

HIV Testing and Counseling PrEP Risk Assessment

Anonymous Testing means:

- You will be asked to provide a name to make the conversation easier, however, you do **NOT** need to give your real name, address, social security number, or any other identifying information – you get an anonymous code number. No paper or forms will include your name. Basic information such as demographics and testing history will be asked of you.
- Your test results will be told only to you, in a face-to-face setting. You will be the only one that knows that you have been tested for HIV

Confidential Testing means:

- You provide some form of picture I.D. (such as Driver's License, State ID, etc.). Your name is recorded with the test result and your test result is made available to the Michigan Department of Health and Human Services
- Your test results will only be released with your signed written permission.

Instructions:

This HIV Testing and Counseling Risk Assessment is meant to be a tool in helping identify the amount of risk a client has of becoming infected with HIV. It should be filled out in collaboration with your client.

When filling out this tool, make sure to keep the conversation flowing. This tool is meant as a conversational piece, working through different outcomes and situations as it is filled out.

Once this form is completed and it is established that the client is a good candidate for PrEP, the PrEP Readiness Assessment should be used to identify if the client is ready to take PrEP.

HIV Testing and Counseling Risk Assessment

My preferred gender identity is:

- Male
- Female
- Transgender
- __ M to F __ F to M

(A) Age: _____

Date of Birth:

___/___/___

(B) I have sex with:

- Men
- Women
- Men and Women

(C) In the last 6 months, how many partners/men have you had sex with? _____

If they responded to having male partners above:

c. I) In the last 6 months, how many of your male sex partners were HIV-positive?

(D) In the past 6 months I have had the following sexual experiences

- Oral Sex
- Vaginal Intercourse
- Anal Intercourse
 - In the last 6 months, how many times did you have receptive anal sex with a man without a condom? _____
 - In the last 6 months, how many times did you have insertive anal sex without a condom with a man who was HIV-positive? _____
- Mutual Masturbation
- NA

(E) REASON FOR TESTING

Which of the following best describes your reason for testing today.

- Starting a new relationship
- I test routinely
- Retest
- Possible or recent risk exposure
- I have symptoms that might be HIV
- Court Ordered
- Result of an APM outreach activity/event
- Other: _____

(F) RISK FACTORS

In the **past 6 months** or since my last HIV test, I have had sex while using:
(Check all that apply)

- Alcohol
- Cocaine/Crack
- Marijuana
- Crystal Meth/Tina
- Club Drugs (Ecstasy, GHB, K)
- Inhalants
- Amphetamines/speed
- Sedatives
- Other: _____

I **use or share** a needle to inject drugs:

- Yes
- No

(G) STD

I have been diagnosed with and/or treated for the following sexually transmitted infections within the last year:

- Syphilis
- Chlamydia
- Gonorrhea
- Herpes
- HPV/Genital Warts
- Hepatitis A
- Hepatitis B
- Hepatitis C
- Other: _____
- Not Applicable

Within the last year:

- I have been incarcerated

(H) HIV STIGMA REDUCTION AND PrEP Assessment

Please answer the following questions using the scale:

1=Strongly Disagree 2=Disagree 3=No opinion/Unsure 4=Agree 5=Strongly Agree

1. The thought of having HIV is very scary to me.

a. 1	2	3	4	5
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2. I am able to talk with my sexual partner(s) about safer sex.

a. 1	2	3	4	5
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3. I protect myself from getting HIV and other sexually transmitted infections.

a. 1	2	3	4	5
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Yes or No (circle one)

4. I have provided sex to contribute to food, shelter, money and/or drug needs. Yes No
5. I see a primary care physician at least once a year. Yes No
6. I have found it difficult to find a primary care physician that covers my needs. Yes No
7. I drink large amounts of alcohol on a regular basis. Yes No
8. I am in an on-going relationship with a person who is HIV-positive. Yes No
9. I am interested In PrEP (pre-exposure prophylaxis). Yes No

Are there any specific topics or things that you would like your counselor to discuss or cover with you?

Use with Part H

Section	PrEP Risk Calculation	Client Response	Suggested referrals strategies
1	4 or 5		Patient education PCC Mpowerment (if male/msm/or trans)
2	1-3		Patient education PCC Mpowerment (if male/msm/or trans)
3	1-3		Patient education PCC Mpowerment (if male/msm/or trans)
4	Yes		Housing Food Bank Substance Abuse Treatment NA/AA Risk Reduction Plan
5	No		Peer Navigator/ referral to a PCP
6	No		Peer Navigator/ referral to a PCP
7	Yes		AA Substance Abuse Treatments
8	Yes		PrEP Readiness assessment
9	Yes		PrEP Readiness assessment

Risk Assessment Interpretation and suggested strategies – Part I

Section	Client response	PrEP Risk Calculation	Client Score	Suggested referrals strategies
A How old are you today?	If <18 years, If 18-28 years If 29-40 years, If 41-48 years If 49 years or more	score 0 score 8 score 5 score 2 score 0		
B In the last 6 months, how many male partners have you had?	If >10 male partners, If 6-10 male partners, If 0-5 male partners	score 7 score 4 score 0		
C In the last 6 months, how many of your male sex partners were HIV positive?	If >1 positive partner, If 1 positive partner, If <1 positive partner,	score 8 score 4 score 0		
D In the last 6 months, how many times have you had receptive anal sex?	If 0 times If 1 or more times,	score 0 score 10		
E In the last 6 months, how many times have you had insertive anal sex?	If 0 times, If 5 or more times,	score 0 score 6		
F In the last 6 months, have you used methamphetamines such as crystal or speed?	If yes, If no,	score 6 score 0		Substance Abuse Treatment AA/NA groups

Client PrEP Total _____

**If score is 10 or greater, evaluate for intensive HIV prevention services including PrEP.
If score is below 10, provide indicated standard HIV prevention services.**

