

Communicable Disease Risk Assessment

Instructions to interviewer. The intent of this interview is to help you and your client determine if your client is at risk for a significant communicable disease. The questions cited below focus on important risk factors and symptoms related to HIV infection, Hepatitis B, Tuberculosis, and Sexually Transmitted Diseases. If your client responds “yes” to any of these questions, immediately refer him/her for medical evaluation and follow up on the results. If your client responds “no” to every question, recommend a medical evaluation and the recommended screenings as outlined on the previous pages, although this can be accomplished sometime later during the course of substance abuse treatment. Medical evaluations may be obtained through local health departments and through private medical providers.

PART 1

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

	Yes	No
A. The following questions relate to HIV (the virus that causes AIDS), Hepatitis and Sexually Transmitted Diseases (STD’s):		
1. Have you ever had unprotected sex or engaged in sexual behaviors (oral, anal, or genital) with a person whose HIV, Hepatitis or Sexually Transmitted Disease (STD) status is unknown to you? (For example, sex while drunk or high with a person you do not know very well.)		
2. Have you ever engaged in sexual behavior with anyone who has:		
Traded sex for drugs?		
Many sexual partners?		
HIV / AIDS?		
Hepatitis?		
STD’s?		
3. Have you ever shared needles or injecting “works” with other individuals?		
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 STD’s?		
B. 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?		
2. Have you recently had close contact with someone diagnosed with or being treated for TB?		

3. Have you had a nagging cough for more than three weeks along with any of the following symptoms:		
a. Weight loss?		
b. Fever for 3 days or longer?		
c. Night sweats?		
d. Coughing up blood?		

I understand that if I answered "Yes" to any of the above questions, I may be at risk for HIV, Hepatitis, STD's, or TB. I have been given information on how HIV, Hepatitis, STD's 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:

PART 2 To be completed by CDR or Treatment Program.

1. This individual is a high risk candidate for (check all that apply):

HIV STD's Hepatitis TB

2. If at risk, a referral **must** be indicated (check all that apply):

Health Department Private Physician (name): _____
 Wellness Network Other (specify): _____

CDR or Treatment Staff Signature:

Date:

PART 3 To be completed by the program only when risk assessment has been forwarded by the CDR.

Name of Treatment Agency: _____

I have reviewed and updated where necessary this Communicable Disease Risk Assessment with the client, and have dated and initialed any additions or deletions to this information. I have reviewed with this client all referrals based on the results of this Risk Assessment.

Treatment Staff Signature:

Date of review: