



**Community Health Connections**

*We take great care of you!*

## Health Questionnaire

**Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

	YES	NO
Have you had a physical examination by a CHC doctor in the past 12 months?		
In the past 5 years have you lived or traveled in Africa, Asia, Central America, Mexico, Eastern Europe, Caribbean or the Middle East for more than one month?		
In the past 2 years have you lived with or spent time with someone who has been sick with TB?		
Have you or your sexual partner(s) injected drugs or other substances and/or shared needles with another person?		
Do you have a cough lasting more than 2-3 weeks?		
Do you suffer from unusual or heavy sweating at night?		
Do you suffer from unusual weakness or extreme fatigue?		
Have you been a victim of rape, date rape or sexual abuse?		
Have you ever had sex with a person who is HIV infected?		
Would you like to be tested for HIV?		
Would you like more information about HIV/AIDS?		