**PrEP Screening Tool: Self-Report Form**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Home Cell

*PrEP (Pre-Exposure Prophylaxis) is a medical program for the prevention of HIV infection through daily medication. The following questions will help to determine if you may be a candidate for PrEP. If you are interested in knowing more, please circle the answer to the following statements:*

CircleOne:

I know my HIV status: Y N

If no, I would like HIV testing: Y N

If you are **HIV negative** or **do not know your HIV status**, please check any of these statements that apply to you:

1. \_\_\_ I am in an ongoing sexual relationship with an HIV-positive partner
2. \_\_\_ I have sex without use of condoms with partner(s) of unknown HIV status.
3. \_\_\_ I have had/been treated for a STI (sexually transmitted infection) within past 6 months
4. \_\_\_ I have injected drugs not prescribed by a physician in the past 6 months.

 **I would like to be contacted by WCHD staff to learn more about the PrEP Program.**

*How did you hear about the PrEP Program?*

 *Case Management Family Planning Clinic STI Clinic*

 *ED/ Urgent Care My Doctor Friend Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_*