

**New Jersey Department of Health  
HIV Test Counselor PrEP Risk Assessment**

<b>Anyone</b>		
Are any of your regular sexual or needle sharing partners HIV positive?	Yes	No
Have you ever taken nPEP	Yes	No
Add the number of Yes responses – if the number is 1, refer for PrEP Counseling		

<b>Gay/Bisexual Men</b>		
Are you $\leq 28$ years old?	Yes	No
In the last 6 months, have you had receptive anal sex without a condom?	Yes	No
In the last 6 months, have you had receptive anal sex with an HIV+ partner?	Yes	No
In the last 6 months, have you used meth (crystal, speed, etc.)?	Yes	No
Add the number of Yes responses – if the number is $\geq 1$ , refer for PrEP Counseling		

<b>Women</b>		
In the last 6 months, have you had vaginal/anal sex with a man? <b>If NO, stop here!</b>	Yes	No
In the last 6 months, have you had vaginal/anal sex without a condom with a partner whose HIV status is positive or you are unsure?	Yes	No
In the last 6 months, have you had sex without a condom with a partner who injects drugs and whose HIV status is positive or you are unsure?	Yes	No
In the last 6 months, have you exchanged sex for resources?	Yes	No
In the last 6 months, have you had an STD?	Yes	No
Add the number of Yes responses – if the number is $\geq 2$ , refer for PrEP Counseling		

<b>Transgender Women</b>		
In the last 6 months, have you had vaginal/anal sex with a man? <b>If NO, stop here!</b>	Yes	No
In the last 6 months, have you had vaginal/anal sex without a condom with a partner whose HIV status is positive or you are unsure?	Yes	No
In the last 6 months, have you had sex without a condom with a partner who injects drugs and whose HIV status is positive or you are unsure?	Yes	No
In the last 6 months, have you had more than one sexual partner?	Yes	No
In the last 6 months, have you exchanged sex for resources?	Yes	No
In the last 6 months, have you had an STD?	Yes	No
Add the number of Yes responses – if the number is $\geq 2$ , refer for PrEP Counseling		

<b>Persons Who Inject Drugs</b>		
Are you $\leq 28$ years old?	Yes	No
In the last 6 months, did you inject heroin, cocaine, meth or hormones?	Yes	No
In the last 6 months, did you share a cooker and/or needles?	Yes	No
In the last 6 months, did you visit a shooting gallery to inject your drugs?	Yes	No
Add the number of Yes responses – if the number is $\geq 1$ , refer for PrEP Counseling		