Design Document –SU Admission Document

# 4 - SU Admission Document

New Direction

2.23.2015

1.2

## Summary

### *Purpose*

## System Design

This design includes:

* SU Admission Document Design

## SU Admission Document

Use the existing SU Admission Document from Valley and then incorporate the following changes:

1. New Tab - Infectious Disease Risk Assessment
2. Modify General:
   1. change ‘Referral source’ to ‘Referral Type’ and the drop down values
   2. Change values for ‘Veteran Status’ and pull from Inquiry
   3. Change values for ‘Expected primary source of payment’
   4. Change ‘Number of days in social supports’ to ‘Number of self-help groups attending in past 30 days preceding admission’ and the drop down values
   5. Add field for ‘number of arrests in last 12 months’
   6. Change ‘living arrangement’ to ‘Household composition’ and the values in the drop down
   7. Changes values for ‘Marital Status’, ‘Race’, ‘Primary Source of Income’, ‘Ethnicity’
   8. Change ‘Enrolled in Education’ to ‘Education Status’ and values
   9. Add field for ‘Education Completed’
3. Modify Substance Use tab
   1. Change ‘Co-Dependent’ to ‘Co-dependent/collateral’ and make editable radio button
   2. Add field for ‘Co-Occurring for Mental Health’
   3. Add field for ‘Pharmocotherapy Planned’
   4. Change ‘Drug Name’ to ‘Detailed Drug Use’ and the values in the drop down
   5. Add field for ‘Severity’
   6. Change values in the ‘Frequency’ drop down
   7. Change ‘Route’ to ‘Method’ and the values in the drop down

There will be four tabs to this document:

* General = Holds demographic, contact, and household information required for TEDS Admission Reporting
* Substance Use = Holds substance related information regarding TEDS Admission Reporting
* Diagnosis = Holds the client’s current diagnosis.
* Infectious Disease Risk Assessment

