

## CLIENT ASSESSMENT QUESTIONNAIRE

**INSTRUCTIONS:** Please answer the following questions. Mark one response for each question unless instructed otherwise. All of your answers are voluntary and completely confidential. If you need assistance, please ask the person who gave you this form.

1. What is your current gender identity?

- Male
- Female
- Transgender Male to Female
- Transgender Female to Male
- Another Gender

2. What was your biological sex at birth?

- Male
- Female

3. What is your current housing status?

- Homeless
- Unstably housed (at-risk of losing housing)
- Stably housed

4. Have you been tested for HIV/AIDS before today?

- Yes
- No
- I do not know

5. What is your sexual orientation?

- Heterosexual or straight
- Bisexual
- Gay, lesbian or same gender loving
- Orientation not listed (specify):
- Questioning/ Unsure/ Don't Know
- Declined to answer