**MTN-030/IPM 041**

**HIV Pre/Post Test and Risk Reduction Counseling Worksheet**

**PTID**: \_\_\_ \_\_\_ \_\_\_- \_\_\_ \_\_\_ \_\_\_ \_\_\_ \_\_\_-\_\_\_\_ **Visit Date**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Visit Code**: \_\_\_\_ \_\_\_\_. \_\_\_\_

**General**

* Greet client and establish rapport
* Review purpose and nature of today’s session
* Discuss counseling objectives for the day as it pertains to the participant
* Emphasize confidentiality
* Address any immediate issues or concerns concerning individual risk

**HIV Education and Pre-Test Counseling**

* Review difference between HIV and AIDS
* Review modes of HIV transmission and methods of prevention
* Review HIV tests to be done today and tests to be done if today’s tests indicate possible infection
* Review window period and how it may affect test results
* Correct any misconceptions or myths
* Verify readiness for testing

**Risk Reduction Counseling**

* Use open-ended questions to assess client’s HIV risk factors
* Discuss whether risk factors have changed since the last visit, if applicable
* Probe on factors associated with higher versus lower risk (e.g., what was different about the times when you were able to use a condom compared to times when you were not?)
* Develop risk reduction strategies with the participant moving forward

**HIV Post-Test Counseling**

* Provide and explain test results, per protocol Appendix II
* Explain additional testing that is required per protocol
* Assess client understanding of results and next steps
* Provide further information and counseling relevant to client’s test results per site SOP

**Counseling Notes/Referrals:**

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Staff Initials and Date