### 1.0 General Tab



#### 1.1 Admission Information



#### Requirements

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Field | Required | Response Options | Values for TED | Validation Message | Document Creation Initialization |
| Admission Entry Date | NA | Via label |  | None | Via current time and date |
| Assessment Date | Yes | Via Date field |  | General-Admission Information- Assessment Date is required | None |
| Admission type | Yes | Via dropdown selection   * Initial Admission * Transfer from other SU services |  | General-Admission Information- Admission Type is required | None |
| Admission program type | Yes | Via dropdown selection   * Treatment not Recommended number * Detox. Hospital Inpat. assessment ASAM. * Detox. Free Standing Cannot be left blank * Rehab/Res. Hospital If not collected then default to 98. * Rehab./Res. Short Term * Rehab./Res. Long Term * Amb. Intensive Outpatient * Amb. Outpatient * Amb. Detox. * Limited Treatment * Education Only / Treatment Not Recommended * Not Collected | * 0=Treatment not Recommended number * 1=Detox. Hospital Inpat. assessment ASAM. * 2=Detox. Free Standing Cannot be left blank * 3=Rehab/Res. Hospital If not collected then default to 98. * 4=Rehab./Res. Short Term * 5=Rehab./Res. Long Term * 6=Amb. Intensive Outpatient * 7=Amb. Outpatient * 8=Amb. Detox. * 9=Limited Treatment * 10=Education Only / Treatment Not Recommended * 98=Not Collected | General-Admission Information- Admission Program Type is required | Via previous SU admission |
| Referral type | Yes | Via dropdown selection   * ADES * Advocacy Group * Aging and People with Disabilities * Attorney * Child Welfare (CW) * Coordinated Care Organization * Crisis/Helpline * Developmental Disabilities * Employment/EAP * Employment Services * Family/Friend * Jail * Juvenile Justice System/OYA * Police/Sherriff * Psychiatric Security review Board (PSRB) * School * Self * Vocational Rehabilitation * Unknown * Other * None * Circuit Court * Community Housing * Community Based MH or SA Provider * Federal Correctional Facility * Federal Court * Integrated Treatment Court * Justice Court * Local MH Authority/Community MH Provider * Municipal Court * Parole * Probation * Private Health Professional * State Correctional Facility * State Psychiatric Facility * Veterans Affairs (VA) |  | General-Admission Information- Referral type is required | Via client information |
| Expected primary source of payment | Yes | Via dropdown selection   * Self Pay number * Blue Cross/ Blue Shield * Medicare * Medicaid * Other Government * Worker's Compensation * Other Health Insurance Co. * No Charge/Free/Charity * CHIP * Drug Court * Other * Unknown | * 1=Self Pay number * 2=Blue Cross/ Blue Shield * 3=Medicare * 4=Medicaid * 5=Other Government * 6=Worker's Compensation * 7=Other Health Insurance Co. * 8=No Charge/Free/Charity * 9=CHIP * 11=Drug Court * 20=Other * 97=Unknown | General-Admission Information- Expected Primary Source of Payment is required | Via previous SU admission |
| Pregnant at time of admission | Yes | Via radio button selection   * Yes * No * Not Applicable |  | General-Admission Information- Pregnant At Time Of Admission is required | None |
| Prior episode | Yes | Via drop down   * 0 * 1 * 2 * 3 * 4 * 5 or more |  | General – Admission Information – Prior Episode is required | Initialize from ASAM (Provider Level from Final Determination tab) |
| Program | Yes | Via dropdown selection   * Display all active programs |  | General – Admission Information – Program is required | None |
| SSN | NA | Via label |  | None | Via client information – “SSN” from Demographics tab, Basic Demographics section |
| Veterans status | Yes | Via dropdown selection   * Not a veteran * Veteran * Currently on active duty * Unknown, declined to answer |  | General-Admission Information- Veterans Status is required | Via Veterans Info tab in Inquiry |
| Admitted population | Yes | Via dropdown selection   * Youth * Women’s * Children * Forensics * Jail/CATS * Med MGT * Gen Prog/Toole/Summit * Adult ASAM Level 1.0 * Youth ASAM Level 1.0 * Children’s ASAM Level 1.0 * Adult Evaluation * Youth Evaluation | Via dropdown selection   * 01 - Youth * 02 - Women’s * 04 - Children * 05 – Forensics * 06 – Jail/CATS * 07 – Med MGT * 99 – Gen Prog/Toole/Summit * 19 – Adult ASAM Level 1.0 * 22 – Youth ASAM Level 1.0 * 24 – Children’s ASAM Level 1.0 * 20 – Adult Evaluation * 21 – Youth Evaluation | General – Admission Information – Admitted Population is required | None |
| Admitted ASAM | Yes | Via dropdown selection   * Outpatient * Intensive Outpatient * Amb. Day Treatment * Low-Intensity Residential * High-Int. Residential | Via dropdown selection   * 10 – Outpatient * 21 – Intensive Outpatient * 25 – Amb. Day Treatment * 31 – Low-Intensity Residential * 35 – High-Int. Residential | General – Admission Information – Admitted ASAM is required | Initialize from ASAM |
| Referred ASAM | Yes | Via dropdown selection not editable   * No Treatment Recommended * Level 0.5 * Opioid Maintenance Therapy * Level 1.0 * Level 2.1 * Level 2.5 * Level 3.1 * Level 3.5 |  | General – Admission Information – Referred ASAM is required | Initialize from ASAM (Indicated/Referred Level from Final Determination tab) |
| State code | Yes | Via dropdown selection   * Need values from New Directions |  | General – Admission Information – State Code is required | None |
| Number of self-help groups attending in past 30 days preceding admission | Yes | Via dropdown selection   * No attendance in the past month * 1-3 times in past month * 4-7 times in past month * 8-15 times in past month * 16-30 times in past month * Some attendance in past month but frequency unknown * Unknown | • 2 = No attendance in the past month  • 3 = 1-3 times in past month  • 4 = 4-7 times in past month  • 5 = 8-15 times in past month  • 6 = 16-30 times in past month • 7 = Some attendance in past month but frequency unknown • 97 = Unknown | General-Admission Information- Number of self-help groups attending is required | Via previous SU admission |

