

Colorado Department of Public Health and Environment  
Side A – CE Brief Assessment for PLWH/A

		Column A	Column B
A-1	When was the client’s first diagnosed with HIV?	<input type="checkbox"/> In the past 90 days	<input type="checkbox"/> More than 90 days ago <input type="checkbox"/> Never diagnosed with HIV → <i>If HIV negative, go to Side B</i>
A-2	When was the last time the client received medical care for HIV?	<input type="checkbox"/> Never <input type="checkbox"/> Over 365 days ago	<input type="checkbox"/> Less than 365 days ago
A-3	What was the client’s most recent viral load count?	<input type="checkbox"/> Over 100,000	<input type="checkbox"/> Under 100,000 <input type="checkbox"/> Unknown or no viral load testing
A-4	Client is pregnant	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Client is/has:</b>			
A-5	Homeless status	<input type="checkbox"/> Yes, in the past 90 days <input type="checkbox"/> Pending eviction	<input type="checkbox"/> Yes, but more than 90 days ago <input type="checkbox"/> Never homeless
A-6	Unemployed	<input type="checkbox"/> Yes, in the past 90 days	<input type="checkbox"/> Yes, but more than 90 days ago <input type="checkbox"/> Never unemployed
A-7	Been diagnosed with gonorrhea, syphilis, or chlamydia	<input type="checkbox"/> Yes, in the past 180 days	<input type="checkbox"/> Yes, but more than 180 days ago <input type="checkbox"/> Never diagnosed
A-8	Worsening health status due to hepatitis C	<input type="checkbox"/> Yes, in the past 180 days	<input type="checkbox"/> Yes, but more than 180 days ago <input type="checkbox"/> No worsening health status due to Hepatitis C
A-9	Been diagnosed with another acute condition requiring complex medical treatment or hospitalization	<input type="checkbox"/> Yes, in the past 180 days	<input type="checkbox"/> Yes, but more than 180 days ago <input type="checkbox"/> Never diagnosed with another acute condition
A-10	Potentially severe addiction or drug dependence, based on evidence-based screening.	<input type="checkbox"/> Screened positive in the past 90 days	<input type="checkbox"/> Screened negative in the past 90 days <input type="checkbox"/> No screening in the past 90 days
A-11	Potentially severe mental illness, based on evidence-based screening.	<input type="checkbox"/> Screened positive in the past 90 days	<input type="checkbox"/> Screened negative in the past 90 days <input type="checkbox"/> No screening in the past 90 days
A-12	Experienced intimate partner violence or sexual assault	<input type="checkbox"/> Yes, in the past 180 days	<input type="checkbox"/> Yes, but more than 180 days ago <input type="checkbox"/> Never experienced intimate partner violence or sexual assault

**INSTRUCTIONS:**

CE for HIV Positives Eligibility is not indicated if the client is HIV negative; complete Side B instead.

CE for HIV Positives Eligibility is indicated if:

There is at least one checkmark in Column A for questions A-1 through A-4

AND

There is at least one checkmark in Column A for questions A-5 through A-12.

If indicated, the client should be informed about CE Assistance, with its specific requirements. If appropriate, a CE Nomination form should be completed and submitted to CDPHE.

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 Side B – CE Brief Assessment for High Risk HIV Negative Clients

	Client is/has:	Column A	Column B
B-1	Ever tested positive for HIV	<input type="checkbox"/> No	<input type="checkbox"/> Yes → <i>If HIV positive, go to Side A</i>
<b>Part 1 – Results of the PrEP Brief Screen</b>			
B-2	Results of the PrEP Brief Screen	<input type="checkbox"/> PrEP Indicated	<input type="checkbox"/> PrEP not indicated
<b>Part 2 – Critical Events</b>			
B-3	Exchanged sex for drugs/money/or something they needed	<input type="checkbox"/> Yes, in the past 90 days	<input type="checkbox"/> Yes, but more than 90 days ago <input type="checkbox"/> No/Never
B-4	Been literally homeless, unstably housed, or at-risk of losing housing.	<input type="checkbox"/> Yes, in the past 90 days	<input type="checkbox"/> Yes, but more than 90 days ago <input type="checkbox"/> No/Never
B-5	Unemployed	<input type="checkbox"/> Yes, in the past 90 days	<input type="checkbox"/> Yes, but more than 90 days ago <input type="checkbox"/> No/Never
B-6	Potentially severe addiction or drug dependence, based on evidence-based screening.	<input type="checkbox"/> Screened positive in the past 90 days	<input type="checkbox"/> Screened negative in the past 90 days <input type="checkbox"/> No screening in the past 90 days
B-7	Potentially severe mental illness, based on evidence-based screening.	<input type="checkbox"/> Screened positive in the past 90 days	<input type="checkbox"/> Screened negative in the past 90 days <input type="checkbox"/> No screening in the past 90 days
B-8	Experienced intimate partner violence or sexual assault	<input type="checkbox"/> Yes, in the past 180 days	<input type="checkbox"/> Yes, but more than 180 days ago <input type="checkbox"/> No/Never

**INSTRUCTIONS:**

CE for HIV Negatives Eligibility is not indicated if there are checks in Column B for questions B-1 or B-2. All clients should have received the PrEP Brief Screen before completing this CE Assessment. If the client is HIV positive, complete Side A instead.

CE for HIV Negatives Eligibility is indicated if there is at least one checkmark in Column A for questions B-3 through B-8. The client should be informed about CE Assistance, with its specific requirements. If appropriate, a CE Nomination form should be completed and submitted to CDPHE.