HIV EDUCATION, COUNSELING & TESTING PROGRAM

Please complete these forms and bring them with you to your pre-test counseling session (For educational purposes ONLY).

If you are uncomfortable completing the form or don’t understand something, the health educator will discuss and complete it with you. You also may write down additional questions or concerns you want to address. Your results are confidential.

DO NOT PUT YOUR NAME ANYWHERE ON THIS FORM!!!

EDUCATIONAL ASSESSMENT

1. The procedural order for having an HIV test is:
   a. counseling, ELISA, Western Blot
   b. education, blood draw, ELISA, Western Blot, post-test counseling
   c. education, pre-test counseling, blood draw, ELISA, Western Blot if needed, post-test counseling

2. The major difference between anonymous and confidential testing at Olin Health Center is:
   a. the cost of the test
   b. the file’s documentation (confidential client=information in their medical record/anonymous=information NOT in medical record)
   c. how quickly the tests are received from the laboratory

3. The “window period” is:
   a. the time it takes before you will show symptoms of HIV infection
   b. the time it takes before an HIV test will detect the virus in your sample
   c. the time it takes before an HIV test will detect antibodies to HIV in your sample

4. The length of the “window period” is:
   a. 1 to 3 weeks
   b. 3 weeks to 3 months
   c. 6 months to one year

5. When you get your test results back, a “negative” or “non-reactive” ELISA result test can mean:
   (Mark ALL that apply)
   a. you are not infected with HIV
   b. you actually have AIDS
   c. it is a false negative and you need more time for antibody production

6. The most common way that HIV is transmitted right now is through:
   a. sexual intercourse with an infected person
   b. sharing of injection equipment for drug use
   c. receiving a blood transfusion

7. The body fluids in which HIV is found in high enough concentrations to transmit the virus are:
   (Mark ALL that apply)
   a. blood
   b. semen
   c. saliva
   d. vaginal secretions
   e. breast milk
   f. sweat

8. List three ways you may reduce your risk for HIV infection:
   1.
   2.
   3.
BACKGROUND INFORMATION
Are you requesting an:  
- [ ] Anonymous test  
- [ ] Confidential test  
- [x] Female 
- [ ] Male 
- [ ] Transgender 
- [ ] Other

Please rate your anxiety about being tested:  
- [ ] Very high 
- [ ] High 
- [ ] Moderate 
- [ ] Low 
- [ ] Very Low

How did you hear about Testing?  
- [ ] Olin Website 
- [ ] Clinic referral 
- [ ] _____________________

WHY ARE YOU REQUESTING AN HIV TEST?  
(please mark all that apply)
- [ ] I was sexually assaulted. (Please skip to QUESTIONS FOR THOUGHT)
- [ ] I’m curious about my HIV status because of some doubts about past partner(s).
- [ ] I’m contemplating a new relationship and “want to be sure” I won’t transmit HIV.
- [ ] My current partner asked me to have the test.
- [ ] My values and/or priorities have changed and I’m trying to rectify past decisions.
- [ ] I’m thinking of becoming (or am) pregnant and want to be able to make plans.
- [ ] I’ve recently been diagnosed with an STI.
- [ ] I’ve had a partner tell me that they have tested positive for HIV and/or an STI.
- [ ] I’ve had a health department, doctor, or other medical care professional, blood bank, drug treatment service, or other agency recommend that I be tested.
- [ ] I’ve been occupationally exposed to blood/body fluids or have potentially exposed someone else.
- [ ] I’m getting married and was motivated by pre-marital educational materials.
- [ ] Other reasons: _____________________________________________

POTENTIAL RISK(S) FOR HIV INFECTION  
(please mark all that apply)

Total number of people you’ve had sexual contact with in  
- [ ] last 30 days 
- [ ] last 90 days 
- [ ] last year 
- [ ] lifetime

- [ ] I’ve had sex with males.  ○ oral sex  ○ vaginal sex  ○ anal sex
- [ ] I’ve had sex with females.  ○ oral sex  ○ vaginal sex  ○ anal sex
- [ ] I’ve had sex with both males and females.  ○ oral sex  ○ vaginal sex  ○ anal sex
- [ ] I’ve been sexually assaulted.
- [ ] I’ve used injecting drugs.
- [ ] I’ve had sex with an injecting drug user.
- [ ] I’ve given or received drugs and/or money for sex.
- [ ] I’ve had sex with a man who has had sex with another man.
- [ ] I’ve had sex with a person with HIV/AIDS.
- [ ] I’ve had sex with a person who received blood and/or blood products.
- [ ] I’ve had sex with a person who was at other risk for HIV.
- [ ] I received blood/blood products between 1978 and 1985.
- [ ] I was exposed to blood/body fluids in a health care setting or at the scene of an accident.
- [ ] I have had sex with someone who is from another country or has traveled out of the country.

INDICATE HOW MUCH YOU AGREE OR DISAGREE TO THE FOLLOWING STATEMENTS BY CIRCLING THE APPROPRIATE RESPONSE ON A SCALE OF 1 TO 5, WHERE “1” MEANS “STRONGLY DISAGREE” AND “5” MEANS “STRONGLY AGREE”.

1. Using condoms is effective in preventing HIV  
   - Strongly Disagree  
   - Strongly Agree

2. Condoms work in preventing HIV  
   - Strongly Disagree  
   - Strongly Agree

3. If I use a condom, I am less likely to get HIV  
   - Strongly Disagree  
   - Strongly Agree

4. Using a condom to prevent HIV is convenient  
   - Strongly Disagree  
   - Strongly Agree

5. Using condoms to prevent HIV is easy  
   - Strongly Disagree  
   - Strongly Agree

6. I am able to use condoms to prevent getting HIV  
   - Strongly Disagree  
   - Strongly Agree

7. I believe that HIV/AIDS is severe  
   - Strongly Disagree  
   - Strongly Agree

8. I believe that HIV/AIDS is a significant disease  
   - Strongly Disagree  
   - Strongly Agree

9. I am at risk for getting HIV  
   - Strongly Disagree  
   - Strongly Agree

10. It is likely that I will contract HIV  
    - Strongly Disagree  
    - Strongly Agree

QUESTIONS FOR THOUGHT:  
(You do not need to write responses to these questions)
- When was your last potential risk?
- How would a positive result affect your life?  What might you do differently, what changes might you make?
- How would a negative result affect your life?  What might you do differently, what changes might you make?
- How do you plan to deal with any anxiety or stress you may experience while waiting one week for your test results?
- How do you plan to reduce your risk of acquiring or transmitting HIV in the future?