#### Rules

|  |  |  |  |
| --- | --- | --- | --- |
| Field | Rules | Validation Message | Initializations Occurring on Signature |
| Admission type | Map to new global code: xSUAdminType | None | None |
| **Referral source** | **Map to new global code: xSUReferralSource** | None | None |
| Admission program type | Map to new global code: xSUAdmissionProgram | None | None |
| **Program** | **Map to new global code: xSUProgramType** | None | None |
| Veterans Status | Map to new global code: xVeteransStatus | None | None |
| Expected primary source of payment | Map to new global code: xSourceofPayment | None | None |
| Number of days in Social Supports | Map to new global code: xSUSocial Supports | None | None |
| Pregnant at time of admission | Default to “Not Applicable” if the client is male. | None | None |
| Tab sequence | Assessment Date, Program, Admission type, admission program type, referral source, expected primary source of payment, pregnant at time of admission, prior episode, number of days in social supports, veterans status, admitted population, admitted ASAM, referred ASAM, state code | None | None |

#### 1.2 Legal Information



#### Requirements

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Field | Required | Response Options | Validation Message | Document Creation Initialization |
| Number of Arrests In Past 30 Days | Yes | Via textbox | General-Legal Information- Number of Arrests In Past 30 Days is required | None |
| Number of Arrests in last 12 months | Yes | Via textbox | General-Legal Information- Number of Arrests In last 12 months is required | None |
| Drug Court Participation | Yes | Via dropdown selection   * No drug court involvement * Drug court 1 * Drug court 2 | General-Legal Information- Drug Court Participation is required | None |
| Currently On Probation | Yes | Via radio button selection   * Yes * No * Unknown | General-Legal Information- Currently On Probation is required | None |
| Currently On Parole | Yes | Via radio button selection   * Yes * No * Unknown | General-Legal Information- Currently On Parole is required | None |
| Currently Under DCFS or DJJS Jurisdiction | Yes | Via radio button selection   * Yes * No * Unknown | General-Legal Information- Currently Under DCFS or DJJS Jurisdiction is required | None |

#### Rules

|  |  |  |  |
| --- | --- | --- | --- |
| Field | Rules | Validation Message | Initializations Occurring on Signature |
| Drug Court Participation | Map to new global code: xSUDrugCourt | None | None |

#### 1.3 Household Information



#### Requirements

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Field | Required | Response Options | Validation Message | Document Creation Initialization |
| Household composition | Yes | Via dropdown  • Lives Alone • Lives with One or More Relatives • Lives with non-related person(s) • Lives with Single Parent • Lives with both parents • Unknown, declined to answer | General-Household Information-Household composition is required | None |
| # in Household | Yes | Via textbox | General-Household Information- # in Household is required | None |
| Household Income | Yes | Via textbox | General-Household Information- household income is required | None |
| # of Children 17 or Under | Yes | Via textbox | General-Household Information- # of Children is required | None |

#### Rules

|  |  |  |  |
| --- | --- | --- | --- |
| Field | Rules | Validation Message | Initializations Occurring on Signature |
| Household composition | Map to Registration-demographics-household composition  Global code : xSUHouseholdComp | None | None |

