

# Protect Your Health

## NEW PATIENT QUESTIONNAIRE

Please take a few minutes to answer the following questions so we can get to know you better and provide you with the best care possible. Your answers will be kept confidential, so please answer as accurately and honestly as you can.

Patient Name/ID: \_\_\_\_\_

Today's Date: \_\_\_\_\_

Medical Provider: \_\_\_\_\_

To be filled out by provider/office staff.

### Introduction

What is your preferred name? \_\_\_\_\_

What is your gender? \_\_\_\_\_

What is your relationship status?

- |                                      |                                    |  |
|--------------------------------------|------------------------------------|--|
| <input type="checkbox"/> Single      | <input type="checkbox"/> Separated | <input type="checkbox"/> One main partner  |
| <input type="checkbox"/> Married     | <input type="checkbox"/> Divorced  | <input type="checkbox"/> Multiple partners |
| <input type="checkbox"/> Civil union | <input type="checkbox"/> Widowed   |  |

Who do you live with (check all that apply)?

- |   |  |                                   |
|---|--|-----------------------------------|
| <input type="checkbox"/> Partner/spouse       | <input type="checkbox"/> Friend(s)         | <input type="checkbox"/> Alone    |
| <input type="checkbox"/> Parent(s)            | <input type="checkbox"/> Roommate(s)       | <input type="checkbox"/> Homeless |
| <input type="checkbox"/> Brother(s)/sister(s) | <input type="checkbox"/> Adult children    |                                   |
| <input type="checkbox"/> Other relative(s)    | <input type="checkbox"/> Children under 18 |                                   |

### HIV Diagnosis and Treatment

When did you find out that you are HIV positive?

Month \_\_\_\_\_ Year \_\_\_\_\_

Have you ever seen a medical provider about your HIV?

Yes  No

Have you ever taken medicines to help control your HIV?

Yes  No

If yes, are you taking any medicines to help control your HIV *now*?

Yes  No

### Sharing Your HIV Status

Since finding out that you are HIV positive, who have you told about your diagnosis in your *family*?

- Everyone in my family knows about my diagnosis.
- No one in my family knows about my diagnosis.
- Only the following person or persons in my family know about my diagnosis.

\_\_\_\_\_

Since finding out that you are HIV positive, how many of your *friends* have you told about your diagnosis?

- I have told most of my friends about my diagnosis.
- I have told a few friends about my diagnosis.
- I have told one friend about my diagnosis.
- I have not told any of my friends about my diagnosis.

Since finding out that you are HIV positive, have you told any of the following people about your diagnosis (check all that apply)?

- My partner/spouse
- My significant other, boyfriend, or girlfriend
- My sex partner(s)

## Substance Use

How often do you have a drink containing alcohol?

- Never                       1-4 times a month                       4 or more times a week  
 Monthly or less                       1-3 times a week                       Every day

How many drinks containing alcohol do you have on a typical day/night when you are drinking? # of drinks \_\_\_\_\_

In your lifetime, have you ever taken, smoked, or injected any drugs not prescribed to you by a medical provider?

- Yes       No (skip to Sexual Activity section)

In the past 3 months, did you smoke any crack?                       Yes                       No

In the past 3 months, did you use crystal meth?                       Yes                       No

In the past 3 months, did you inject any drugs or medicines not prescribed by a medical provider?                       Yes                       No

Have you ever been in treatment for substance abuse?                       Yes                       No

## Sexual Activity

Over the past 3 months, did you have sex (oral, anal, or vaginal) with anyone?                       Yes                       No

How many different sex partners did you have in the past 3 months?                      # males \_\_\_\_\_ # females \_\_\_\_\_

Have you had any main sex partners (that is, someone you would call your boyfriend/girlfriend, spouse, significant other, or life partner) in the past 3 months?                       Yes                       No

If you currently have a main sex partner, has your partner been tested for HIV?                       Yes                       No                       Unsure

If yes, is your partner:                       HIV negative                       HIV positive                       Unsure

## Family Planning

Do you have children?

- Yes       No

Are you interested in having children in the future?

- Yes       No

Are you currently pregnant?

- Yes       No

For women: Are you currently doing anything to prevent pregnancy such as using birth control pills?

- Yes       No

## Other

Would you like help notifying anyone that they should get tested for HIV?

This notification would be completely confidential (your name will not be used).                       Yes                       No

Are there any specific topics or questions you'd like to discuss with your medical provider today such as HIV medicines, sexual health, substance use, depression, and/or anxiety? \_\_\_\_\_

**Notes** (for providers)

\_\_\_\_\_  
\_\_\_\_\_