

BEHAVIORAL RISK ASSESSMENT TOOL (BRAT)

Recall period: Most recent 3 months (90 days)

Client Survey			
Please answer each of the following questions the best you can. All of your answers will be kept confidential. It is very important that you answer every question <u>honestly</u>. Please print clearly.			<input type="checkbox"/> PEMS GENERATED UNIQUE ID NUMBER <input type="checkbox"/> LOCALLY GENERATED UNIQUE ID NUMBER
1) Please enter the month and year you were born. <div style="text-align: center;"> <input style="width: 30px; height: 30px; border: 1px solid black;" type="text"/> <input style="width: 30px; height: 30px; border: 1px solid black;" type="text"/> / <input style="width: 30px; height: 30px; border: 1px solid black;" type="text"/> <input style="width: 30px; height: 30px; border: 1px solid black;" type="text"/> </div> <div style="text-align: center; margin-top: 5px;"> Month Year </div>	2) What was your sex at birth? (choose only one) <input type="checkbox"/> Male <input type="checkbox"/> Female	3) What is your current gender identity? (choose only one) <input type="checkbox"/> Male <input type="checkbox"/> Transgender – MTF <input type="checkbox"/> Female <input type="checkbox"/> Transgender – FTM <input type="checkbox"/> Additional (specify): _____ <input type="checkbox"/> Declined to answer	4) What state do you live in? (currently) <input type="checkbox"/> Georgia <input type="checkbox"/> Other: _____
5) Are you: (choose only one) <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> <u>Not</u> Hispanic or Latino <input type="checkbox"/> Don't know <input type="checkbox"/> Declined to answer	6) What is your race? (choose all that apply) <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African-American <input type="checkbox"/> Native Hawaiian or Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Don't know <input type="checkbox"/> Declined to answer <input type="checkbox"/> Other: _____		
7) If you are female, are you pregnant? (choose only one) <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know <input type="checkbox"/> Declined to answer	8) If you <u>are</u> pregnant, are you getting prenatal care? (choose only one) <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know <input type="checkbox"/> Declined to answer		
9) Have you <u>ever</u> been tested for HIV? (choose only one) <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know <input type="checkbox"/> Declined to answer	10) If you have been tested for HIV, what was the result of your <u>most recent</u> HIV test? (choose only one) <input type="checkbox"/> Positive <input type="checkbox"/> Negative <input type="checkbox"/> Preliminary Positive <input type="checkbox"/> Indeterminate <input type="checkbox"/> Don't know <input type="checkbox"/> Declined to answer		
11) If you are HIV positive: Are you getting medical care <u>for HIV</u>? (choose only one) <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know <input type="checkbox"/> Declined to answer	12) In the last 12 months, did a health worker tell you that you have syphilis, gonorrhea or Chlamydia? (choose only one) <input type="checkbox"/> Yes – Self report <input type="checkbox"/> Yes - Lab confirmed <input type="checkbox"/> No <input type="checkbox"/> Don't know <input type="checkbox"/> Declined to answer		
13) In the past 12 months, have you been confined to a prison, jail or penitentiary for at least 24 hours? (choose only one) <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Declined to answer	14) Have you injected any drugs (including narcotics, non-prescription hormones, silicone etc.) within the past 12 months? (choose only one) <input type="checkbox"/> Yes <input type="checkbox"/> No ➔ <i>If no, skip to question 17</i> <input type="checkbox"/> Declined to answer		
15) If you <u>have</u> injected drugs within the past 12 months, did you share drug injection equipment with someone at least one time during that period? (choose only one) <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Declined to answer	16) Have you shared drug injection equipment with anyone at least one time <u>in the past 90 days</u>? (choose only one) <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Declined to answer		

17) Did you have vaginal or anal sex in the past 90 days . . .

With a male?

- Yes No
 Declined to answer

With a female?

- Yes No
 Declined to answer

With a transgender person?

- Yes No
 Declined to answer

18) If you answered 'yes' to any item in question 17, please provide the following information.

	With a male	With a female	With a transgender person
Vaginal or anal sex without a condom	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Vaginal or anal sex after or while using alcohol or drugs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Vaginal or anal sex for drugs, money or something you needed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Vaginal or anal sex with a person who you know has HIV	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Vaginal or anal sex with a person whose HIV status you did not know	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Vaginal or anal sex with a person whose identity was unknown to you	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Vaginal or anal sex with a person who uses injection drugs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Vaginal or anal sex with a person who has sex for drugs or for money	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Vaginal or anal sex with a person who has hemophilia or has had a transfusion/transplant	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Vaginal or anal sex with a male who has had sex with other males	<input type="checkbox"/>		<input type="checkbox"/>
<input type="checkbox"/> None of the above (no additional sex risk identified)			
<input type="checkbox"/> Declined to answer			



STOP HERE - Thank you for completing this survey!



