COMMUNICABLE DISEASE RISK SCREEN

People who report a history of substance abuse are at a greater risk for developing certain serious communicable diseases. Please answer the following questions to determine if you may need further health assessment.

I. The following questions relate to HIV (the virus that causes AIDS), Hepatitis A, B and/or C and Sexually Transmitted Infections (STIs), e.g., Herpes, Gonorrhea, Syphilis, Chlamydia:

1. Have you ever had unprotected sex (no condom) or engaged in sexual behaviors (oral, anal or genital) with a person whose HIV/AIDS, Hepatitis or Sexually Transmitted Infection (STI) status is unknown to you? (For example, sex while drunk or high with a person you do not know very well or sex with prostitutes.)

   □ Yes □ No

2. Have you ***ever*** engaged in sexual behavior with anyone who has:

Injected drugs	□ Yes	□ No
Traded sex for drugs	□ Yes	□ No
Many sexual partners	□ Yes	□ No
HIV/AIDS	□ Yes	□ No
Hepatitis	□ Yes	□ No
STIs	□ Yes	□ No

3. Have you ever shared needles or injecting "works" with other individuals including your spouse or significant other, even if just once or a long time ago?

   □ Yes □ No

4. Have you experienced other forms of blood-to-blood or body fluid contact (for example, blood transfusions, hemophilia treatments, employment in medical field), and have concerns about your risk for HIV, Hepatitis or STIs?

   □ Yes □ No

II. Individuals who abuse substances are also at risk for contracting tuberculosis (TB). Please answer the following questions to determine if you may need health screening for TB.

1. Have you recently lived in a substance abuse treatment facility, ***homeless shelter, drug house, jail, mental hospital*** or in other close quarters with people you did not know well?

   □ Yes □ No

2. Have you recently had close contact or live with someone diagnosed with or being treated for TB?

   □ Yes □ No

3. Were you born in a area with a high rate of TB (e.g., Asia, Latin America, Africa, India) or recently visited an area with a high rate of TB?

   □ Yes □ No

4. Have you had a nagging cough for more than three weeks ***along with*** any of the following symptoms?

Weight loss	□ Yes	□ No
Fever for 3 days or longer	□ Yes	□ No
Night sweats	□ Yes	□ No
Coughing up blood	□ Yes	□ No

I understand that if I answered "Yes" to ***any*** of the above questions I may be at risk for HIV, Hepatitis, STIs or TB. I have been given information on how HIV, Hepatitis, STIs and TB are transmitted, and how substance abuse can put me at risk for contracting these diseases. I have been told about ways to decrease the risk for getting these diseases or giving them to others.

_____ _____

Client Signature **Date**

III. To be completed by AAR or Treatment Program.

Is this individual a high risk candidate for (mark all that apply):

HIV Yes **STIs** Yes **Hepatitis** Yes **TB** Yes

If at risk, assist client by identifying applicable health referral resources on Page 3 and **GIVE Page 3** to the client.

The general referral category from Page 3 must be indicated below (check all that apply):

__ **Public Health** (HIV/AIDS, TB, STI Clinic, Hepatitis)

__ **Private Physician** Name:_____
Note: Release of information for communication with primary care provider should be completed. Documentation of refusal to sign release should also be included in record.

__ **Michigan Aids Hotline/AIDS Resources**

__ **TB, STI or Hepatitis Hotlines/Resources**

__ **Health Care/ Indigent Health Assistance/Resources**

__ **Other Resources not Listed** Specify:_____

Additional Comments:

_____ _____

AAR or Treatment Staff Signature **Date**