

## COMMUNICABLE DISEASE RISK SCREEN

People who report a history of substance use 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.

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

### I. To be completed by client

#### A. Needle Use

1. When was the last time, if ever, that you used a needle to inject drugs or medication; please include medication prescribed by a doctor? (circle one)

- a. Within the past 2 days
- b. 3 to 7 days ago
- c. 1 to 4 weeks ago
- d. 1 to 3 months ago
- e. 4 to 12 months ago
- f. More than 12 months ago
- g. Never (skip to #6)

2. During the past 12 months, did you...?

- a. use a needle to inject drugs? ☐ Yes ☐ No
- b. reuse a needle that you had used before? ☐ Yes ☐ No
- c. reuse a needle without cleaning it with bleach or boiling water first? ☐ Yes ☐ No
- d. use a needle that you knew or suspected someone else had used before?  
☐ Yes ☐ No
- e. use someone else's rinse water, cooker or cotton after they did?  
☐ Yes ☐ No
- f. skip cleaning your needle with bleach or boiling water after you were done.  
☐ Yes ☐ No
- g. let someone else use a needle after you used it? ☐ Yes ☐ No
- h. let someone use the rinse water, cooker or cotton after you did? ☐ Yes ☐ No
- i. allow someone to inject you with drugs? ☐ Yes ☐ No

3. During the past 90 days, how many days did you use a needle to inject any kind of drug or medication? \_\_\_\_\_
4. During the past 90 days, how many people have you shared needles/works with? \_\_\_\_
5. During the past 90 days, on how many days did you share needles with other people? \_\_\_\_\_

### **Sexual Activity**

6. When was the last time, if ever, that you had any kind of sex (vaginal, oral, or anal) with another person? \_\_\_\_\_
7. During the past 12 months, did you...?
  - a. have sex while you or your partner was high on alcohol or other drugs?  
☐ Yes   ☐ No
  - b. have sex with someone who was an injection drug user? ☐ Yes   ☐ No
  - c. have sex involving anal intercourse? ☐ Yes   ☐ No
  - d. have sex with a man who might have had sex with other men? ☐ Yes   ☐ No
  - e. have sex with someone who you thought might have HIV or AIDS? ☐ Yes ☐ No
  - f. have two or more different sex partners (not necessarily at the same time)?  
☐ Yes   ☐ No
  - g. have sex with a male partner? ☐ Yes   ☐ No
  - h. have sex with a female partner? ☐ Yes   ☐ No
  - i. have sex without using any kind of condom, dental dam, or other barrier to protect you and your partner from diseases or pregnancy? ☐ Yes   ☐ No
  - j. have a lot of pain during sex or after having had sex? ☐ Yes   ☐ No
  - k. use alcohol or other drugs to make sex last longer or hurt less? ☐ Yes   ☐ No
  - l. traded sex for drugs? ☐ Yes   ☐ No

## Exposure

8. 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  
If yes, when was the last time, if ever, that you were exposed to another person's blood and/or body fluids? \_\_\_\_\_
9. When was the last time, if ever, that you were tested for hepatitis? \_\_\_\_\_
10. When was the last time, if ever, that you had a positive TB skin test, TB blood test or chest x-ray? \_\_\_\_\_
11. Have you been in close contact with individuals diagnosed with TB within the last 30 days?  
☐ Yes ☐ No
12. Have you had a nagging cough for more than three weeks along with any of the following symptoms: weight loss, fever for 3 days or longer, night sweats, coughing up blood?  
☐ Yes ☐ No
13. Have you recently lived in a substance use treatment facility, homeless shelter, drug house, mental health hospital, transitional living, carceral institution or in other close quarters with people you did not know well? ☐ Yes ☐ No
14. Do you have close contact, care for or live with someone who has Hepatitis?  
☐ Yes ☐ No
15. Have you recently traveled to a country with high or medium rates of Hepatitis or TB? ☐ 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 use 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

## II. To be completed by Treatment Program

NOTE: All individuals who have used drugs by injection or who are currently pregnant must be referred at a minimum, for Hepatitis C Virus (HVC) testing.

**High Risk for Communicable Disease** ☐ Yes ☐ No (client answered 'No' to all questions)

If at risk, **GIVE PAGE 5** to the client and check applicable resources/referrals.

The general referral category from Page 5 must be indicated below (check all that apply):

☐ **Public Health Department (HIV/AIDS, TB, STI, 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.

☐ **HIV/AIDS/STI/TB Hotline/Resources**

☐ **Health Care/Indigent Health Assistance/Resources**

☐ **Other Resources not Listed (specify):** \_\_\_\_\_

Additional Comments:

---

---

\_\_\_\_\_  
Treatment Staff Signature

\_\_\_\_\_  
Date

## RISK SCREENING REFERRAL GUIDE

The following are local resources or hotlines related to items identified on the Communicable Disease Risk Screen. The check marked resources can provide you with further information and services based on the results of your risk screening.

### **TESTING/TREATMENT/INFORMATION/SUPPORT**

- ☐ Macomb County Health Department TB Control..... (586) 469-5421
- ☐ Macomb County Health Department - Mt. Clemens ..... (586) 469-5421
- ☐ Macomb County Health Department - St. Clair Shores ..... (586) 466-6800
- ☐ Macomb County Health Department – Warren ..... (586) 573-2090
- ☐ Macomb County Health Department HIV/AIDS  
Counseling & Testing..... (586) 465-8434
- ☐ Health Emergency Lifeline Programs (HELP)..... (888) 435-5655
- ☐ AIDS Partnership Michigan ..... (800) 872-2437
- ☐ En Espanol..... (800) 344-7432
- ☐ Michigan Department of Health and Human Services  
HIV Hotline ..... (800) 872-2437
- ☐ Teen AIDS Hotline ..... (800) 232-4636
- ☐ Macomb County Health Department..... (586) 465-9217
- ☐ Hepatitis C Association Support Hotline ..... (877) HELP-4-HEP
- ☐ Liver Health Connection..... (800) 522-HEPC
- ☐ National Sexually Transmitted Disease Hotline ..... (800) 232-4636

### **MEDICAL ASSISTANCE**

- ☐ Neighbors Caring for Neighbors (no/low cost medical)..... (586) 756-7005
- ☐ Trinity Community Care (no/low cost medical)..... (586) 649-3014
- ☐ Medicaid Health Plans
  - Aetna Better Health of Michigan ..... (866) 316-3784
  - Blue Cross Complete of Michigan..... (800) 228-8554
  - Harbor Health Plan..... (800) 543-0161
  - McLaren Health Plan..... (888) 327-0671
  - Meridian Health Plan of Michigan ..... (888) 437-0606
  - Molina Healthcare of MI ..... (888) 898-7969
  - Total Health Care ..... (800) 826-2862
  - United Healthcare Community Plan ..... (800) 903-5253