

HIV Care Readiness Assessment¹

Client Name: _____ Form completed by: _____ Date: _____

Ask the client the following two questions:

1) What is the main barrier that might prevent you from making an appointment for HIV care in the next two weeks?

2) How would you feel if someone contacted you, by phone or in person, to help you get into HIV care?

Check any of the following that were mentioned by the client as barriers or concerns:

- | | |
|--|--|
| <input type="checkbox"/> Denies he/she is HIV positive | <input type="checkbox"/> Low support from spouse/family/friends |
| <input type="checkbox"/> Concerns about stigma and discrimination | <input type="checkbox"/> Low community support for HIV care |
| <input type="checkbox"/> Feels well, has low perceived need for HIV care | <input type="checkbox"/> Transportation issues |
| <input type="checkbox"/> Concerns about the quality of care and how patients are treated at the clinic | <input type="checkbox"/> Belief in alternative ways to treat HIV (traditional healers or medicine) |
| <input type="checkbox"/> Concerns about the effectiveness and effects of HIV treatment | <input type="checkbox"/> Concerns about ability to afford HIV care and treatment |
| <input type="checkbox"/> Minimizes the severity of HIV/AIDS without treatment | <input type="checkbox"/> Other responsibilities that prevent receiving HIV care (work, family, etc.) |

Next steps offered to and accepted by the client:

Action	Offered	Accepted
Referral to the CDPHE Linkage to Care Program (using Linkage to Care Referral Form)	<input type="checkbox"/>	<input type="checkbox"/>
Referral to the Linkage to Care Program at _____ (agency name)	<input type="checkbox"/>	<input type="checkbox"/>
Assistance at your agency to get health coverage	<input type="checkbox"/>	<input type="checkbox"/>
Referral to the CDPHE Health Care Access unit for assistance getting health coverage	<input type="checkbox"/>	<input type="checkbox"/>
Referral to care at _____ (clinic name)	<input type="checkbox"/>	<input type="checkbox"/>
Other (describe) _____	<input type="checkbox"/>	<input type="checkbox"/>
Other (describe) _____	<input type="checkbox"/>	<input type="checkbox"/>

¹ Based on HIV Readiness and Assessment Measures tool developed by Johns Hopkins Center for Communications Program and K4health.org v031215