latino <input type="radio"/> Ethnicity Unknown <input type="radio"/> Non-Hispanic <input type="radio"/> Declined to answer		<input type="radio"/> American Indian/Alaskan Native <input type="radio"/> Black or African American <input type="radio"/> White <input type="radio"/> Asian <input type="radio"/> Native Hawaiian or Pacific Islander <input type="radio"/> Don't know <input type="radio"/> Declined	
Incarcerated in the last year?	Engaged in sex for money in the last year?	Type of housing in the last 12 months? (check all that apply)	
<input type="radio"/> No <input type="radio"/> Not asked <input type="radio"/> Yes <input type="radio"/> Declined to answer	<input type="radio"/> No <input type="radio"/> Not asked <input type="radio"/> Yes <input type="radio"/> Declined to answer	<input type="radio"/> Permanent <input type="radio"/> Not asked <input type="radio"/> Other <input type="radio"/> Non-permanent <input type="radio"/> Declined to answer <input type="radio"/> Don't know <input type="radio"/> Institution <input type="radio"/> answer	
Previous HIV Test (self-reported)	HIV Status: (self-reported)	If negative , date of last test: ____/____/____ (provide at least month/year) If positive , date of first HIV Positive test: ____/____/____	
<input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> Not asked <input type="radio"/> Declined <input type="radio"/> Don't know	<input type="radio"/> Positive-self report <input type="radio"/> Negative-self report <input type="radio"/> Preliminary positive <input type="radio"/> Indeterminate <input type="radio"/> Not asked <input type="radio"/> Declined to answer <input type="radio"/> Don't know	If positive , is client in medical care/treatment? <input type="radio"/> No <input type="radio"/> Not asked <input type="radio"/> Yes <input type="radio"/> Declined to answer ↓ <input type="radio"/> Ryan White Case Management <input type="radio"/> Medical <input type="radio"/> Other _____	
If female, is client pregnant?	Client Risk Factors (Sex refers to anal or vaginal intercourse)	If any sex risk, identify additional risk factors that client participated in with their sex partner(s) in the last 12 months (check all that apply)	
<input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> Not asked <input type="radio"/> Declined <input type="radio"/> Don't know If yes , in prenatal care? <input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> Not asked <input type="radio"/> Declined <input type="radio"/> Don't know	<input type="checkbox"/> Injection drug use <input type="checkbox"/> Sex with transgender <input type="checkbox"/> Sex with female <input type="checkbox"/> Sex with male <input type="checkbox"/> No risk identified <input type="checkbox"/> Shared injection drug equip. <input type="checkbox"/> Oral sex with male <input type="checkbox"/> Oral sex with female <input type="checkbox"/> Not asked <input type="checkbox"/> Declined to answer <input type="checkbox"/> Other _____	M F T <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Exchanged sex for drugs/money/something they needed <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Sex while intoxicated/high on drugs <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Sex with a partner who is an IDU <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Sex with a partner who is HIV positive <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Sex with a partner whose HIV status is unknown <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Sex with a partner who exchanges sex for drugs/money/etc. <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Sex with a male partner who has sex with other men <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Sex with anonymous partner <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Sex with a partner who is a known hemophiliac or transplant recipient <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Sex without using a condom <input type="checkbox"/> No additional risk <input type="checkbox"/> Not asked <input type="checkbox"/> Declined	
	Internet Sex Partners (last 12 months)	If used injection drugs, indicate drugs/substances used in last 12months.	
	<input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> Not asked <input type="radio"/> Declined to answer <input type="radio"/> Don't know	<input type="radio"/> Heroin and cocaine together <input type="radio"/> Other narcotic drugs <input type="radio"/> Heroin alone <input type="radio"/> Hormones <input type="radio"/> Cocaine alone <input type="radio"/> Steroids <input type="radio"/> Crack <input type="radio"/> Silicone <input type="radio"/> Amphetamines, speed, crystal, meth, ice <input type="radio"/> Botox <input type="radio"/> Other medical substances	
Recent STD (treatable STD in last 12 months?) <i>syphilis, gonorrhea, or Chlamydia</i>		Viral Hepatitis	
<input type="radio"/> No <input type="radio"/> Yes-self report <input type="radio"/> Yes-laboratory confirmed	<input type="radio"/> Not asked <input type="radio"/> Declined to answer <input type="radio"/> Don't know	<input type="radio"/> No <input type="radio"/> Yes-self report <input type="radio"/> Yes-laboratory confirmed	<input type="radio"/> Not asked <input type="radio"/> Declined to answer <input type="radio"/> Don't know