**MINISTRY OF HEALTH
NATIONAL AIDS & STIs CONTROL PROGRAM**

## PrEP Rapid Assessment Screening Tool (RAST)

**Age:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Sex:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. What is your HIV status*?* ***(if response is positive discontinue assessment else administer all questions)***

□Negative □Positive □Unknown □Unwilling to disclose

1. What is the HIV status of your sexual partner(s)?

□Negative □Positive □Unknown

**In the past 6 months**

1. Have you had sex without a condom with a partner(s) of unknown or positive HIV status?

□No □Yes

1. Have you engaged in sex in exchange of money or other favors?

□No □Yes

1. Have you been diagnosed with or treated for an STI?

□ No □ Yes

1. Have you shared needles while engaging in intravenous drug use?

□No □Yes

1. Have you been forced to have sex against your will or physically assaulted including assault by your sexual partner(s)?

 □No □Yes

1. Have you used post exposure prophylaxis (PEP) two times or more?

□No □Yes

***Refer the client for further PrEP assessment at the health facility If:***

 *HIV status of the sexual partner(s) is Positive or Unknown*

*Any* ***Yes*** to the screening questions

***Remarks*** *\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

**Modified Rapid Assessment Screening Tool (RAST)**

Facility Name: Client ID: \_ \_ \_ \_ \_- \_ \_- \_ \_ \_ \_ Date:

Affix RAST ID

Barcode here

Age(yrs): Sex: [ ] M [ ] F

Service Delivery Point: [ ] ANC [ ] PNC [ ]  FP [ ] OPD [ ] VCT [ ] TB [ ] Youth clinic

1. What is the HIV status of your sexual partner(s)

[ ]  Negative [ ]  Unknown [ ]  Positive

**In the last 6 months, have you:**

 **Yes No**

1. [ ]  [ ] Had sex without a condom?
2. [ ]  [ ] Engaged in sex in exchange of money or other favors?
3. [ ]  [ ] Been diagnosed with or treated for an STI?
4. [ ]  [ ] Been forced to have sex against your will or physically assaulted including assault by your sex partner?
5. [ ]  [ ] Shared needles while engaging in intravenous drug use?
6. [ ]  [ ] Used post exposure prophylaxis (PEP)more than twice?

 8) Are you willing to consider PrEP? [ ]  Yes [ ]  No

1. If **NO**, what are some of the reasons you did not want to consider PrEP at this time? (tick all that apply)

[ ]  Fear of side effects

[ ]  Too many HIV tests

[ ]  Taking drugs daily for a long time

[ ]  Fear about effects on unborn baby

[ ]  Partner known HIV Positive(Virally Suppressed)

[ ]  Other (explain below)……………………………………...

[ ]  Partner know HIV Negative

[ ]  Fear that my partner/others will find out

[ ]  I don’t think I’m at risk of acquiring HIV

[ ]  Need to consult my partner

[ ]  Fear of Intimate Partner Violence

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **CLINICAL RECORD VARIABLES** |  |  |  |  |  |  |
| 10) | Marital status | [ ] Married | [ ] Widowed |  | [ ] Single | [ ] Divorced | [ ] Separated[ ]  | Cohabiting |

**If entry point is a *FAMILY PLANNING* clinic, continue to question 11-12.**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 11) | Currently using FP method | [ ] YES | [ ] No |  |
| 12) | If Yes, Type Of FP |  [ ] Injectable | [ ] Implant | [ ] OCP |
|  |   |  [ ] IUCD | [ ] Condoms | [ ] Other…………………………….. |

**If entry point is an *MCH* clinic, continue to question 13.**

|  |  |
| --- | --- |
| 13) Currently pregnant (ANC) [ ]  | Currently postnatal (PNC) [ ]  |

**If *PREGNANT*, contine to question 14-16.**

1. Gestational age (weeks) …………………………………

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| 15) | RPPR/VDRL | [ ] Reactive | [ ] Nonreactive | [ ] Not done/Unknown |  |  |
| **If client is willing to consider PrEP, please counsel on PrEP.** | Counsellor Initials\_\_\_\_\_\_\_\_\_ |
|  |  |  |  |  |