#### 1.5 Demographics Information Update



#### Requirements

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Field | Required | Response Options | Values for TED | Validation Message | Document Creation Initialization |
| Marital Status | Yes | Via dropdown selection   * Never married * Married * Separated * Divorced * Widowed * Unknown * Living as married |  | General-Demographic Information Update- Marital Status is required | Pull in from Registration, “Demographics” tab, “Basic demographics” section, “Marital Status” |
| Employment Status | Yes | Via dropdown selection   * Employed Full Time * Employed Part time * Unemployed Seeking Work * Unemployed Not Seeking Work * Supported/Transitional Employment * Homemaker * Student * Retired * Disabled not in workforce * Ages 0-5 * Other not in labor force * Unknown | * 1=Employed Full Time * 2=Employed Part time * NA – Unemployed Seeking Work * 3=Unemployed Not Seeking Work * NA – Supported/Transitional Employment * 4=Homemaker * 5=Student * 6=Retired * 7=Disabled not in workforce * 10 = Ages 0-5 * 20=Other not in labor force * 97=Unknown | General-Demographic Information Update- Employment Status is required | None |
| Primary Source of Income | Yes | Via dropdown selection   * Legal employment, wages and salary * Welfare, public assistance * Pension, retirement benefits, social security * Disability, worker’s comp * Other * None * Unknown |  | General-Demographic Information Update- Primary Source of Income is required | none |
| Education Status | Yes | Via dropdown selection   * Currently: Regular education * Currently: Special education * Alt Education (HS degree) * Conditioning Education * Vocational Training * Not currently enrolled |  | General-Demographic Information Update- Education Status is required | None |
| Education Completed | Yes | Via dropdown selection   * 0 * 1 * 2 * 3 * 4 * 5 * 6 * 7 * 8 * 9 * 10 * 11 * 12/GED * 13 * 14 * 15 * 16 * 17 * 18 * 19 * 20 * 21 * 22 * 23 * 24 * 25 |  | General-Demographic Information Update- Education Completed is required | None |
| Gender | Yes | Via dropdown selection   * Male * Female * Other: with text box – map to unknown. |  | General – Demographic Information Update – Gender is required | None |
| Race | Yes | Via dropdown selection  • American Indian or Alaskan native • Asian • Black or African American • White  • Other Single Race • Native Hawaiian or other  • Pacific islander  • Two or More Races  • Unknown race |  | General – Demographic Information Update – Race is Required | None |
| Ethnicity | Yes | Via dropdown selection -   * Hispanic (Puerto Rican) * Hispanic (Mexican) * Hispanic (Cuban) * Hispanic (No specific origin) * Not of Hispanic origin * Unknown |  | General – Demographic Information Update – Ethnicity is required | None |

#### Rules

|  |  |  |  |
| --- | --- | --- | --- |
| Field | Rules | Validation Message | Initializations Occurring on Signature |
| Marital Status | xTEDSMaritalStat | None | None |
| Enrolled in Education | xTEDSEnrolledEd |  |  |
| Employment Status | xTEDSEMPLOYMENT  (Make these the same as Client Information employment status global code category. We will use the External ID 2 for the TEDS ID reporting – mapping is needed to make the lists the same) |  |  |
| Race | xTEDSRACE |  |  |
| Primary Source of Income | xTEDSPrimaryIncomeSource |  |  |
| Ethnicity | xTEDSETHNICITY  This will have to be different from Client Information to meet TEDS requirements. –Mapping is needed to make the lists the same. |  |  |
| Gender | xTEDS Gender  (This can be the same as in Client Information/Demographics) |  |  |

### 2.0 Substance Use Tab



### 2.1 Substance Use Hx



#### Requirements

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Field | Required | Response Options | Values for TED | Validation Message | Document Creation Initialization |
| Co-Dependent/collateral | Yes | Via radio button selection   * Yes * No |  | Substance Use-Substance Use Hx- Co-Dependent/collateral is required | Via previous SU assessment |
| Co-Occurring for Mental Health | Yes | Via radio button selection   * Yes * No |  | Substance Use-Substance Use Hx- Co-Occurring for Mental Health is required | Via previous SU assessment |
| Pharmocotherapy Planned | Yes | Via radio button selection   * Yes * No |  | Substance Use-Substance Use Hx- Co- Pharmocotherapy Planned is required | Via previous SU assessment |
| Tobacco Use | Yes | Via dropdown selection   * Never Smoked * Former Smoker * Current Some Day Smoker * Current Every day Smoker * Use Smokeless tobacco Only (In last 30 days) * Current Status Unknown * Not Applicable * Former Smoking Status Unknown. | * 1 = Never Smoked * 2 = Former Smoker * 3 = Current Some Day Smoker * 4 = Current Every day Smoker * 6 = Use Smokeless tobacco Only (In last 30 days) * 97 = Current Status Unknown * 98 = Not Applicable * 99 = Former Smoking Status Unknown. | Substance Use-Substance Use Hx- Tobacco Use is required | Via previous SU assessment |
| Age of First Tobacco Use if ever Used Tobacco | Conditional (see rules) | Via textbox or radio buttons   * NA * Unknown |  | Substance Use-Substance Use Hx- Age of First Tobacco Use if ever Used Tobacco is required | Via previous SU assessment |

