Ohio Department of Health

OpScan ID:

Counselor ID #:_____

Section Only Completed by HIV Test Counselor **Today's Date:** _____

Please complete this form – it will help your counselor measure your risk for HIV. If you don't know an answer or feel uncomfortable with a question, leave it blank. Your counselor will review this with you during your session.

Personal Information

Date of Birth: _____ **County Where You Live:** _____ **Zip Code:** _____

Age: ☐ 13-19 ☐ 20-24 ☐ 25-34 ☐35-49 ☐ 50 or over

Were you referred for an HIV test from a Local Health Department? ☐ Yes ☐ No ☐ Don't Know

Race: *(Select ALL that apply)*
☐ Asian
☐ Black/African American
☐ Native Hawaiian/Pacific Islander
☐ White
☐ American Indian/Native Alaskan

Ethnicity: ☐ Hispanic/Latinx ☐ Non-Hispanic/Latinx

Current Gender Identity: ☐ Male ☐ Female ☐ Trans/Nonbinary

Sex at Birth: ☐ Male ☐ Female

Medical Information

Are you pregnant? ☐ Yes ☐ No ☐ Don't Know ☐ N/A

Have you ever been tested for HIV? ☐ Yes ☐ No ☐ Don't Know *Date of Last Test*: _____
Result: ☐ Positive ☐ Negative ☐ Don't Know

Have you ever heard of PrEP or PEP? ☐ Yes, PrEP ☐ Yes, PEP ☐ No
Are you currently taking PrEP or PEP? ☐ Yes, PrEP ☐ Yes, PEP ☐ No
Have you taken PrEP in the last year? ☐ Yes ☐ No

Have you had an STD in the past 12 months?

	Yes, treated	Yes, untreated	No
Syphilis	☐	☐	☐
Herpes	☐	☐	☐
Other	☐	☐	☐

Have you injected or shot-up any drugs in the past 12 months?

Yes, prescribed to me ☐
Yes, drugs not prescribed to me ☐
No ☐

IF you've injected or shot up, have you shared needles or equipment?

Yes ☐ No ☐
Don't inject drugs ☐

Sexual Partner History

About how many partners have you had in the last 12 months? _____

Were any anonymous, or someone you didn't know? ☐ Yes ☐ No

In the last 12 months, who have you had sex with?		How often do you use condoms?			How do you have sex? (check all that apply)		
		Always	Sometimes	Never	Vaginal	Anal (top)	Anal (bottom)
Men	☐	☐	☐	☐	☐	☐	☐
Women	☐	☐	☐	☐	☐	☐	☐
Trans-Men	☐	☐	☐	☐	☐	☐	☐
Trans-Women	☐	☐	☐	☐	☐	☐	☐

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Do your partners inject or shoot-up any drugs?

☐ Yes ☐ No ☐ Don't Know

Are any of your sex or injection partners HIV+?

☐ Yes, and they're on treatment ☐ Yes, and not sure if on treatment ☐ No ☐ Don't Know

Have any of your partners had an STD in the last 12 months?

	Yes, treated	Yes, untreated	No	Don't Know
Syphilis	☐	☐	☐	☐
Herpes	☐	☐	☐	☐
Other	☐	☐	☐	☐

If your partner(s) have sex with other people, do they have sex with…

Gay/Bi Men	☐
Women	☐
Trans/nonbinary individuals	☐
Straight men	☐
N/A (no other partners)	☐
Don't Know	☐

Additional Information

Do you have health insurance?	Yes ☐	No ☐	**Do you have reliable transportation?**	Yes ☐	No ☐
<u>If you are HIV positive</u>, are you currently seeing a medical provider for treatment?	Yes ☐	No ☐ N/A ☐	**Do you have any immediate housing needs?**	Yes ☐	No ☐
Do you have trouble taking a daily medication?	Yes ☐	No ☐	**Do you feel safe in your relationship?**	Yes ☐	No ☐ N/A ☐
Do you have any mental health concerns?	Yes ☐	No ☐	**Does your partner pressure you into having sex?**	Yes ☐	No ☐
Do you use drugs or drink alcohol?	Yes ☐	No ☐	**Do you ever exchange sex for money or drugs or something you need?**	Yes ☐	No ☐

What is your current employment status?

☐ Employed, not looking for work ☐ Part-time, seeking full-time work ☐ Unemployed, looking for work

☐ Other: _____

Section Completed by HIV Counselor Only				
Client or partners come from an Ohio priority population? (see score sheet for list)				Y ☐
Considered to be at-risk?	**Y**	**N**	**Total Risk Score:**	
If test offered to client with score below 50, justify here:				
OpScan 5 year questions: In past 5 years… had sex with woman? Y ☐ N ☐ with man? Y ☐ N ☐ With trans person? Y ☐ N ☐ Injected drugs? Y ☐ N ☐				
Referral provided for:	PrEP ☐		Linkage to HIV Medical Care ☐	
	Health Benefits Navigation ☐		Medication Adherence Support ☐	
	Mental Health Services ☐		Substance Use Treatment ☐	
	Housing ☐		Transportation ☐	
	DV/IPV Intervention ☐		Employment Services ☐	
	Perinatal Support ☐		PAPI Enrollment ☐	
Service provided:	Risk Reduction Intervention ☐		Linkage to HIV Medical Care ☐	
	PrEP Navigation ☐		Medication Adherence Support ☐	
	Health Benefits ☐		PAPI Enrollment ☐	