

HRSA SPNS US/Mexico Border Health Initiative

Centro de Evaluación: 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**

SPNSProgram: **Projects sub-site:** **Intake date: (MM/DD/YY)** / /

HRSA number (unique ID number):

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

2. Client enrollment:
 pre-SPNS
 post-SPNS

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
 Y N white
 Y N Black or African American
 Y N Asian
 Y N Native Hawaiian / Pac. Islander
 Y N American Indian / Alaska Native
 Y N other
 Y N 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
 not Hispanic

7. Highest grade completed:
 not of schooling age (<age 5) associates degree
 elementary or middle school bachelors degree
 technical certificate masters degree
 GED doctoral or professional
 high school 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: *U.S. only*
 private
 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

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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:

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

24. Referral source to primary care:

- case manager
- promotores
- outreachworker
- HIV testing site (internal)
- HIV testing site (external)
- STD clinic
- privatephysician
- hospital (not ER)
- emergency room
- CHC or other medical pgm
- mental health pgm
- food/drop-inctr
- corrections/parole
- substance abuse pgm
- other social service pgm
- public health agency
- self(word-of-mouth)
- family/friends
- self-helpgroup
- shelter/housing pgm
- other

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

\$

26. Inferred presenting issues:

- mental health yes no didn'task
- alcohol abuse yes no didn'task
- drug abuse yes no didn'task
- methadone yes no didn'task
- homeless yes no didn'task
- criminal justice yes no didn'task
- sex trade yes no didn'task
- low income yes no didn'task
- chronic unemployment yes no didn'task
- transportation yes no didn'task
- rural isolation yes no didn'task
- advanced stages yes no didn'task

27. Years in agency area:

28. Language of the form:

- English
- Spanish

29. How was this data submitted?

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

30. Staff Person:

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