#### Rules

|  |  |  |  |
| --- | --- | --- | --- |
| Field | Rules | Validation Message | Initializations Occurring on Signature |
| Age of First Tobacco Use if ever Used Tobacco | If “Tobacco Use” drop down value =   * 2, 3, 4 or 6 - an age is required or “unknown” * 1, 97, 98 or 99 “Age of First Tobacco Use if Ever Used Tobacco” textbox is disabled, radio button defaults to NA | None | None |
| Co-Dependent | * Create recode table * If “Admitted Population” from “General” tab = 04, 20, 21 and 24 then default to Yes * All others should default to No   Admitted Population options from General Tab   * 01 - Youth * 02 - Women’s * 04 - Children * 05 – Forensics * 06 – Jail/CATS * 07 – Med MGT * 99 – Gen Prog/Toole/Summit * 19 – Adult ASAM Level 1.0 * 22 – Youth ASAM Level 1.0 * 24 – Children’s ASAM Level 1.0 * 20 – Adult Evaluation * 21 – Youth Evaluation | Need to add validation message | None |

### 2.2 Substance Use

#### 

#### Requirements

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Field | Required | Response Options | Validation Message | Document Creation Initialization |
| Preferred Usage | Yes, if “Detailed Drug Use” selected | Via dropdown selection   * Primary * Secondary * Tertiary | Substance Use-Substance Use- Preferred Usage is required | Via previous Su assessment or Assessment Substance Use tab (most recent date/time) - |
| Detailed Drug Use | Yes | Via dropdown selection   * Buprenorphine * Codeine * Hydrocodone (Vicodin) * Hydromorphone (Dilaudid) * Meperidine (Demerol) * Other opiates or synthetics * Oxycodone (OxyContin) * Pentazocine (Talwin) * Propoxyphene (Darvon) | Substance Use-Substance Use- Detailed Drug Use is required | Via previous Su assessment or Assessment Substance Use tab (most recent date/time) - |
| Severity | Yes, if “Detailed Drug Use” is selected | Via dropdown selection   * Severe problem/dysfunctional * Moderate problem/dysfunctional * Mild problem/dysfunctional * Not a problem * Not applicable | Substance Use-Substance Use- Severity is required | Via previous Su assessment or Assessment Substance Use tab (most recent date/time) - |
| Frequency | Yes, if “Detailed Drug Use” is selected | Via dropdown selection   * No use in past month * 1-3 times in past month * 1-2 times in past week * 3-6 times in past week * Daily * Not applicable | Substance Use-Substance Use- Frequency is required | Via previous Su assessment or Assessment Substance Use tab (most recent date/time) - |
| Method | Yes, if “Detailed Drug Use” is selected | Via dropdown selection   * Oral * Smoking * Inhalation * Injection * Other * Not applicable | Substance Use-Substance Use-Method is required | Via previous Su assessment or Assessment Substance Use tab (most recent date/time) |
| Age of First Use | Conditional, Yes if “Drug Name” selected. | Via textbox or radio button selection   * NA * Unknown | Substance Use-Substance Use-Age of First Use is required | Via previous Su assessment or Assessment Substance Use tab (most recent date/time) - |

#### Rules

|  |  |  |  |
| --- | --- | --- | --- |
| Field | Rules | Validation Message | Initializations Occurring on Signature |
| Drug Name | * At least 1 “Drug Name” must be selected, except if   + “Admitted Population” from “General” tab = 4, 7, 20, 21 and 24 or   + “NA” or “Unknown” radio buttons are selected * Recode (Admitted Population), Category (xDrugName) | Substance Use-Substance Use - At least 1 drug is required | None |

