



Yes     No    If YES, which one(s): \_\_\_\_\_

**PARTNER NOTIFICATION**

Have all of client's sexual/needle partners been informed of their HIV status?     Yes     No

If NO, how can I help you tell your partner(s) that you are HIV+?

- Discuss issues related to NOT information client's partner
- Invite client's partner to come to agency for education
- Provide information and referral to DIS/Partner Notification: Date referral made \_\_\_\_\_
- Other \_\_\_\_\_

If YES, have all of client's partner(s) been tested?     Yes     No

**HARM REDUCTION PRACTICES**

Does client feel that they practice:

**Safe Sex**    Explain: \_\_\_\_\_

- Always
- Most of the time
- Depends    On What: \_\_\_\_\_
- Never    Why: \_\_\_\_\_

**Safer Sex**    Explain: \_\_\_\_\_

- Always
- Most of the time
- Depends    On What: \_\_\_\_\_
- Never    Why: \_\_\_\_\_

What is the client doing to protect themselves and their partner from infection?

- Condoms     Clean needles and works     Abstinence     One Partner
- Oral sex instead of anal sex     Top anal instead of bottom anal
- Other risk reduction: \_\_\_\_\_

If the client states that they are using condoms: In the last 3 months, how often did the client use condoms during sex?     Always     Most times     Sometimes     Never

In the last 3 months, how often did the client's partner(s) use a condom?     Always     Most times     Sometimes     Never

On the last occasion that you did not use a condom, what stopped you?

- Didn't have one     No money     Don't like how they feel     Felt the person was disease free     Too small     Interferes with performance     Partner refuses     Judgment Impaired     Afraid to ask     Under influence     Other (describe) \_\_\_\_\_     Don't know

What is the single best thing that we can do to help you change your behavior regarding the use of condoms?

\_\_\_\_\_  
\_\_\_\_\_

Does the client inject drugs?     Yes     No

If YES, do they state that they:

- Share Needles:     Seldom     Often     Why: \_\_\_\_\_
- Use Prevention methods (Describe): \_\_\_\_\_
- Use Harm Reduction methods (describe): \_\_\_\_\_

**FAMILY PLANNING**

Do you plan to/want to have children?     Yes     No

If YES, would you like more information about HIV transmission or risk factors?     Yes     No

If NO, what method(s) of family planning apply to you?

- Condom/Barrier Use     Tubal Ligation     IUD/Diaphragm     Hysterectomy     Vasectomy
- Unprotected Sex     Birth Control pill     Depp Provera     Abstinence     No birth control

**MISCELLANEOUS COMMENTS**

What else does the client think they are doing that may be a risk for transmitting HIV to a partner (sexual or needle sharing)? \_\_\_\_\_

What additional information has client requested about their sexual risk? \_\_\_\_\_

What's the one thing client thinks they can do to reduce the risk to themselves and their partners?

**HIV EDUCATION/PREVENTION INFORMATION DISSEMINATED**

The following risk and harm reduction information was discussed on \_\_\_\_\_ (Date)

	Yes	No	Comments
Safer Sex	_____	_____	_____
Condom Use	_____	_____	_____
Dental Dams	_____	_____	_____
Drug Use	_____	_____	_____
Needle Sharing	_____	_____	_____
Needle Cleaning (Bleach/Water)	_____	_____	_____
Needle Exchange (if appropriate)	_____	_____	_____
Does client require referral for further HIV Education/Prevention?	_____	_____	_____

If YES, client referred to: \_\_\_\_\_