



GUIDELINES FOR ADMINISTERING THE HIV RISK ASSESSMENT

Adapted from the National Institute on Drug Abuse
Risk Behavior Assessment Questionnaire, May 1994 (revised April 1998)

General Considerations for Interviewers

Interview Environment

The risk assessment should be conducted in a *quiet, private setting* that will encourage responses to sensitive questions. The setting should be as comfortable as possible for both the interviewer and respondent. Once the interview has begun, interruptions should be minimized. If the respondent needs to interrupt the interview, it can be completed in more than one sitting.

Rapport Building

Interactions between interviewer and respondent should be collaborative, positive, and pleasant. It is the interviewer's responsibility to take the lead in establishing this relationship. Be *friendly yet professional*. Approach the respondent with no preconceived ideas or opinions about his or her likely risk behaviors. Building good rapport takes patience as well as the ability to set aside your own emotional reactions from time to time. Don't frown, gasp, or laugh in response to an answer. Convey that there are no "right" or "wrong" or "bad" answers to questions.

Always allow the respondent time; *don't rush*. Remember that your purpose is to get good, accurate answers. Adjust your pace to that of the respondent.

Encourage the respondent to answer as many questions as possible. Some people say "I don't know" while they are trying to arrange their thoughts. Give the respondent time to think. Guiding the interview can be a challenge. While giving the respondent every opportunity to think through the questions you must also make sure that he or she doesn't go "off on a tangent." If this happens, try to steer the interview back on course with a gentle remark such as, "That's interesting, now what would you say about this question?"

If you sense that a respondent has not replied correctly or consistently to a question, or if he or she stumbles or hesitates, *always accept responsibility for faulty communication*. Your relationship with the respondent will be much more facilitative if you try to re-word any question the respondent has not understood or if you use an example to illustrate what you are trying to learn.

Some respondents may feel *threatened or uncomfortable by certain questions*. If the respondent seems hesitant, begin by simply repeating the question. If you sense that a respondent is feeling distress, you can use the *feeling thermometer* intermittently; that is, ask the respondent, "On a scale from 1 to 10, with 1 being the least anxious you've ever been and 10 being the most anxious, how are you feeling right now?" If the respondent is intolerably anxious, you can stop the interview and address his or her concerns. You can also help allay fears by assuring respondents that your purpose in asking these questions is to help them learn about their own intimate health-related behaviors, and by reminders about the confidentiality of their responses. In some cases, respondents may suddenly withdraw, even if the interview is apparently going well. Accept it graciously and naturally and reschedule the interview later.

Be prepared to answer respondents' questions relating to the assessment, but make it clear to respondents that you will do so at the end of the interview. This assures that respondents' answers are unbiased by the information you give, and also allows you to make appropriate referrals when you have

been asked something you cannot answer or when a respondent needs additional HIV-related services.

Ensuring Confidentiality

Providing the respondent an absolute assurance of confidentiality is essential to obtaining a good HIV risk history. This should be discussed at the very beginning of the interview and repeated at the end. Assure the respondent that all answers will be kept confidential, that you will not release the information you gather to any outside agency or authority without appropriate permission.

Administering the Assessment

It is important to remain alert throughout the interview, even when you have administered it several times and everything seems routine to you or the respondent. Some questions are appropriate for men only or women only, and you will sometimes pick up information that refers to a question that you have not asked yet. Ask the questions in the order in which they appear on the assessment form, even if the respondent has already provided information relevant to a question. You can use a lead-in such as, "You already talked about this a little, but I need to make sure I understood your response" and then ask the question as it appears.

A *probe* is an exploration for additional information from the respondent. If a probe is needed to clarify or expand upon an answer, probe by asking, "Is there anything else you would like to tell me about...?" Do not allow the respondent to probe you. Again, if a respondent asks you questions during the interview, take note of them and say you will be happy to try to answer them *after* the interview. Don't be afraid to tell a respondent that you don't know the answer to a question. Tell the respondent that you will do your best to find out the answer and get back to him or her, or refer them to someone in your referral network who can help. This referral network is extremely important to establish and to update regularly because you can't be expected to be an expert in everything.

Debriefing

How you end the interview is as important as how you begin it. Thank respondents for their frankness, and remind them that their answers will be kept confidential. Ask whether anything came up during the interview that was not clear or that they have questions about, and whether they would like a referral to any HIV-related programs or services offered at the mental health treatment site.