



PAN CARIBBEAN PARTNERSHIP



AGAINST HIV/AIDS

PAHO



Pan American
Health
Organization



World Health
Organization
REGIONAL OFFICE FOR THE
Americas

PAN CARIBBEAN PARTNERSHIP AGAINST HIV AND AIDS (PANCAP)
PAN AMERICAN HEALTH ORGANISATION (PAHO)

PANCAP-PAHO PrEP KNOWLEDGE SUITE



CHECK LIST FOR COUNSELLING OF CLIENTS

Let's talk about your sexual health for Sexual behavior

1. Counselling

What has been going on for you sexually in the past couple of months?

How much of the time did you use condoms?

Always

Sometimes

Never

What has made it easier to use condoms during sex?

What has made it more difficult?

What concerns do you have about your sexual activities?

How might taking PrEP impact your sexual activity?

2. Drug use

Did you use any drug in the last 12 months?

Yes

No

If yes, which drug (alcohol as well as opioids, stimulants, cannabis, etc.)?

And how did you use it (smoking, orally, injecting)? _____

When did you last use drugs (specify which substances)? _____

How often do you use drugs (once a year, month, week, day or more frequent)?

Has your drug use ever been a problem for you? **Yes** **No**

Note: referral to drug services may be appropriate if locally available

Do you think it may put you at risk of becoming infected or transmitting HIV? **Yes** **No**

3. Plan(s) for staying HIV- and STI-negative

You are reducing your risk for HIV by deciding to take PrEP. Let's talk about how PrEP fits into your risk reduction efforts. [Note should be made that PrEP will reduce the risk of acquiring HIV, but it will NOT reduce the risk of acquiring other STIs.

What other ideas/plans, if any, do you have for staying HIV/STI-negative?

Expected HIV testing and results? **Negative** **Positive**

[After negative results are given:]

What are your thoughts and feelings about your negative test result?

How does this negative test result impact your plans or efforts to remain HIV-negative?

[After positive results are given, provide post-test counselling and linkage to treatment.

Do you have any experience with taking a daily medicine? **Yes** **No**

What is your experience with taking daily medicine?

Are you currently taking daily medicines on a long-term basis? Yes No

What helps you remember to take your pills? _____

What is your plan for taking PrEP daily? _____

What will you do about taking your pill if you are away from home for a night or two?

What will you do if you miss a dose of your PrEP pill?

What is your understanding of possible PrEP side-effects? How will you cope with side-effects if you have them?

4. Sexual health and what it has been like taking PrEP since your last visit

Pill-taking experience

How has it been for you to take PrEP?

What side-effects have you had, if any?

What challenges do you experience in taking the pills? When are you more likely to forget?

What have been your experiences with missing PrEP doses?

What helps or might help you to take your pills regularly? Helpful strategies may include:

- | | | | |
|--|--------------------------|--------------------------|------------------------------------|
| Using a pillbox | <input type="checkbox"/> | <input type="checkbox"/> | Taking PrEP pills with other daily |
| medicines | <input type="checkbox"/> | <input type="checkbox"/> | |
| Using a phone alarm | <input type="checkbox"/> | <input type="checkbox"/> | Marking doses taken on a calendar |
| Having more support from your partner, a family member or a friend | <input type="checkbox"/> | | |
| Keeping the bottle in a visible location associated with daily activity such as brushing | | <input type="checkbox"/> | |
| teeth or watching a daily TV programme | | | |

What keeps you motivated to take the PrEP pills?

Have you discussed your PrEP use with others? **Yes** **No**

Why or why not? _____

With whom have you discussed it? _____

Since your last visit have you had any social experiences, positive or negative, that you think are related to taking PrEP? **Yes** **No**

5. Behaviour and activity

What has been going on for you sexually since your last visit?

How has PrEP changed your social and sexual goals?

What are your thoughts about condoms?

What about sexual partners: Are you having different kinds of conversations with sexual partners?

Have you increased or decreased the number of sexual acts and/or the number of partners?

Has taking PrEP changed what else you do to protect yourself from getting HIV and STIs

Topping versus bottoming Condom use

Discussing HIV and STI status and/or testing with partners

Has PrEP made you feel safer about sex? **Yes** **No**

Has PrEP made it easier for you to take charge of your health? **Yes** **NO**

In addition to taking PrEP, what are your plans to stay HIV-negative?