### 3.0 Diagnosis tab



#### Use ICD 10 Dx

**4.0 Infectious Disease Risk Assessment**



**4.1 General**



#### Requirements

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Field | Required | Response Options | Validation Message | Document Creation Initialization |
| Have you seen a doctor or other health care provider in the past 3 months? | Yes | Via Radio button   * Yes * No * Don’t Know | Infectious Disease – General – Have you seen a doctor or other health care is required | None |
| Do you live or have you lived on the street or in a shelter? | Yes | Via Radio button   * Yes * No * Don’t Know | Infectious Disease – General – Do you live or have you lived on the street or in a shelter is required | None |
| Have you ever been in jail/prison/juvenile detention? | Yes | Via Radio button   * Yes * No * Don’t Know | Infectious Disease – General – Have you ever been in jail/prison/juvenile detention is required | None |
| Have you ever been in a long-term care facility (nursing home, mental health hospital, or other hospital)? | Yes | Via Radio button   * Yes * No * Don’t Know | Infectious Disease – General – Have you ever been in a long-term care facility is required | None |
| Where were you born? | Yes | Via textbox | Infectious Disease – General – Where were you born is required | None |
| In the past 3 years have you traveled/lived outside the U.S. (except Canada, Australia, New Zealand, Japan, Western Europe, or Great Britain)? | Yes | Via Radio button   * Yes * No * Don’t Know | Infectious Disease – General – In the past 3 years have you traveled/lived outside the U.S. is required | None |
| How long have you been in the U.S.? | yes | Via textbox | Infectious Disease – General – How long have you been in the U.S. is required |  |
| Are you a combat veteran? | Yes | Via Radio button   * Yes * No * Don’t Know | Infectious Disease – General – Are you a combat veteran is required | None |
| In the past 12 months have you had a tattoo, ear/body piercing, acupuncture or come into contact with someone else’s blood? | Yes | Via Radio button   * Yes * No * Don’t Know | Infectious Disease – General – In the past 12months have you had a tattoo is required | None |

**4.2 Symptoms**



#### Requirements

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Field | Required | Response Options | Validation Message | Document Creation Initialization |
| Within the last 30 days, have you had any of the following symptoms lasting for more than 2 weeks: | Yes | Via checkbox   * Nausea * Fever * Drenching night sweats that were so bad you had to change your clothes or the sheets on the bed * Productive cough * Coughing up blood * Shortness of breath * Lumps or swollen glands in the neck or armpits * Diarrhea (runs) lasting more than a week * Losing weight without meaning to * Brown tinged urine * Extreme fatigue * Jaundice (yellow skin) or yellow eyes * None | Infectious Disease – Symptoms – Within the last 30 days, have you had is required | None |
| Women: Have you missed your last two periods? | Yes for radio button, not textbox | Via radio button and textbox   * Yes * No * N/A | Infectious Disease – Symptoms – Women: Have you missed your last two periods is required | None |

**4.3 TB Questions**



#### Requirements

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Field | Required | Response Options | Validation Message | Document Creation Initialization |
| Have you ever been told you have TB? Has anybody you know or have lived with been diagnosed with TB in the past year? | Yes | Via Radio button   * Yes * No * Don’t Know | Infectious Disease – TB Questions – Have you ever been told you have TB is required | None |
| Have you ever had a positive skin test for TB? (A test where they gave you a shot in your forearm, and a few days later a hard lump appeared.) | Yes | Via Radio button   * Yes * No * Don’t Know | Infectious Disease – TB Questions – Have you ever had a positive skin test for TB is required | None |
| Have you ever been treated for TB? | Yes | Via Radio button   * Yes * No * Don’t Know | Infectious Disease – TB Questions – Have you ever been treated for TB is required | None |

