

**SPNS Program Cooperative Agreement Evaluation  
Module 20: HIV/AIDS Risk Behavior Form  
National Evaluation by The Measurement Group**

<b>ID Letters</b> <input type="text"/>	<b>ID Numbers</b> <input type="text"/>	<b>Site</b> <input type="text"/>	<b>Sub-Provider</b> <input type="text"/>	<b>Date</b> <input type="text"/> / <input type="text"/> / <input type="text"/> <small>Month Day Year</small>
<b>Staff Code</b> <input type="text"/>	<b>Client Gender</b> <input type="radio"/> Male <input type="radio"/> Female			
<b>1. Sex with Males</b> <input type="radio"/> TODAY, last 24 hours <input type="radio"/> CURRENT, happened in the last 30 days, not today <input type="radio"/> EVER, happened but not in the last 30 days <input type="radio"/> NO, has never happened <input type="radio"/> REFUSED <input type="radio"/> DON'T KNOW		<b>10. Needle Sharing</b> <input type="radio"/> TODAY, last 24 hours <input type="radio"/> CURRENT, happened in the last 30 days, not today <input type="radio"/> EVER, happened but not in the last 30 days <input type="radio"/> NO, has never happened <input type="radio"/> REFUSED <input type="radio"/> DON'T KNOW		
<b>2. Unprotected Sex with Males</b> <input type="radio"/> TODAY, last 24 hours <input type="radio"/> CURRENT, happened in the last 30 days, not today <input type="radio"/> EVER, happened but not in the last 30 days <input type="radio"/> NO, has never happened <input type="radio"/> REFUSED <input type="radio"/> DON'T KNOW		<b>11. Received Blood Transfusion</b> <input type="radio"/> TODAY, last 24 hours <input type="radio"/> CURRENT, happened in the last 30 days, not today <input type="radio"/> EVER, happened but not in the last 30 days <input type="radio"/> NO, has never happened <input type="radio"/> REFUSED <input type="radio"/> DON'T KNOW		
<b>3. Sex with Females</b> <input type="radio"/> TODAY, last 24 hours <input type="radio"/> CURRENT, happened in the last 30 days, not today <input type="radio"/> EVER, happened but not in the last 30 days <input type="radio"/> NO, has never happened <input type="radio"/> REFUSED <input type="radio"/> DON'T KNOW		<b>12. Cigarette Smoker (1/2 pack or more a day)</b> <input type="radio"/> TODAY, last 24 hours <input type="radio"/> CURRENT, happened in the last 30 days, not today <input type="radio"/> EVER, happened but not in the last 30 days <input type="radio"/> NO, has never happened <input type="radio"/> REFUSED <input type="radio"/> DON'T KNOW		
<b>4. Unprotected Sex with Females</b> <input type="radio"/> TODAY, last 24 hours <input type="radio"/> CURRENT, happened in the last 30 days, not today <input type="radio"/> EVER, happened but not in the last 30 days <input type="radio"/> NO, has never happened <input type="radio"/> REFUSED <input type="radio"/> DON'T KNOW		<b>13. Inferred Alcohol Problem</b> <input type="radio"/> TODAY, last 24 hours <input type="radio"/> CURRENT, happened in the last 30 days, not today <input type="radio"/> EVER, happened but not in the last 30 days <input type="radio"/> NO, has never happened <input type="radio"/> REFUSED <input type="radio"/> DON'T KNOW		
<b>5. Sex with IDU</b> <input type="radio"/> TODAY, last 24 hours <input type="radio"/> CURRENT, happened in the last 30 days, not today <input type="radio"/> EVER, happened but not in the last 30 days <input type="radio"/> NO, has never happened <input type="radio"/> REFUSED <input type="radio"/> DON'T KNOW		<b>14. Heroin Use</b> <input type="radio"/> TODAY, last 24 hours <input type="radio"/> CURRENT, happened in the last 30 days, not today <input type="radio"/> EVER, happened but not in the last 30 days <input type="radio"/> NO, has never happened <input type="radio"/> REFUSED <input type="radio"/> DON'T KNOW		
<b>6. Sex Work/Survival Sex</b> <input type="radio"/> TODAY, last 24 hours <input type="radio"/> CURRENT, happened in the last 30 days, not today <input type="radio"/> EVER, happened but not in the last 30 days <input type="radio"/> NO, has never happened <input type="radio"/> REFUSED <input type="radio"/> DON'T KNOW		<b>15. Crack Use</b> <input type="radio"/> TODAY, last 24 hours <input type="radio"/> CURRENT, happened in the last 30 days, not today <input type="radio"/> EVER, happened but not in the last 30 days <input type="radio"/> NO, has never happened <input type="radio"/> REFUSED <input type="radio"/> DON'T KNOW		
<b>7. Sex with HIV+ Person</b> <input type="radio"/> TODAY, last 24 hours <input type="radio"/> CURRENT, happened in the last 30 days, not today <input type="radio"/> EVER, happened but not in the last 30 days <input type="radio"/> NO, has never happened <input type="radio"/> REFUSED <input type="radio"/> DON'T KNOW		<b>16. Other Illicit Drug Use</b> <input type="radio"/> TODAY, last 24 hours <input type="radio"/> CURRENT, happened in the last 30 days, not today <input type="radio"/> EVER, happened but not in the last 30 days <input type="radio"/> NO, has never happened <input type="radio"/> REFUSED <input type="radio"/> DON'T KNOW		
<b>8. Sexually Transmitted Disease (not HIV)</b> <input type="radio"/> TODAY, last 24 hours <input type="radio"/> CURRENT, happened in the last 30 days, not today <input type="radio"/> EVER, happened but not in the last 30 days <input type="radio"/> NO, has never happened <input type="radio"/> REFUSED <input type="radio"/> DON'T KNOW		<b>17. CJS Involved</b> <input type="radio"/> TODAY, last 24 hours <input type="radio"/> CURRENT, happened in the last 30 days, not today <input type="radio"/> EVER, happened but not in the last 30 days <input type="radio"/> NO, has never happened <input type="radio"/> REFUSED <input type="radio"/> DON'T KNOW		
<b>9. Injection Drug Use</b> <input type="radio"/> TODAY, last 24 hours <input type="radio"/> CURRENT, happened in the last 30 days, not today <input type="radio"/> EVER, happened but not in the last 30 days <input type="radio"/> NO, has never happened <input type="radio"/> REFUSED <input type="radio"/> DON'T KNOW		<b>18. Has Hemophilia/Coagulation Disorder</b> <input type="radio"/> Yes <input type="radio"/> No		