

COMPREHENSIVE RISK COUNSELING & SERVICES

SAMPLE PRESCREENER TEMPLATE

@G200 Date ___/___/20___ @H09 Worker ID _____ @G102 Client ID _____

@G124 Current Gender: Male, Female, Transgender (MTF, FTM)
@G123 Gender at Birth: Male, Female
@G116 Race (Check all that apply): American Indian/Alaskan Native, Asian, Black or African-American, Native Hawaiian/Pacific Islander, White, Other, Refused to answer, Don't know
@G114 Ethnicity: Hispanic/Latino, Non-Hispanic, Refused to answer, Don't know

@G112 DOB ___/___/___ @G113 Age _____

@G121 Do you speak English? [] No [] Yes @G122 If no, what language? _____

Have you engaged in the following behaviors in the past 90 days? Please check all that apply:

- [] Had unprotected sex [] Shared injection drug equipment
[] Had sex while drunk or high [] Been diagnosed with an STD
[] Exchanged sex for food, money or housing [] Had trouble taking HIV meds as prescribed
[] No risks were identified [] Other _____

Sexual orientation: [] Straight/Heterosexual, [] Bisexual, [] Lesbian/Homosexual/Gay, [] Refused to answer, [] Don't know, [] Other
@G204 HIV test before today: [] No (Refer to testing), [] Yes, [] Refused to answer, [] Don't know (Refer)
@G205 Result of test: [] Positive, [] Negative, [] Refused to answer, [] Don't know (Refer)

@X703 Was the client given a referral to CRCS? [] No [] Yes

@X703 Was the client given other referrals? [] No [] Yes (Type) _____

Name: First _____ Middle _____ Last _____

Other names or nickname _____

Best address for contacting client

Street _____

City _____ State _____ Zip _____

Can you be contacted by phone/email/other way? [] Yes [] No

Home _____ Work _____

Cell _____ Pager _____

Email _____ Other way _____

@H13 Recruitment Source (How client learned about the intervention?)

[] Agency [] Advertisement [] Self [] Partner
[] Family/Friend [] Don't know [] Other _____