

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

HIV TESTING DEMOGRAPHICS 4

SPNS Program: Project sub-site:

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Intake date: (MM/DD/YY)

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HRSA number (unique ID number):

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Referral Source for HIV testing: CHECK ONLY ONE

- SPNS outreach/promotora
- outreach (non-SPNS)
- clinical provider/M.D.
- prenatal care
- substance abuse program
- correctional facility
- media
- family/friend
- self
- no referral source

Was an HIV Testing Referral Card or Testing Coupon given to client prior to today's visit?

- Yes
- No
- Unknown

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

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2. Gender:

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

3. Sexual orientation:

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

4. 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

5. 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

6. 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

7. Household size:

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8. Number of CHILDREN

under 18 that client presently cares for daily

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9. Drug and alcohol use history:

Number of times an illicit drug was used in the last 6 months:

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Number of times alcohol was used in the last 6 months:

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10. HIV status:

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

11. Primary health care source:

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

12. Primary medical insurance: U.S. only

- private
- Medicare
- Medicaid
- other public
- no insurance
- other
- unknown

13. ZIP code:

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14. How many times did you cross the US/Mexico border during the last year (roundtrips)?:

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