HIV RISK STRATIFICATION TOOL (AGE 14 YEARS OR OLDER)

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RISE
Reaching Impact, Saturation and Epidemic Control

Facility Name: _____ Provider Name: _____ Date: _____

Client Name: _____ Sex: ☐ Male ☐ Female Age: _____

Introduction: I'm going to ask you some questions to better understand your HIV risk. These can be very personal questions and may be hard to answer. In order to accurately understand your risk for HIV, I need to ask these questions and I need you to answer them as honestly as possible. If you need a moment to think before answering that is fine. Whatever we discuss will remain confidential.

***Note*:** *When using the tool, if someone reports never having an HIV test remove "since your last HIV test" from the beginning of the question.*

HIV RISK STRATIFICATION			
	Is this HIV test based on a Clinician/Doctor/Health Care Provider's request?	☐ YES ☐ NO	If **YES**, test for HIV. If **NO**, proceed to question 1
1	a) When was your last HIV test done? _____ (approximate date of last HIV test in years, months or weeks b) What was the result?	☐ NEVER ☐ UNKNOWN ☐ POS ☐ NEG	If **Positive**, confirm patient is on ART. If **NO** ART, link to ART If, **NEG**, **NEVER**, or **UNKNOWN**,– ask question 2
2	Since your last HIV test, have you had anal or vaginal or oral sex without a condom with someone who was HIV positive or unaware of their HIV status?	☐ YES ☐ NO	If **YES**, test for HIV. If **NO**, ask question 3.
3	Since your last HIV test, have you had a blood or blood product transfusion?	☐ YES ☐ NO	If **YES**, test for HIV. If **NO**, ask question 4.
4	Since your last HIV test, have you experienced painful urination, lower abdominal pain, vaginal or penile discharge, pain during sexual intercourse, thick, cloudy, or foul smelling discharge and/or small bumps or blisters near the mouth, penis, vagina, or anal areas?	☐ YES ☐ NO	If **YES to any of the symptoms**, test for HIV. If **NO**, ask question 5.
5	Have you been diagnosed with TB or currently have any of the following symptoms: cough, fever, weight loss, night sweats?	☐ YES ☐ NO	If **YES**, test for HIV and TB. If **NO**, ask question 6.
6	Since your last HIV test, have you ever injected drugs, shared needles or other sharp objects with someone known to be HIV positive or who you didn't know their HIV status?	☐ YES ☐ NO	If **YES**, test for HIV. If **NO**, ask question 7.
7	Since your last HIV test, have you had anal, oral or vaginal sex in exchange for money or other benefits?	☐ YES ☐ NO	If **YES**, test for HIV. If **NO**, ask question 8.
8	Have you been beaten, forced to have sex, raped or threatened by your partner or anyone else in the last 12 months?	☐ YES ☐ NO	If **YES**, test for HIV and provide GBV services. If **NO**, do **NOT** test for HIV and proceed with clinical visit.
9	Does your partner or family deny you food, shelter, freedom of movement, livelihood or finance to access health care in the last 12 months	☐ YES ☐ NO	If **YES**, test for HIV and provide GBV services. If **NO**, do **NOT** test for HIV and proceed with clinical visit.

ELIGIBLE FOR HIV TESTING? ☐ **YES** ☐ **NO**

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