

PrEP Readiness Assessment

If your client meets the risk level for contracting HIV and is a good candidate for PrEP, the PrEP Readiness Assessment should be used in order to assess if client is ready to take the medication.

Housing FAMILY/HOUSEHOLD

1. Do you have stable housing? (mortgage, lease and rent)
 Yes No
2. What is your housing status?
 Permanent Non-Permanent Institution
3. How long have you lived at your current address?
4. Do you have an adequate supply of food & water there?
 Yes No
5. Do/would you keep your medication(s) at home?
 Yes No
6. If no; why?
7. Do you believe they are safe?
 Yes No
8. Who lives there with you? Ex: family, friends, partner
9. Would they be supportive if you began PrEP?
 Yes No
10. Would you feel the need to hide your medications from anyone?
 Yes No
11. Do you believe you have an adequate support system? (family, friends, neighbors, peers, support groups, etc.)
 Yes No

Comments:

For Office Use ONLY:

Action Plan/Recommendations

EMPLOYMENT	
12. Do you work? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	Comments:
13. Do you have a regular work schedule? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	
14. If no, please explain how varied your schedule might be:	
15. If you had to take PrEP at work, would this be difficult? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	
<i>For Office Use ONLY:</i>	
Action Plan/Recommendations	

MEDICATION HISTORY		
16. Have you, or do you, take medication for any health condition? <input type="checkbox"/> Yes <input type="checkbox"/> No	Comments:	
17. Did you, or do you take the medication as prescribed? <input type="checkbox"/> Yes <input type="checkbox"/> No		
18. What helped you take your medication as prescribed?		
<u>How important are the following things to you in taking medication:</u>		
19. How many pills I have to take <input type="checkbox"/> Important <input type="checkbox"/> Neutral <input type="checkbox"/> Not Important		
20. Whether I need to take them with or without food <input type="checkbox"/> Important <input type="checkbox"/> Neutral <input type="checkbox"/> Not Important		
21. How much the medications cost <input type="checkbox"/> Important <input type="checkbox"/> Neutral <input type="checkbox"/> Not Important		
22. Whether I need to change my current medications to avoid possible drug interactions <input type="checkbox"/> Important <input type="checkbox"/> Neutral <input type="checkbox"/> Not Important		
23. Whether I can tolerate possible uncomfortable side effects <input type="checkbox"/> Important <input type="checkbox"/> Neutral <input type="checkbox"/> Not Important		
24. Whether or not the medication will work <input type="checkbox"/> Important <input type="checkbox"/> Neutral <input type="checkbox"/> Not Important		
<i>For Office Use ONLY:</i>		
Action Plan/Recommendations:		

ATTITUDINAL ASSESSMENT/BELIEF SYSTEM

Do you believe:

25. You have to take PrEP every day?
 Yes No I don't know

26. PrEP is a safe and effective method of HIV prevention?
 Yes No I don't know

27. You can have condomless sex if you are on PrEP?
 Yes No I don't know

Healthcare Provider:

28. Do you feel comfortable telling a PCP or ID doctor here your health concerns?
 Yes No

29. In the past year how many doctors' appointments have you made?

30. In the past year how many doctors' appointments have you kept?

31. If you canceled or missed an appointment what were some of the reasons?

32. Do you have a pharmacy where you feel comfortable filling your prescriptions?
 Yes No

33. Do you currently have insurance?
 Yes No

34. Have you found it difficult to obtain insurance that covers your needs?
 Yes No

Comments:

For Office Use ONLY:

Action Plan/Recommendations:

ATTITUDINAL ASSESSMENT

35. Do you know anyone who has taken or is on PrEP?
 Yes No
36. If yes, what is your understanding of their experience with medications?
37. Do you want to take medication to prevent HIV?
 Yes No
38. If yes; are you willing to take Truvada?
 Yes No
39. Are any family members/significant others encouraging you to take medication?
 Yes No
40. Do you feel you have to take the medication either for yourself or someone else?
 Yes No
41. Are you taking medication to please someone else?
 Yes No

Comments:

For Office Use ONLY:
Action Plan/Recommendation:

Outcome:

Positive Assessment to Readiness

Negative Assessment to Readiness

PrEP Readiness Assessment Key

FAMILY/HOUSEHOLD KEY

- Questions 1-11

- If greater than 4 questions with yes, respondent has Positive Readiness
- If 3 or 4 questions are marked with “yes”, Positive Readiness with further discussion of the “no” responses
- If less than 2 questions with yes, individual is of Negative Readiness, and developing action plan(s) is needed

EMPLOYMENT

- Questions 12-15

- If any responses are marked as “no” or “NA”, Negative Readiness with further discussion is necessary in order to get better information on the respondents employment situation

MEDICATION HISTORY KEY

- Question 16

- If “yes”, verify a list of current prescriptions

- Question 17

- If “yes”, talk with them about the ways that helped them stay adherent
- If no, further the discussions as to why they didn’t take the medication as prescribed and identify potential barriers

- Questions 19-24

- If greater than 4 questions with “important”, respondent has Positive Readiness
- If 3 to 4 questions are marked as “important”, this means Positive Readiness, however additional counseling is needed to address problems and make action plans
- If less than 3 questions are marked as “important”, this shows a Negative Readiness and further development action plans are needed

ATTITUDINAL ASSESSMENT/BELIEF SYSTEM KEY

- Questions 25-27

- If not all questions are “yes”, this indicates Negative Readiness and further discussion and education is needed

- Question 28

- If “no”, identify why the individual doesn’t feel comfortable and address barriers and reasons

- Question 29-31

- Read the respondents answers and discuss appropriately, keeping an eye out for difference between appointments made vs appointments kept

- Question 32

- If “no”, further discussion is needed as to why the individual did not feel comfortable at a pharmacy and how to fix the problem

- Questions 33-34

- If the answer is “no”, further discussion is needed to establish insurance needs and potential access to coverage

ATTITUDINAL ASSESSMENT KEY

- Questions 35-36

- If “yes”, further discussion is needed. Was it a bad or good experience? Does this person recommend using PrEP? Why or why not?

- Questions 37-38

- If “yes”, the responder is of Positive Readiness

- If “no” to at least one, this shows Negative Readiness and more education and discussions are needed

- Question 39

- If “yes”, who is encouraging the individual and what is their reasoning

- If “no”, discuss with the individual if friends have been encouraging, or who else they could talk to about their medication

- Questions 40-41

- If “yes” to any of these questions, this shows Negative Readiness and further discussion needs to take place to address these issues