

**RISK REDUCTION OBSERVATION: FOLLOW-UP SESSION  
FOR NEGATIVE HIV AND/OR HCV RESULTS (REQUIRED)**

Risk Reduction Specialist:		Observer:	
Session Date:		Site/Location:	
Start Time:	End Time:	Total Time:	
Did this Risk Reduction Specialist (RRS) also do the initial counseling for this client? <input type="checkbox"/> Yes <input type="checkbox"/> No			

**Instructions:** Using your *Session Evaluation Notes*, please check the *Met* column to show that the area was covered satisfactorily during the session. Check the *Part Met* column to show that the RRS tried to cover a topic but needs improvement and check the *Not Met* column to show that the RRS did not try to cover the topic at all. Check the *N/A* column if the topic was not applicable. Use the *Comments* area to give more detail.

<b>1. Orient To Session and Provide Test Result(s)</b>	<b>Met</b>	<b>Part Met</b>	<b>Not Met</b>	<b>N/A</b>
1. Introduce yourself to client ( <i>if first meeting with client</i> ).				
2. Re-explain confidentiality.				
3. Verify that the result belongs to the client.*				
4. Assess client's readiness to receive result.*				
5. Provide result clearly and simply.*				
6. Review meaning of the result.* Explore client's understanding of result.*				
7. Assess client's reaction to result.*				
8. <i>If applicable</i> , note the need to consider re-testing in reference to most recent risk exposure.*				
9. <i>If applicable</i> , refer to any STD diagnosis in context of client's risk for HIV.				

Did the RRS provide result(s) according to standards?  
 Yes  Tried to, but needs improvement  Didn't try  
 Comments:

*\* If the RRS is giving results for both HIV and HCV in the session, the tasks marked with an asterisk (\*) should be completed separately for each result. Ask the client which result s/he would like to receive first and then complete tasks marked with an asterisk before completing the tasks a second time with the next result. Note: Use 3 months since last exposure for HIV and 6 months since last exposure for HCV.*

2. Review Risk-Reduction Step	Met	Part Met	Not Met
1. Review step with the client.			
2. Assess the client's success in trying out the RR step. Assess recent risk since initial.			
3. Identify supports and barriers to the RR step.			
4. Problem-solve issues concerning the step.			
5. Provide encouragement and support for client's RR efforts.			
Did the RRS review the prior RR step? <input type="checkbox"/> Yes <input type="checkbox"/> Tried to, but needs improvement <input type="checkbox"/> Didn't try Comments:			

3. Revise Risk-Reduction Step	Met	Part Met	Not Met
1. Recognize the challenges of behavior change.			
2. Revise or develop a new SMART step with the client.			
3. Identify/clarify actions toward achieving step and/or problem-solve issues related to the step.			
4. Identify support for achieving step.			
5. Confirm the client's commitment to the step.			
6. Document the revised RR step with a copy to the client.			
Did the RRS help the client develop a realistic RR step? <input type="checkbox"/> Yes <input type="checkbox"/> Tried to, but needs improvement <input type="checkbox"/> Didn't try Did the step address HIV/STD/HCV risk? <input type="checkbox"/> Yes <input type="checkbox"/> No Was the step appropriate to the client's risk? <input type="checkbox"/> Yes <input type="checkbox"/> No Was the step SMART? <input type="checkbox"/> Yes <input type="checkbox"/> No Did the step work from the client's strengths? <input type="checkbox"/> Yes <input type="checkbox"/> No Comments:			

4. Identify Sources of Support and Provide Referrals	Met	Part Met	Not Met	N/A
1. Assess client's support.				
2. <i>If applicable</i> , follow up on referrals provided at previous session.				
3. <i>If applicable</i> , address longstanding or hard-to-manage issues contributing to risk.				
4. <i>If applicable</i> , assess the client's willingness to seek professional help and use a referral.				
5. <i>If applicable</i> , evaluate what types of referral the client would be most receptive to.				
6. <i>If applicable</i> , provide appropriate referrals.				
7. <i>If applicable</i> , help client access referral services.				
Comments:				

5. Summarize and Close the Session	Met	Part Met	Not Met
1. Review any future appointments.			
2. Reaffirm client's work and provide encouragement for pursuing RR.			
3. Review client and RRS contact information.			
4. Address final questions; close the session.			
Did the RRS provide an appointment for re-testing and reminders? <input type="checkbox"/> Yes <input type="checkbox"/> Tried to, but needs improvement <input type="checkbox"/> Didn't try <input type="checkbox"/> Not Applicable Comments:			



4. Describe the RRS's use of the protocol.

5. Did the RRS follow the goals in the correct order?  Yes  No If not, why not?

6. Is there a need for an action plan for further improvement of the RRS's work?  Yes  No If yes, please describe.