



Public Health

ADULT HEALTH SERVICES HIV PRETEST SURVEY

Please fill out the correct response to each question

Date: _____ Age: _____ Sex: _____ Race: _____

1. In the last five (5) years, have you injected drugs? (IV street drugs) Yes _____ No _____

2. Have you ever been tested for Hepatitis C? Yes _____ No _____

If yes, what were your results? Negative _____ Positive _____

3. Have you ever had sex or shared needles with someone who is HIV positive?

Yes _____ No _____ Don't Know _____

4. Who do you have/had sex with? Male _____ Female _____ Both _____

5. Have you ever been diagnosed with HIV? Yes _____ No _____

If yes, when and where were you diagnosed? Date & Location: _____

6. If your answer was No to question 5, when was your most recent HIV test? (Circle or write date)

One year Two years Three years Never Other (Specify date): _____