

# Pre-Test Counselling Check List

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Date: \_\_\_\_\_ AT Number:\* \_\_\_\_\_

Date blood drawn: \_\_\_\_\_ Code Word: \_\_\_\_\_

## Information about HIV Testing:

Review:

- Pros and cons of being tested.
- How the HIV antibody test is done.
- How long it will take to get test results (point-of-care test or laboratory testing).
- Window period (three months).
- Meaning of a negative test result.
- Meaning of a positive test result.
- Meaning of a reactive test result (with point-of-care testing).
- Meaning of an indeterminate test result.
- Who has access to test results.
- Informed consent.
- How to obtain test results (i.e., results will not be given over the phone; the client has to return to receive them unless special arrangements are made).
- If special arrangements are made, how to get results over the phone (e.g., code word).

## Client History/Risk Assessment:

- Reasons for seeking testing.
- HIV 101 -- how HIV is transmitted, risk factors.
- AIDS anxiety.

Have you been tested before for HIV?

- Yes
- No
- Date of last test: \_\_\_\_\_

Do you have

- One regular partner
- A number of different partners
- Both

Does your sexual partner have

- One regular partner
- A number of different partners
- Both
- Unsure

Are your usual sex partners

- Male
- Female
- Both
- Transgendered

\* For anonymous testing sites only

Do you have (check all that apply)?

- Oral sex
- Vaginal sex
- Anal sex
- Other

What type of STI protection do you use?

- None
- Male condom
- Female condom
- Dental dam
- Other: \_\_\_\_\_

How often do you use condoms/other STI protection?

- All the time
- Most times
- Sometimes
- Never

Has a condom ever broken during use?

- Yes
- No
- Unsure

Have you had sex with someone from a country where HIV is endemic?

- Yes
- No
- Unsure

(e.g., sub-Saharan Africa, the Caribbean)

Have you ever shared sex toys?

- Yes
- No
- Unsure

Do you use street drugs (e.g., cocaine, heroin, crystal meth)?

- Yes
- No
- Unsure

Do you share needles?

- Never
- Sometimes
- Most times
- All the time

Do you share pipes, straws or other works?

- Never
- Sometimes
- Most times
- All the time

Do(es) your sex partner(s) share needles, pipes, straws or other works?

- Yes
- No
- Unsure

Do you have any of the following risks?

- Tattoos
- Body piercings

Do you ever cut/slash yourself?

- Yes
- No
- Unsure

Have you had a workplace exposure (e.g., needle-stick injury)?

- Yes
- No
- Unsure

Have you had any of the following infections?

- |  |   |
|--|---|
| <input type="checkbox"/> Chlamydia           | <input type="checkbox"/> Gonorrhea        |
| <input type="checkbox"/> Urethritis          | <input type="checkbox"/> Herpes           |
| <input type="checkbox"/> Syphilis            | <input type="checkbox"/> Molluscum        |
| <input type="checkbox"/> Genital warts/HPV   | <input type="checkbox"/> Trichomonas      |
| <input type="checkbox"/> Hepatitis A         | <input type="checkbox"/> Hepatitis B      |
| <input type="checkbox"/> Hepatitis C         | <input type="checkbox"/> Yeast infections |
| <input type="checkbox"/> Bacterial Vaginosis | <input type="checkbox"/> Parasites        |

When were you last tested for sexually transmitted infections? \_\_\_\_\_

Have you received:

Heptitis A vaccination:

- Yes
- No

Hepatitis B vaccination:

- Yes
- No

How would you assess your risk of getting HIV?



When (approximately) was your most recent possible exposure to HIV?

- Less than 3 months ago
- 3 to 6 months ago
- 6 to 12 month ago
- More than 12 months ago

Do you have any of the following symptoms?

- Diarrhea
- Fever
- Night sweats
- Yeast infections
- Infections
- Rash
- Weight loss
- Other: \_\_\_\_\_

For women only:

- Repeated abnormal pap smears
- Recurring vaginal yeast infections
- Pain and/or bleeding during sexual intercourse
- Counsellor's assessment of client's risk:

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## Harm Reduction

Provide client-specific risk reduction counselling, which may include (depending on client's needs):

- How the assumptions the client makes about sexual partners affect risk.
- Safer sex, including how to use a condom (male and female), lubricant and dental dam.
- Strategies to manage partner pressure and negotiate safer sex.
- The importance of being tested regularly for HIV if client continues to engage in risky activities or has no control over/cannot negotiate safer sex or drug use.
- The importance of being tested and treated for other STIs and hepatitis C.
- Safer drug use and needle and syringe exchange.
- Safe tattooing, piercing, cutting.
- The importance of not donating organs, blood or sperm if the client is involved in risk activities.

## Preparing for a Positive Test Result

- How do you think you would react to a positive test result?

Do you have a supportive person you can talk to if you test positive?

- Yes
- No

Is client at risk for suicide?

- Yes (If yes, defer testing and refer for counselling)
- No

Is client at risk for violence (i.e., from partner)?

- Yes (If yes, defer testing and provide counselling resource)
- No

Do you have a family doctor or nurse practitioner?

- Yes
- No

Will you feel comfortable discussing HIV-positive results with your family doctor/ NP?

- Yes
- No

(Provide counselling and referral if needed)

Discuss partner notification, including

- The importance of informing past and current sexual and drug partners if client tests positive
- The assistance available to help the client with partner notification

Who will be responsible for notifying partner?

- Client
- Counsellor and client together
- Refer to Public Health

Discuss disclosure to non-partners:

- The implications of disclosing HIV status
- How to decide whom to tell and when
- Strategies for disclosing.

Referrals provided to community resources

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

**Counsellor's notes:**

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\* RESULT:  Positive  Negative  Indeterminate  Reactive (point-of-care test)

\* Result given