

PCC STEPS CHECKLIST

Counselor Name: _____ Date of Session: _____

Client eligibility for PCC:

- ☐ MSM
- ☐ repeat tester for HIV
- ☐ knows condomless anal sex has risk for HIV/STIs
- ☐ is not already taking PrEP
- ☐ has engaged in condomless anal sex (since last test)
- ☐ with non-primary partner
- ☐ whose HIV status was unknown or positive with detectable viral load or unknown viral load

| PCC Step | Step Completed? | |
|---|-----------------|----|
| | Yes | No |
| 1. Screen the client's eligibility to receive PCC. Comments: | | |
| 2. Choose memorable recent episode of UAS. Comments: | | |
| 3. Review PCC Checklist of Thoughts Comments: | | |
| 4. Draw out the story of the UAS; ask about thoughts and feelings before, during, and after. Comments: | | |
| 5. Identify self-justifications and discuss them. Comments: | | |
| 6. Talk about thoughts regarding future UAS. Comments: | | |
| Additional Comments: | | |