

**HRSA SPNS US/Mexico Border Health Initiative**

Centro de Evaluacion: US/Mexico Border Health Evaluation Center  
San Ysidro Health Center, CA - El Rio Community Health Center, Tucson, AZ - Camino de  
Vida, Las Cruces, NM - La Fe Clinic, El Paso, TX - Valley AIDS Council, Harlingen, TX

# DEMOGRAPHICS **A**

**SPNS Program:** Project sub-site: Intake or service date: (MM/DD/YY)

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**HRSA number (unique ID number):**

**1. Date of Birth: (MM/DD/YY)**

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**2. Client enrollment:**

- pre-SPNS
- post-SPNS

first letter of the first name  
third letter of the first name  
first letter of the last name  
third letter of the last name  
month of birth (2 digits)  
day of birth (2 digits)  
year of birth (2 digits)  
gender code: 1=male, 2=female, 3=transgender, 6=client refused, 9=unknown

**3. Gender:**

- male
- female
- transgender (M>F)
- transgender (F>M)
- refused
- unknown

**4. Sexual orientation:**

- gay/lesbian
- bisexual
- heterosexual
- undecided/don't know
- prefer not to answer

**5. Race:** CHECK ALL THAT APPLY

- white
- Black or African American
- Asian
- Native Hawaiian or PI
- American Indian /Alaska Native
- other
- unknown

**6. Hispanic group:** CHECK ONLY ONE

- Mexican/Mexican American
- Cuban
- Puerto Rican
- Central American
- South American
- Spanish, Portuguese, C. Verdean
- Other Caribbean
- Other Hispanic

**7. Highest grade completed:**

- not of schooling age (<age 5)
- elementary or middle school
- technical certificate
- GED
- high school
- associates degree
- bachelors degree
- masters degree
- doctoral or professional
- unknown

**8. Years of education  
NOT in the US:**

**9. Years of education  
in the US:**

**10. Household size:**

**11. Number of ADULTS  
that client presently cares  
for daily**

**12. Number of CHILDREN under 18  
that client presently cares for daily**

**13. Number of  
children diagnosed  
with HIV or AIDS:**

**14. HIV status:**

- HIV-positive, not AIDS
- HIV-positive, AIDS status unknown
- CDC-defined AIDS
- HIV negative
- unknown

**15. Exposure category (most likely):**

- male sex with another male
- injected drugs
- male sex w/ another male AND injected drugs
- heterosexual contact
- heterosexual AND injected drugs
- blood trans, blood components, or tissue
- mother to child
- other

**16. ZIP code:**

**17. Miles to program:**

(number of kilometers multiply by .621 to get miles)

**18. Date of HIV DIAGNOSIS: (MM/DD/YY)**

/  /

(Use 15th day of month if exact day is unknown)

**20. Primary medical insurance:**

- private *U.S. only*
- Medicare
- Medicaid
- other public
- no insurance
- other
- unknown

**21. Incarcerated?**

- yes
- no

**19. Primary health care source:**

- outpatient clinic or doctor
- emergency room
- none
- unknown

**Please  
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HRSA number (unique ID number):

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22. Employment status:

- full-time
- part-time
- unemployed -seeking
- unemployed -not seeking
- disabled
- seasonal
- self-employed
- retired
- other

23. Source of income:

- CHECK ALL THAT APPLY
- TANF
  - employer cash benefits
  - general assistance
  - private insurance
  - social security
  - SSI
  - state disability
  - wages/salary
  - VA benefits
  - no income source
  - unknown
  - other

24. Referral source to primary care:

- case manager
- promotores
- outreach worker
- HIV testing site (internal)
- HIV testing site (external)
- STD clinic
- private physician
- hospital (not ER)
- emergency room
- CHC or other medical pgm
- mental health pgm
- food/drop-in ctr
- corrections/parole
- substance abuse pgm
- other social service pgm
- public health agency
- self (word-of-mouth)
- family/friends
- self-help group
- shelter/housing pgm
- other

25. Household income: annual US dollars only  
(enter numbers only from the right, no commas or decimal points)

\$

26. Inferred current presenting issues:

- mental health  yes  no  didn't ask
- alcohol abuse  yes  no  didn't ask
- drug abuse  yes  no  didn't ask
- methadone  yes  no  didn't ask
- homeless  yes  no  didn't ask
- criminal justice  yes  no  didn't ask
- sex trade  yes  no  didn't ask
- low income  yes  no  didn't ask
- chronic unemployment  yes  no  didn't ask
- transportation  yes  no  didn't ask
- rural isolation  yes  no  didn't ask
- advanced stages  yes  no  didn't ask

27. Years in agency area:

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28. Language of the form:

- English
- Spanish

29. How was this data submitted?

- paper (mailed)
- faxed
- e-form (internet)

30. Staff Person:

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For optimum accuracy, please print in capital letters or numbers and avoid contact with the edge of the box. The following will serve as an example:

A	B	C	D	E	F	G	H	I	J	K	L	M
N	O	P	Q	R	S	T	U	V	W	X	Y	Z













