



# Risk Reduction Plan

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?

### 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?

### 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?

### 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

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