LAKESHORE REGIONAL ENTITY

COMMUNICABLE DISEASE
Screening Questionnaire

The following questions are to be included in the screening process in order to identify high-risk individuals for appropriate referral.

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)?

- ◯ Within the past 2 days
- ◯ 3 to 7 days ago
- ◯ 1 to 4 weeks ago
- ◯ 1 to 3 months ago
- ◯ 4 to 12 months ago.
- ◯ More than 12 months ago
- ◯ Never

2. In the past 12 months, did you…?

YES	NO	
☐	☐	Use a needle to inject drugs?
☐	☐	Reuse a needle that you had used before?
☐	☐	Reuse a needle without cleaning it with bleach or boiling water first?
☐	☐	Use a needle that you knew or suspected someone else had used before?
☐	☐	Use someone else's rinse water, cooker or cotton after they did?
☐	☐	Skip cleaning your needle with bleach or boiling water after you were done.
☐	☐	Let someone else use a needle after you used it?
☐	☐	Let someone else use the rinse water, cooker or cotton after you did?
☐	☐	Allow someone else to inject you with drugs?

3. In the past 90 days, on how many days did you use a needle to inject any kind of drug or medication?

4. In the past 90 days, how many people have you shared needles or works with?

5. In the past 90 days, how many days did you share needles with other people?

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, have you…? (check all that apply)

- ☐ Had sex while you or your partner was high on alcohol or other drugs?
- ☐ Hadsex with someone who was an injection drug user?
- ☐ Had sex involving anal intercourse?
- ☐ Had sex with a man who might have had sex with other men?
- ☐ Had sex with someone who you thought might have HIV or AIDS?
- ☐ Had two or more different sex partners (not necessarily at the same time)?
- ☐ Had sex with a male partner?
- ☐ Had sex with a female partner?
- ☐ Had sex without using any kind of condom, dental dam, or other barrier to protect you and your partner from diseases or pregnancy?
- ☐ Experienced a lot of pain during sex or after having had sex?
- ☐ Used alcohol or other drugs to make sex last longer or hurt less?

8. 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