<input type="checkbox"/> Completed by staff (interviewed the client) <input type="checkbox"/> Completed by client alone	<input type="checkbox"/> Completed by client with instruction in a group <input type="checkbox"/> Completed by client with individual instruction	Date entered into PEMS:	By (initials):
Intervention Name:	Worker ID:	<input type="checkbox"/> 3-month follow-up assessment <input type="checkbox"/> 6-month follow-up assessment	<input type="checkbox"/> Other: <input type="checkbox"/> Initial assessment
Date of this session:	Cycle #: _____ Session #: _____	Site Name and ID:	
Recruitment source: <input type="checkbox"/> Public service announcement, billboard, pamphlet, poster, hotline, newspaper, magazine, website, etc. <input type="checkbox"/> Referred by another agency		<input type="checkbox"/> Other: _____ <input type="checkbox"/> Referred by friend or family member	

Instructions for using this form:

Purpose. This Behavioral Risk Assessment Tool (BRAT) exists for the purpose of collecting information that will be entered into the HIV/AIDS Program Evaluation and Monitoring System (PEMS) for evaluation of HIV prevention interventions funded by the Georgia Department of Community Health.

This form is useful as a means of capturing all PEMS elements that are required for client-level data collection for Health Education/Risk Reduction (HE/RR) interventions.

There are two parts to this form. The main survey is completed by the client, and the last box of information is completed by the provider.

All language is intended to serve individuals with a basic literacy level.

This 2-page form collects information regarding:

- Client demographic characteristics (race/ethnicity, age, gender)
- Sexual practices including condom use
- Injection drug use
- HIV-related risk factors
- HIV testing history

The BRAT offers several benefits for HIV prevention organizations. First, it helps improve agencies' capacity to assess the sexual and needle sharing behaviors of their clients. This information can be utilized to help counsel clients about their individual risks and to assess changes in clients' behaviors during and after their participation in HIV prevention activities.

Second, it helps agencies gauge the effectiveness of their targeted recruitment for prevention services, to see if programs are reaching persons who are at highest risk for HIV infection. This can help agencies maximize their limited HIV prevention resources to prioritize those clients who are most in need of services.

When Required. Agencies must utilize this form for the following interventions.

- The BRAT must be completed by all clients in individual-level and group-level interventions.
- The BRAT may also be completed 3 or 6 months after discharge but this is not required. See instructions section titled "Conducting Follow-Up Risk Assessments."

Immediate completion. This form must be completed immediately prior to the start of a client's participation in an HIV prevention intervention. Contractors are responsible for ensuring each participant completes the survey.

How to administer the BRAT. The tool can be administered in four ways.

- *Completed by staff (interview):* An HIV prevention specialist can interview a client on a one-on-one basis and record the client's answers as the interview is being conducted.
- *Completed by client with instruction in a group:* With a small group, an HIV prevention specialist can give each participant a survey, walk through it verbally and explain each question individually. Clients write the responses themselves, but can ask questions.
- *Completed by client with individual instruction:* An HIV prevention specialist can explain each question to one individual client. The client writes his or her own responses, but can ask questions.
- *Completed by client alone:* An HIV prevention specialist can give the survey to one or more clients and ask them to complete the form on their own.

The first method is the preferred option, because it avoids confusion and reading difficulties that may prevent the client from completing the form correctly. However, we recognize that the other methods may be more practical at times.

Regardless of which method is chosen, never allow the client to leave your facility with the BRAT. In addition, certain verbal instructions are required. (See next section.)

Source of the BRAT. The questions in this form and language for the instructions section are drawn from the following two sources:

- Wisconsin Behavioral Risk Assessment Tool (BRAT) revised December 2000 and May 2008.
- CDC Client-Level Data Collection Template with required CDC PEMS variables.

Required verbal instructions before survey.

Contractors are responsible for providing clear verbal instructions before the survey is given to clients. The following verbal instructions are intended to help build comfort and rapport with clients, thereby increasing the likelihood of capturing honest information.

Contractors must explain each of the following points verbally but may modify the language as appropriate to suit the needs of the audience.

- “Please answer the questions on this form the best you can. All of your answers will be kept confidential. It is very important that you answer every question honestly.”

