

# Young Women's Health Team

## Initial Assessment Questionnaire

STAFF CODE: \_\_\_\_\_

DATE: \_\_\_/\_\_\_/\_\_\_      SESSION: \_\_\_\_\_

BIRTHDATE: \_\_\_/\_\_\_/\_\_\_

RESPONDENT ID:

|                       |                      |                    |                |              |  |               |  |  |
|-----------------------|----------------------|--------------------|----------------|--------------|--|---------------|--|--|
|                       |                      |                    |                |              |  |               |  |  |
| First Name<br>Initial | Last Name<br>Initial | Gender<br>Female=2 | Birth<br>Month | Birth<br>Day |  | Birth<br>Year |  |  |

**1. What do you hope to learn from your participation in this program?**

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**2. How important are each of these topics to you? (Rate each on a scale, from 1 to 10)**

|  |  |                    |                     |
|--|--|--------------------|---------------------|
| Learning good writing and communication skills.      | 1   2   3   4   5   6   7   8   9   10 | Not very important | Extremely important |
| Learning how to access medical services.             | 1   2   3   4   5   6   7   8   9   10 | Not very important | Extremely important |
| Learning how to prepare to get a job.                | 1   2   3   4   5   6   7   8   9   10 | Not very important | Extremely important |
| Learning about HIV/AIDS.                             | 1   2   3   4   5   6   7   8   9   10 | Not very important | Extremely important |
| Learning about sexually transmitted diseases (STDs). | 1   2   3   4   5   6   7   8   9   10 | Not very important | Extremely important |
| Learning about drug and alcohol.                     | 1   2   3   4   5   6   7   8   9   10 | Not very important | Extremely important |
| Learning how to take better care of myself.          | 1   2   3   4   5   6   7   8   9   10 | Not very important | Extremely important |
| Learning how to feel better about myself.            | 1   2   3   4   5   6   7   8   9   10 | Not very important | Extremely important |

**3. Here are some statements about HIV and AIDS. Please check whether you think each statement is true or false.**

|   |                               |                                |
|---|-------------------------------|--------------------------------|
| Staying in good shape is the best way to prevent getting the AIDS virus.                        | <input type="checkbox"/> True | <input type="checkbox"/> False |
| A person can get AIDS by touching or hugging someone with AIDS.                                 | <input type="checkbox"/> True | <input type="checkbox"/> False |
| Condoms reduce the risk of getting the AIDS virus.  | <input type="checkbox"/> True | <input type="checkbox"/> False |
| Most people who have the AIDS virus quickly show signs of being sick.                           | <input type="checkbox"/> True | <input type="checkbox"/> False |
| Having sex without a condom increases a person's risk of getting the AIDS virus.                | <input type="checkbox"/> True | <input type="checkbox"/> False |
| A person must have lots of different sexual partners to be at risk for AIDS.                    | <input type="checkbox"/> True | <input type="checkbox"/> False |
| Only people who have sex with gay men get AIDS.   | <input type="checkbox"/> True | <input type="checkbox"/> False |
| People who get the AIDS virus through needle-sharing can spread the virus to others during sex. | <input type="checkbox"/> True | <input type="checkbox"/> False |
| There is a cure for AIDS/HIV infection.   | <input type="checkbox"/> True | <input type="checkbox"/> False |
| Teenagers are less likely to get AIDS than persons over 20 years old.                           | <input type="checkbox"/> True | <input type="checkbox"/> False |
| Cleaning needles for shooting up drugs with water is a good way to kill HIV.                    | <input type="checkbox"/> True | <input type="checkbox"/> False |
| A woman with HIV can pass the virus to her unborn child.  | <input type="checkbox"/> True | <input type="checkbox"/> False |
| Men and women can get HIV from oral sex (blowjob, going down on someone).                       | <input type="checkbox"/> True | <input type="checkbox"/> False |
| Using a condom correctly during sex is a good way to keep from getting HIV.                     | <input type="checkbox"/> True | <input type="checkbox"/> False |