**4.4 Hepatitis**



#### Requirements

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Field | Required | Response Options | Validation Message | Document Creation Initialization |
| Have you ever been told you have Hepatitis A? | Yes | Via Radio button   * Yes * No * Don’t Know | Infectious Disease – Hepatitis – Have you ever been told you have Hepatitis A is required | None |
| Have you ever been told you have Hepatitis B? | Yes | Via Radio button   * Yes * No * Don’t Know | Infectious Disease – Hepatitis – Have you ever been told you have Hepatitis B is required | None |
| Have you ever been told you have Hepatitis C? | Yes | Via Radio button   * Yes * No * Don’t Know | Infectious Disease – Hepatitis – Have you ever been told you have Hepatitis C is required | None |

**4.5 Drug/Sexual Related Questions**



#### Requirements

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Field | Required | Response Options | Validation Message | Document Creation Initialization |
| Have you ever used needles to shoot drugs? | Yes | Via Radio button   * Yes * No * Don’t Know | Infectious Disease – Drug/Sexual Related Questions – Have you ever used needles to shoot drugs is required | None |
| Have you ever shared needles or syringes (“rigs”) to inject drugs? | Yes | Via Radio button   * Yes * No * Don’t Know | Infectious Disease – Drug/Sexual Related Questions – Have you ever shared needles or syringes (“rigs”) to inject drugs is required | None |
| Have you ever had a job that put you in danger of needle stick injuries or other types of blood contact? | Yes | Via Radio button   * Yes * No * Don’t Know | Infectious Disease – Drug/Sexual Related Questions – Have you ever had a job that put you in danger of needle stick injuries is required | None |
| Do you use stimulants (cocaine/methamphetamine)? | Yes | Via Radio button   * Yes * No * Don’t Know | Infectious Disease – Drug/Sexual Related Questions – Do you use stimulants is required | None |
| In the past 12 months, have you, or anyone you have had sex with, had: syphilis, gonorrhea, herpes, Chlamydia, nongonoccal urethritis, other sexually transmitted diseases, or hepatitis? | Yes | Via Radio button   * Yes * No * Don’t Know | Infectious Disease – Drug/Sexual Related Questions – In the past 12 months, have you, or anyone you have had sex with is required | None |

**4.6 Additional Questions**



#### Requirements

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Field | Required | Response Options | Validation Message | Document Creation Initialization |
| Did you receive a blood transfusion before 1992? | Yes | Via Radio button   * Yes * No * Don’t Know | Infectious Disease – Additional Questions – Did you receive a blood transfusion before 1992 is required | None |
| Have you received blood products produced before 1987 for clotting problems? | Yes | Via Radio button   * Yes * No * Don’t Know | Infectious Disease – Additional Questions – Have you received blood products produced before 1987 for clotting problems is required | None |
| Was your birth mother infected with Hepatitis C virus during the time of your birth? | Yes | Via Radio button   * Yes * No * Don’t Know | Infectious Disease – Additional Questions – Was your birth mother infected with Hepatitis C virus is required | None |
| Have you been, or are your currently, on long-term kidney dialysis? | Yes | Via Radio button   * Yes * No * Don’t Know | Infectious Disease – Additional Questions – Have you been, or are your currently, on long-term kidney is required | None |
| Have you had unprotected sex with someone who has the blood disease hemophilia? | Yes | Via Radio button   * Yes * No * Don’t Know | Infectious Disease – Additional Questions – Have you had unprotected sex with someone who has the blood disease hemophilia is required | None |
| Have you had unprotected sex with a man who has sex with other men? | Yes | Via Radio button   * Yes * No * Don’t Know | Infectious Disease – Additional Questions – Have you had unprotected sex with a man who has sex with other men is required | None |
| Have you had sex in exchange for money or drugs, or in order to survive? | Yes | Via Radio button   * Yes * No * Don’t Know | Infectious Disease – Additional Questions – Have you had sex in exchange for money or drugs, or in order to survive is required | None |
| Have you had sex with more than one person in the past 6 months? Any type of vaginal, rectal or oral contact without protection (condom or other barrier) with or without your consent? | Yes | Via Radio button   * Yes * No * Don’t Know | Infectious Disease – Additional Questions – Have you had sex with more than one person in the past 6 months is required | None |
| Have you had sex or shared needles to inject drugs with a person who has AIDS or who tested positive on the antibody test for AIDS/HIV disease or Hepatitis C? | Yes | Via Radio button   * Yes * No * Don’t Know | Infectious Disease – Additional Questions – Have you had sex or shared needles to inject drugs with a person who has AIDS is required | None |
| Have you ever injected drugs, even once? | Yes | Via Radio button   * Yes * No * Don’t Know | Infectious Disease – Additional Questions – Have you ever injected drugs, even once is required | None |
| Have you ever been pricked by a needle or syringe that may have been infected with HIV or Hepatitis C virus? | Yes | Via Radio button   * Yes * No * Don’t Know | Infectious Disease – Additional Questions – Have you ever been pricked by a needle or syringe that may have been infected with HIV or Hepatitis C virus is required | None |
| Have you ever had a drinking problem that required medical care or counseling? | Yes | Via Radio button   * Yes * No * Don’t Know | Infectious Disease – Additional Questions – Have you ever had a drinking problem that required medical care or counseling is required | None |
| Have you ever been told or thought that you have a drinking problem? | Yes | Via Radio button   * Yes * No * Don’t Know | Infectious Disease – Additional Questions – Have you ever been told or thought that you have a drinking problem is required | None |