- “Please do not skip any questions. If the answer to a question is ‘no’ please check the ‘no’ box, rather than leaving the item blank.”

- “When you answer honestly, you give us valuable information that can help improve our programs and services. Your honest answers can also improve our understanding of the HIV epidemic in our area, so strategies can be developed to address it more effectively.”

- “Some of the questions on this survey are very personal and private. Please feel comfortable providing honest answers to all the questions even if they are a little bit embarrassing.”

- “Our organization will not penalize you if you answer ‘yes’ or ‘no’ to any of these questions.”

- “Several questions on this survey ask about activities and behaviors during the most recent 90 days. That would be after (state the date).”

Note: If the client is currently incarcerated (or was recently incarcerated), he or she should still complete the form for the most recent 90 days. It is OK if this 90-day period overlaps with the period of incarceration.

- “Question 15 asks if you have had vaginal or anal sex during the past 90 days at least one time. If you answer ‘yes’ to that question, there are three short columns underneath it with related questions. However, you will not be asked to provide any further details beyond the questions on this survey.”

- “If you provide a ‘yes’ answer to any of the activity questions on this survey, your ‘yes’ answer only means the activity happened at least once during those 90 days. The ‘yes’ answer would have nothing to do with:

- Exactly how many times it happened.
- How much time was involved.
- Where it happened.
- Who was involved.
- Details about how you met.
- Whether you would do it again or not.
- Or even if you enjoyed it or not.

- “All of those types of details are very private, of course, and we will not ask you to share them. This means you can feel comfortable that we will not make any assumptions about your answers or about you as a person. For example, an activity or behavior on this survey could have occurred only once, and it might never occur again in the future. We will not know this and we will not ask you this.”

- “For males: Some of the questions on this survey ask about anal sex with another male. In those questions, it does not matter if you were the top or the bottom. So if you had anal sex with another male at least once during those 90 days, you should select ‘yes’ for that question regardless of your position.”

The format and content of this form may be modified from time to time. You should visit the web site of the HIV Unit periodically to check that you have the most current version:

www.health.state.ga.us/programs/stdhiv/

OPTIONAL:

Conducting Follow-Up Risk Assessments.

Although agencies are typically prohibited from using HIV prevention funds to conduct research, agencies are allowed to conduct follow-up risk assessments with their clients.

Follow-up client risk assessments are optional unless specifically required by the intervention model or the HIV prevention contract.

In conducting follow-up risk assessments, a client's unique record in PEMS must be linked to each one of his risk assessments. This will make it possible to examine his behaviors over time. Agencies can use this as an opportunity to assess the need for additional prevention services.

The following guidelines apply to follow-up risk assessments.

- Client contact information should be requested along with permission for follow-up contact.
- After the client's contact information has been obtained, it should be recorded and kept secure.
- It is *not* necessary to record the client's contact information in PEMS. However, *it is necessary* to enter each risk assessment in PEMS.
- Two options are available for assigning a Unique ID number to each client in PEMS. Either option is acceptable. However, the agency should select one option and adhere to it consistently.
 - the PEMS-generated Unique ID option
 - a "Locally-Generated" Unique ID option
- If a "Locally-Generated" Unique ID is desired, it must be fully described in the agency's written procedures and staff members must receive training on the procedure to client Unique ID numbers are assigned correctly.
- If follow-up risk assessments are planned for the same client, the client's Unique ID Number must be recorded on every BRAT completed by that client.
- If desired, pre-printed adhesive labels can help facilitate the assignment of a unique ID number to each client. The same number would appear on every adhesive label associated with the client.
- If follow-up risk assessments are planned for the same client, the agency should have written procedures for scheduling each one of the future risk assessments on a calendar with a specific person responsible for ensuring the

implementation of each assessment scheduled to occur in the future. A date-based system of file folders is one option. This option involves printing one blank BRAT for each client, and recording the date when the survey must be conducted in the future. The date for the 3 month future follow-up survey would be today's date plus 90 days, for example. Next, each one of these blank BRAT's can be stored in a filing cabinet, under the month of the scheduled future date of the survey (such as "July 2012 surveys to be conducted"). The surveys would be implemented at or near the scheduled date.

- Whenever a BRAT is completed and received, a data entry staff member must enter the survey into PEMS.

The following is an example of a system for creating locally-generated Unique ID numbers. This method is utilized by the State of Florida.

Example:

John Doe, White male born May 1974

first initial	last initial	gender	race	2-digit month of birth		2-digit year of birth	
				month 0-1	month 0-9	year 0-1	year 0-9
J	D	M	W	0	5	7	4