Ohio Department of Health

Counselor ID #: _____ **Site Location:** _____ **Opscan ID:**_____

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 – Please answer the questions below.

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

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

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

☐ Hispanic/Latinx ☐ Non-Hispanic/Latinx

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

Sex at Birth: ☐ Male ☐ Female

Sexual Health Information – Please answer questions 1- 11 below.

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

2. Have you ever been tested for HIV? ☐ Yes ☐ No ***Date of Last Test*:** _____

Result: ☐ Positive ☐ Negative ☐ Don't Know

3. Have you ever heard of PrEP or PEP? ☐ Yes, PrEP ☐ Yes, PEP ☐ No

4. Are you currently taking PrEP or PEP? ☐ Yes, PrEP ☐ Yes, PEP ☐ No

5. Have you taken PrEP in the last year? ☐ Yes ☐ No

6. Were you told by a Local Health Department that you may have been exposed to HIV? ☐ Yes ☐ No ☐ Don't Know

7. Are any of your sex or injection partners HIV+?

☐ Yes ☐ No ☐ Don't Know

8. IF you have a sex or injection partner who is HIV+, are they on treatment?

☐ Yes ☐ Don't Know ☐ N/A (no HIV+ partners)

9. Have you had an STI in the past 12 months?

	Yes	No	Don't Know
Syphilis	☐	☐	☐
Other	☐	☐	☐

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

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

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

☐ Yes ☐ No
☐ Don't inject drugs

Sexual Partner History – Please answer questions 12-17 about your sexual partners.

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

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

14. Tell me about your sexual activity for the past 12 months:

My partners were…		**Condom use was…**			**My position(s) were…**		
		Always	Sometimes	Never	Vaginal	Anal (top/giving)	Anal (bottom/taking)
Men	☐	☐	☐	☐	☐	☐	☐
Women	☐	☐	☐	☐	☐	☐	☐
Trans/Nonbinary Individuals	☐	☐	☐	☐	☐	☐	☐

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15. Do your partners inject or shoot-up any drugs?

☐ Yes ☐ No ☐ Don't Know

16. Have any of your partners had an STI in the last 12 months?

	Yes	No	Don't Know
Syphilis	☐	☐	☐
Other	☐	☐	☐

17. 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 Please answer questions 18-29 about needs you may have.

18. Do you have health insurance?	☐ Yes	☐ No	**25. Do you have reliable transportation?**	☐ Yes	☐ No
19. If you are HIV positive, are you currently seeing a medical provider for treatment?	☐ Yes	☐ No ☐ N/A	**26. Do you have any immediate housing needs?**	☐ Yes	☐ No
20. Do you have trouble taking a daily medication?	☐ Yes	☐ No	**27. Do you feel safe in your relationship?**	☐ Yes	☐ No ☐ N/A
21. Do you have any mental health concerns?	☐ Yes	☐ No	**28. Does your partner pressure you into having sex?**	☐ Yes	☐ No
22. Do you use drugs or drink alcohol?	☐ Yes	☐ No	**29. Do you ever exchange sex for money or drugs or something you need?**	☐ Yes	☐ No
23. Do you have any untreated STIs?	☐ Yes	☐ No			

24. What is your current employment status?

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

☐ Other: _____

STOP HERE. YOU HAVE REACHED THE END OF THE RISK ASSESSMENT.

Section Only Completed by HIV Test Counselor

Client or partners come from an Ohio population prioritized for testing? (see score sheet for list) Y ☐		
Considered to be at-risk? (circle) **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