**4.7 Blood Test**



#### Requirements

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Field | Required | Response Options | Validation Message | Document Creation Initialization |
| Have you ever had a blood test for the HIV antibody? | Yes | Via Radio button   * Yes * No | Infectious Disease – Blood Test - Have you ever had a blood test for the HIV antibody is required | None |
| Have you been tested within the last six months? | Conditional – yes only if question is displayed | Via Radio button   * Yes * No | Infectious Disease – Blood Test - Have you been tested within the last six months is required | None |
| Would you like a blood test? | Conditional – yes only if question is displayed | Via Radio button   * Yes * No | Infectious Disease – Blood Test - Would you like a blood test is required | None |
| Have you ever had a blood test for Hepatitis C virus? | Yes | Via Radio button   * Yes * No | Infectious Disease – Blood Test - Have you ever had a blood test for the Hepatitis C virus is required | None |
| Have you been tested within the last six months? | Conditional – yes only if question is displayed | Via Radio button   * Yes * No | Infectious Disease – Blood Test - Have you been tested within the last six months is required | None |
| Would you like a blood test? | Conditional – yes only if question is displayed | Via Radio button   * Yes * No | Infectious Disease – Blood Test - Would you like a blood test is required | None |

#### Document Rules

|  |  |
| --- | --- |
| Field | Rules |
| Have you ever had a blood test for the HIV antibody? | If yes,  Display question: Have you been tested within the last six months?  If no  Display question: Would you like a blood test? |
| Have you ever had a blood test for Hepatitis C virus? | If yes,  Display question: Have you been tested within the last six months?  If no  Display question: Would you like a blood test? |

**4.8 Assess**



#### Requirements

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Field | Required | Response Options | Validation Message | Document Creation Initialization |
| How would you judge your own risk for being infected with HIV (the AIDS virus)? | Yes | Via Radio button   * I know I am infected * I think I am at high risk * I think I am at low risk * I think I am at NO risk * I am not sure what my risk is | Infectious Disease – Assess - How would you judge your own risk for being infected with HIV (the AIDS virus) is required | None |
| How would you judge your own risk for being infected with Hepatitis C? | Yes | Via Radio button   * I know I am infected * I think I am at high risk * I think I am at low risk * I think I am at NO risk * I am not sure what my risk is | Infectious Disease – Assess - How would you judge your own risk for being infected with Hepatitis C is required | None |
| Was client assessed? | Yes | Via radio button   * Yes * No | Infectious Disease – Assess - Was client assessed is required | None |
| Client was referred to health department or other agency? | Yes | Via radio button   * Yes * No | Infectious Disease – Assess - Client was referred to health department or other agency is required | None |
| Where client was referred | Conditional, yes if “Client was referred to health department or other agency?” = Yes | Via textbox | Infectious Disease – Assess – Where client was referred is required | None |