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Required for study visits 1 (Screening), 2 (Enrollment) and 10 (Post Dosing/72 hour); and if indicated at all other visits.

General

Staff Initial & Date: _____

- ✓ Greet client and establish rapport
- ✓ Review purpose and nature of today’s session
- ✓ Discuss counseling objectives for the day as it pertains to the participant
- ✓ Emphasize confidentiality
- ✓ Address any immediate issues or concerns

HIV Education and Pre-Test Counseling

- ✓ Review difference between HIV and AIDS
- ✓ Review modes of HIV transmission and methods of prevention
- ✓ Review HIV tests to be done today and tests to be done if today’s tests indicate possible infection
- ✓ Review window period and how it may affect test results
- ✓ Correct any misconceptions or myths
- ✓ Verify readiness for testing

Risk Reduction Counseling

- ✓ Use open-ended questions to assess client’s HIV risk factors
- ✓ Discuss whether risk factors have changed since the last visit
- ✓ Probe on factors associated with higher versus lower risk (e.g., what was different about the times when you could use a condom compared to times when you could not?)
- ✓ Develop risk reduction strategies with the participant moving forward

HIV Post-Test Counseling

Staff Initial & Date: _____

- ✓ Provide and explain test results, per Protocol Appendix II
- ✓ Explain additional testing that may be required per protocol
- ✓ Assess client understanding of results and next steps
- ✓ Provide further information and counseling relevant to client’s test results per site SOP

Documentation Instructions: *Notes documenting counseling discussions should be recorded below (continuing on the opposite side if needed). Include any questions raised about HIV and HIV testing discussed with the participant. Document participant understanding of HIV test results and next steps. If relevant, document the participant’s personal risk factors for HIV exposure, experiences with the risk reduction strategies tried, any barriers to risk reduction, and a risk reduction plan for the coming month(s). Initial and date after each entry.*

Counseling Notes (add pages/lines as necessary):
