# HIV Care Readiness Assessment

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:

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

Next steps offered to and accepted by the client:

<table>
<thead>
<tr>
<th>Action</th>
<th>Offered</th>
<th>Accepted</th>
</tr>
</thead>
<tbody>
<tr>
<td>Referral to the CDPHE Linkage to Care Program (using Linkage to Care Referral Form)</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>Referral to the Linkage to Care Program at _________________________ (agency name)</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>Assistance at your agency to get health coverage</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>Referral to the CDPHE Health Care Access unit for assistance getting health coverage</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>Referral to care at ________________________________________________ (clinic name)</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>Other (describe) _____________________________________________________</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>Other (describe) _____________________________________________________</td>
<td>□</td>
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</tr>
</tbody>
</table>

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