**CLIENT ASSESSMENT QUESTIONNAIRE**

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| **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? | 4. | Have you been tested for HIV/AIDS before today? |
|  | [ ]  Male |  | [ ]  Yes |
|  | [ ]  Female |  | [ ]  No |
|  | [ ]  Transgender Male to Female |  | [ ]  I do not know |
|  | [ ]  Transgender Female to Male |  |  |
|  | [ ]  Another Gender  | 5.  | What is your sexual orientation? |
|  |  |  | [ ]  Heterosexual or straight |
| 2. | What was your biological sex at birth? |  | [ ]  Bisexual |
|  | [ ]  Male |  | [ ]  Gay, lesbian or same gender loving |
|  | [ ]  Female |  | [ ]  Orientation not listed (specify):\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  | [ ]  Intersex |  | [ ]  Questioning/ Unsure/ Don’t Know |
|  | [ ]  Unknown |  | [ ]  Declined to answer |
|  |  |  |  |
| 3. | What is your current housing status? |  |  |
|  | [ ]  Homeless |  |  |
|  | [ ]  Unstable housed (at-risk of losing housing) |  |  |
|  | [ ]  Stable housed |  |  |

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| **INSTRUCCIONES:** Por favor conteste las siguientes preguntas. Marque una respuesta para cada pregunta a menos que se indique lo contrario. Todas sus respuestas son de carácter voluntario y totalmente confidencial. Si usted necesita ayuda, por favor solicítela a la persona que le entrego este formulario. |
| 1. | Cuál es su género de identidad sexual? | 4. | ¿Le han hecho un exámen del VIH/SIDA antes de hoy?  |
|  | [ ]  Masculino |  | [ ]  Sí  |
|  | [ ]  Femenino |  | [ ]  No |
|  | [ ]  Transexual Hombre a Mujer |  | [ ]  Yo no sé |
|  | [ ]  Transexual Mujer a Hombre |  |  |
|  | [ ]  Otra Identidad | 5. | ¿Cuál es tu orientación sexual? |
|  |  |  | [ ]  Heterosexual/derecho |
| 2. | ¿Cuál fue su sexo biológico al nacer? |  | [ ]  Bisexual |
|  | [ ]  Masculino |  | [ ]  Homosexual, lesbiana, o amante de las personas del mismo sexo |
|  | [ ]  Femenino |  | [ ]  Otra orientación, especifique: |
|  | [ ]  Intersexual |  | [ ]  Inseguro/ Yo no sé |
|  | [ ]  Desconocido |  | [ ]  Se negó a responder |
|  |  |  |  |
| 3. | ¿Cuál es su estado actual de vivienda? |  |  |
|  | [ ]  Sin hogar |  |  |
|  | [ ]  Hogar inestable (en riesgo de perder la vivienda) |  |  |
|  | [ ]  Hogar estable |  |  |

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