

HIV Risk Assessment

The HIV Risk Assessment Form is to be completed following the Comprehensive Assessment by all programs that receive Department of Public Health funding or others who wish to utilize it. This assessment is best conducted in an interview type manner by a clinically trained person who has some familiarity with HIV and other sexually transmitted diseases, HIV testing sites and other resources. At a minimum, agencies should provide staff conducting this assessment with a one page fact sheet on HIV that includes basic facts about HIV and a list of local testing sites. It is recommended that a fact sheet on Hepatitis C also be created as an adjunct to the HIV fact sheet. The DPH website has materials prepared in multiple languages.

Data Field	Person Served Demographic Information
Person's Name	Person should be informed that recording their name is optional on this form. If person agrees, record the first name, last name, and middle initial of the person being served. Order of name is at agency discretion.
Record Number	Record your agency's established identification number for the person.
Gender	Record the person's gender.
Date	Record the date the assessment is completed.
Person's Age	Record the current age of the person served.
Organization Name	Record the organization for whom you are delivering the service.
Data Field	Drug Use / Route
1. What drugs do you usually use? 2. How do you use your drugs?	Check all drugs which the person reports use. Check all applicable routes of use for the drugs checked in question 1.
Data Field	Needle Use (for non-IV drug users check N/A for questions 3-6)
3. If you inject drugs, how often do you use new needles?	If person injects drugs, ask how often new needles are used and check the box indicated. If response is anything other than always, inform person that even if cleaning needles (his/her own or someone else's), there is still a risk of getting infections. Review where new needles may be obtained (i.e. pharmacy, needle exchange programs).
4. If you use new needles, where do you get them?	Check all applicable sources of new needles for the person and review underutilized resources as applicable.
5. If you use needles, how do you dispose of them?	Check all applicable disposal methods and review with person the importance of safe disposal in order to reduce the risk of harm or infection to self and others. Review best practices of needle disposal and options available to the person as applicable.
6. Do you ever share needles/injection equipment?	Check yes, no or not applicable. Inform the person that risk of infection is possible not only through shared needle use, but also through sharing of other injection equipment (i.e. water, spoons, etc).
Data Field	Sexual Activity
7. In the last five years, about how many people have you had sex with?	Check the box that reflects the approximate number of sexual partners / encounters in the past five years. Sexual contact includes both intercourse and oral sex for the purpose of this question.
8. How often do you use protection?	If the person reports long term abstinence, check N/A. Otherwise, check frequency of use of protection and review risks involved with unprotected sex and forms of protection as applicable.
9. Have you had sex for money, drugs or something you needed?	Check yes or no based on the person's response. If yes, discuss alternatives to getting needs met as appropriate.

Data Field	HIV Testing / Resources / Recommendations / Signature
10. When was the last time you were tested for HIV?	Indicate date of last HIV test or never.
11. Did you receive your results?	Indicate N/A or whether the person received results from their last HIV test. If the person did not receive results, have conversation about what prevented this and offer assistance as applicable.
12. Would you like more information about HIV where to get tested / treated?	Ask the person if they have questions about HIV, other Sexually Transmitted Diseases or testing. Check the corresponding box. Provide the person with desired information or referrals.
Provided to Person Served	Check and record information provided to the person or check "discussion only" if no other information was given.
Other Notes / Recommendations	Record any other pertinent information or specifics related to recommendations given to the person in this section.
Signature	Record legible signature of person completing the assessment.