Risk Reduction Plan

OPSCAN #:_____

Last
Name: _____   **First**
Name: _____   **Date:**____/___/____   **Site:** _____

RISK AWARENESS

Knowledge Awareness:
- Have you ever been tested before?
- What have you heard about HIV?
  - ...about how people can get HIV?
  - ...about how people can avoid HIV?

Cost / Benefits Analysis:
- What's working for you with what you are doing now?
- What are you doing now that you would like to change?
- What is the hardest (most difficult) part of changing?
- What might be good about changing?

Significance to Self:
- What is the reason for getting tested for HIV?
- What if your testing is positive?
- If negative, how will you continue to remain so?

Capacity Building:
- What will be the most difficult part of this for you?
- How have you handled a similar situation in the past?
- What will you need to do differently?
- When will you do this? What words will you use?

RISK PERCEPTION

Client: (high)   **5**   **4**   **3**   **2**   **1**   (low)

Counselor: (high)   **5**   **4**   **3**   **2**   **1**   (low)

RISK REDUCTION PLAN

Plan Process: 1. List steps client is willing to take to reduce risk.
                    2. Clarify cost and benefits of the plan and adjust as needed.

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RISK REDUCTION STRATEGIES
ϒ Talk to a medical provider about PrEP
ϒ Try to limit number of partners
ϒ Ask current or future partner(s) to be tested (a partner who respects you will get tested)
ϒ Use condoms (or try to increase the frequency of condom use.)
ϒ Get to know future partners better before having sex
ϒ Ask partners about sexual history (ex. have you ever had a sexually transmitted disease?)
ϒ Don't have sex when your judgment could be impaired. (ex. with use of alcohol or drugs)
ϒ Try not to share drug equipment

EDUCATION, PREVENTION & FOLLOW-UP

Materials Given: ☐ HIV/STI Info   ☐ ESL HIV/STI Materials   ☐ PrEP Info   ☐ Dental Dams/Misc.
                       ☐ Condoms   ☐ Receptive "Female" Condoms   ☐ Lube   ☐ Demonstration

Follow-up Card Given: ☐ Yes ☐ No   **Referral Made:** ☐ Yes ☐ No

Retest Recommended: ☐ Yes ☐ No   **Retest Date:**_____/_____/_____

Counselor Name:_____   **#:**_____

HIV Antibody Test Results*: _____

*A negative HIV test result does **not** exclude the possibility of infection with HIV due to the window period.*