## 8. Accessing medical services

Have you ever been tested for HIV?  No  Yes

Have you ever been to a gynecologist?  No  Yes

### Have you been able to get all the help you needed at the services listed below?

|  |  |
|--|--|
| In the last 6 months, have you <b>needed</b> <u>counseling</u> ?<br><br>0 <input type="checkbox"/> No      1 <input type="checkbox"/> Yes  | In the last 6 months, have you <b>received</b> <u>counseling</u> ?<br><br>0 <input type="checkbox"/> No      1 <input type="checkbox"/> Yes  |
| In the last 6 months, have you <b>needed</b> a <u>gynecologist</u> ?<br><br><input type="checkbox"/> No <input type="checkbox"/> Yes   | In the last 6 months, have you <b>received</b> <u>gynecological care</u> ?<br><br><input type="checkbox"/> No <input type="checkbox"/> Yes   |
| In the last 6 months, have you <b>needed</b> a <u>doctor</u> ?<br><br><input type="checkbox"/> No <input type="checkbox"/> Yes   | In the last 6 months, have you <b>received</b> care from a <u>doctor</u> ?<br><br><input type="checkbox"/> No <input type="checkbox"/> Yes   |
| In the last 6 months, have you <b>needed</b> to go to a <u>hospital emergency room</u> ?<br><br><input type="checkbox"/> No <input type="checkbox"/> Yes                                 | In the last 6 months, have you <b>received</b> care from a <u>hospital emergency room</u> ?<br><br><input type="checkbox"/> No <input type="checkbox"/> Yes                                |
| In the last 6 months, have you <b>needed</b> a <u>hospital for an overnight stay</u> ?<br><br><input type="checkbox"/> No <input type="checkbox"/> Yes                                   | In the last 6 months, have you <b>received</b> care from a <u>hospital for an overnight stay</u> ?<br><br><input type="checkbox"/> No <input type="checkbox"/> Yes                         |
| In the last 6 months, have you <b>needed</b> help from a <u>nurse, doctor or counselor for a drug, alcohol problem</u> ?<br><br><input type="checkbox"/> No <input type="checkbox"/> Yes | In the last 6 months, have you <b>received</b> care from a <u>nurse, doctor or counselor for a drug, alcohol problem</u> ?<br><br><input type="checkbox"/> No <input type="checkbox"/> Yes |
| In the last 6 months, have you <b>needed</b> to stay in a <u>clinic or hospital for a drug or alcohol problem</u> ?<br><br><input type="checkbox"/> No <input type="checkbox"/> Yes      | In the last 6 months, have you <b>received</b> care from a <u>clinic or hospital for a drug or alcohol problem</u> ?<br><br><input type="checkbox"/> No <input type="checkbox"/> Yes       |
| In the last 6 months, have you <b>needed</b> help from any kind of <u>support group</u> ?<br><br><input type="checkbox"/> No <input type="checkbox"/> Yes                                | In the last 6 months, have you <b>received</b> help from any kind of <u>support group</u> ?<br><br><input type="checkbox"/> No <input type="checkbox"/> Yes                                |
| In the last 6 months, have you <b>needed</b> <u>HIV pre-test counseling</u> ?<br><br><input type="checkbox"/> No <input type="checkbox"/> Yes  | In the last 6 months, have you <b>received</b> <u>HIV pre-test counseling</u> ?<br><br><input type="checkbox"/> No <input type="checkbox"/> Yes  |
| In the last 6 months, have you <b>needed</b> <u>HIV post-test counseling</u> ?<br><br><input type="checkbox"/> No <input type="checkbox"/> Yes   | In the last 6 months, have you <b>received</b> <u>HIV post-test counseling</u> ?<br><br><input type="checkbox"/> No <input type="checkbox"/> Yes   |
| In the last 6 months, have you <b>needed</b> <u>HIV testing</u> ?<br><br><input type="checkbox"/> No <input type="checkbox"/> Yes  | In the last 6 months, have you <b>received</b> <u>HIV testing</u> ?<br><br><input type="checkbox"/> No <input type="checkbox"/> Yes  |

**9. How safe do you feel in the place where you are living now?**

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**10. How you feel about yourself (circle one answer for each question)**

|   | <b>Strongly Agree</b> | <b>Agree</b> | <b>Disagree</b> | <b>Strongly Disagree</b> |
|---|-----------------------|--------------|-----------------|--------------------------|
| I feel I am as good as anybody else.            | Strongly Agree        | Agree        | Disagree        | Strongly Disagree        |
| I feel that I have a number of good qualities.  | Strongly Agree        | Agree        | Disagree        | Strongly Disagree        |
| I feel that I am a failure.                     | Strongly Agree        | Agree        | Disagree        | Strongly Disagree        |
| I am able to do things as well as other people. | Strongly Agree        | Agree        | Disagree        | Strongly Disagree        |
| I feel I do not have much to be proud of.       | Strongly Agree        | Agree        | Disagree        | Strongly Disagree        |
| I take a positive attitude toward myself.       | Strongly Agree        | Agree        | Disagree        | Strongly Disagree        |
| I am satisfied with myself.                     | Strongly Agree        | Agree        | Disagree        | Strongly Disagree        |
| I wish I could have more respect for myself.    | Strongly Agree        | Agree        | Disagree        | Strongly Disagree        |
| I feel useless at times.                        | Strongly Agree        | Agree        | Disagree        | Strongly Disagree        |
| At times I think I am no good at all.           | Strongly Agree        | Agree        | Disagree        | Strongly Disagree        |