Appendix C

**Brief Risk Assessment**

Client Name:

Date:

Staff Name:

Top of Form

Knowledgeable re: HIV transmission (per client self report)

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | 1 | 2 | 3 | 4 | 5 |  |
| very |   |   |   |   |   | not at all |

Knowledgeable re: STI's (per client self report)

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | 1 | 2 | 3 | 4 | 5 |  |
| very |   |   |   |   |   | not at all |

Knowledgeable re: Hepatitis C (per client self report)

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | 1 | 2 | 3 | 4 | 5 |  |
| very |   |   |   |   |   | not at all |

Sexually active within the past year

*  yes
*  no

Drug and/or alcohol use within the past year

*  yes
*  no

Knows where to get condoms

*  yes
*  no
*  n/a

Knows where to get clean needles

*  yes
*  no
*  n/a

Uses condoms for anal sex

*  always
*  usually
*  sometimes
*  rarely
*  never
*  n/a

Uses condoms for vaginal sex

*  always
*  usually
*  sometimes
*  rarely
*  never
*  n/a

Has sex with a primary partner

*  yes
*  no
*  n/a

Has sex with anonymous partner(s)

*  yes
*  no
*  n/a

Has sex with multiple partners

*  yes
*  no
*  n/a

Aware of partner(s)' serostatus

*  yes
*  no
*  n/a

Pregnant/Partner pregnant

*  yes
*  no
*  n/a

Uses alcohol

*  every day
*  3 times per week or more
*  less than 3 times per week
*  occasionally
*  never
*  n/a

Uses non-injection drugs (please specify)

*  every day
*  3 times per week or more
*  less than 3 times per week
*  occasionally
*  never
*  n/a

Uses injection drugs (please specify)

*  every day
*  3 times per week or more
*  less than 3 times per week
*  occasionally
*  never
*  n/a

Uses clean needles

*  always
*  usually
*  sometimes
*  rarely
*  never
*  n/a

Shares needles

*  always
*  usually
*  sometimes
*  rarely
*  never
*  n/a

Aware of needle-sharing partner(s)' serostatus

*  yes
*  no
*  n/a

Are you planning to have sex after your release? (if yes, indicate with whom)

*  yes
*  no
*  not sure
*  declines to state

Do you plan to use alcohol or drugs after your release? (if yes, please specify)

*  yes
*  no
*  not sure
*  declines to state

Identify barriers to risk reduction please specify (situations, environments, people, access)

|  |
| --- |
|  |

**Current plan for Risk Reduction (check all that apply)**

*  Avoid places/people that cause you to take risks
*  Tell partners you have HIV
*  Choose partners who are also HIV+
*  Ask partners if they have HIV
*  Identify people you can talk to
*  Talk to partner(s) about safer sex
*  Eliminate/reduce casual partners
*  Reduce sexual episodes
*  Reduce or don't use drugs/alcohol with sex
*  Reduce episodes of anal intercourse
*  Reduce episodes of vaginal intercourse
*  Do mutual masturbation only- no exchange of body fluids
*  Choose not to have sex
*  Don't share sex toys
*  Always carry condoms/barrier
*  Have needle exchange options
*  Increase use of condom/barrier
*  Use clean needles/works
*  Don't share needles/works/cottons/water
*  Other: 