

PrEP QUESTIONNAIRE

Today's Date: / /

Test ID A# Sticker Here

Date of Birth: / / State Where You Live County Where You Live Your Zip Code

Ethnicity <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino	Race (Check all that apply) <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black/African American <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Not specified	Sex at Birth <input type="checkbox"/> Male <input type="checkbox"/> Female	Current Gender Identity <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Transgender Male to Female (MTF) <input type="checkbox"/> Transgender Female to Male (FTM) <input type="checkbox"/> Transgender - Unspecified <input type="checkbox"/> Another Gender
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Have you ever been tested for HIV previously? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know	If you have been tested for HIV before, what was the result? <input type="checkbox"/> Negative <input type="checkbox"/> Positive <input type="checkbox"/> Don't know
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To the best of your knowledge, in the past 5 years have you:

Had vaginal or anal sex with a male? <input type="checkbox"/> Yes <input type="checkbox"/> No	Had vaginal or anal sex with a female? <input type="checkbox"/> Yes <input type="checkbox"/> No	Had vaginal or anal sex with a transgender person? <input type="checkbox"/> Yes <input type="checkbox"/> No
Had vaginal or anal sex with a male without using a condom? <input type="checkbox"/> Yes <input type="checkbox"/> No	Had vaginal or anal sex with a female without using a condom? <input type="checkbox"/> Yes <input type="checkbox"/> No	Had vaginal or anal sex with a transgender person without using a condom? <input type="checkbox"/> Yes <input type="checkbox"/> No
Had vaginal or anal sex with a male who injects drugs? <input type="checkbox"/> Yes <input type="checkbox"/> No	Had vaginal or anal sex with a female who injects drugs? <input type="checkbox"/> Yes <input type="checkbox"/> No	Had vaginal or anal sex with a transgender person who injects drugs? <input type="checkbox"/> Yes <input type="checkbox"/> No
Had vaginal or anal sex with a male who is HIV+? <input type="checkbox"/> Yes <input type="checkbox"/> No	Had vaginal or anal sex with a female who is HIV+? <input type="checkbox"/> Yes <input type="checkbox"/> No	Had vaginal or anal sex with a transgender person who is HIV+? <input type="checkbox"/> Yes <input type="checkbox"/> No

To the best of your knowledge, in the past 5 years have you:

Injected drugs? Yes No

Shared injection drug use equipment? Yes No

Check the box for yes: (Check all that apply)

Have you ever heard of PrEP (Pre-Exposure Prophylaxis)?

Are you currently taking daily PrEP medication?

Have you used PrEP any time in the last 12 months?

PrEP QUESTIONNAIRE

For PrEP Navigators Only

Essential Health Benefits: (Check box for yes, check all that apply)

	Screened for Need	Need Determined	Provided or Referred
Health benefits navigation and enrollment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Evidence-based risk reduction intervention	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Behavioral health services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Social services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Local Use Fields

Worker Name: (Enter in Local Use Field 1) _____

Referral Source: (Enter in Local Use Field 2) _____