

COMPREHENSIVE RISK COUNSELING & SERVICES

Examples of Initial Interview Assessment Questions

Listed below are suggested open-ended questions to ask during the CRCS initial interview. It may take a couple of sessions to get through many of the questions. However, DO NOT ASK THESE QUESTIONS IN A DISJOINTED, SURVEY FORMAT. Work them into the conversation as naturally as possible.

Read to client: "These questions will help me better understand problems and issues you may be experiencing. I ask these questions of everyone so that we can get a better picture of the kind of help or support I can provide for you."

I. General:

What do you know about CRCS? _____

What would you like to get out of this program? _____

What can we do to help you get there? _____

II. Living Circumstances:

What do you do for a living? _____

Are you currently employed? _____

Tell me about your living situation: _____

What part of it would you change if you could? _____

What are your future plans for work and where you live? _____

III. Service:

Tell me about any services you are currently receiving related to your health or mental status _____

IV. Social Support:

Are there people in your life that you can talk to about anything? _____

Who are they? _____

Are there people you can talk to openly and honestly about being positive or continuing to stay negative? _____

Tell me about your conversations with these people: _____

What did you say? _____

V. Substance Use:

Do you drink alcohol or use other drugs? _____

Are there any others items you may use that you do not consider drugs but others might? _____

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For each drug: How do you take this drug? (Pills, snorting, injecting, smoking, etc.) _____

(If reported injecting) Tell me about the people you inject with _____

How often in the past 3 months have you injected with them, and in what kinds of places? _____

What have you done to lower your risk of HIV when you shoot? _____
How has that worked for you? _____

VI. Mental Health:

Have you ever gone for professional mental health counseling? _____
How did that work for you? _____

How would you describe your mood right now? _____
How has your mood been for the last month? _____

How stressed are you? _____
What do you do to manage stress? _____

How often do you feel sad or hopeless? _____
How long does it last? _____
What do you do to help yourself feel better? _____

VII. Sexual Behavior:

In the past 3 months, have you had sex with men, women, or transgenders? _____

How are your current sexual relationships going? _____
Tell me about any relationship that worries you because of STD risk: _____
Are there any STD risks you are not worried about? _____

What have you done to lower your risk of STDs/HIV? _____
How has it worked for you? _____

Do you drink alcohol or get high on drugs before or during sex? _____
Tell me about it: _____

Have you felt bad or regretted any of your sexual decisions or behaviors? _____
What are some of them? _____

VIII. HIV Status: (Refer to Social Support Form)

Tell me about the times you have been tested (Why? How were you feeling at the time?)

What were your test results? _____

Who know that you are living with HIV? Who have you disclosed to? _____