



## Public Health

### ADULT HEALTH SERVICES HIV PRETEST SURVEY

Please fill out the correct response to each question

Date: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: \_\_\_\_\_ Race: \_\_\_\_\_

1. In the last five (5) years, have you injected drugs? (IV street drugs) Yes \_\_\_\_\_ No \_\_\_\_\_

2. Have you ever been tested for Hepatitis C? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, what were your results? Negative \_\_\_\_\_ Positive \_\_\_\_\_

3. Have you ever had sex or shared needles with someone who is HIV positive?

Yes \_\_\_\_\_ No \_\_\_\_\_ Don't Know \_\_\_\_\_

4. Who do you have/had sex with? Male \_\_\_\_\_ Female \_\_\_\_\_ Both \_\_\_\_\_

5. Have you ever been diagnosed with HIV? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, when and where were you diagnosed? Date & Location: \_\_\_\_\_

6. If your answer was No to question 5, when was your most recent HIV test? (Circle or write date)

One year Two years Three years Never Other (Specify date): \_\_\_\_\_