



LESSON M · MEDICATIONS · REFERENCE CARD

PREP FORMAT CARD

Three ways to take PrEP. The best one is the one you'll actually keep taking.

THREE FORMATS – SAME GOAL: HIV PROTECTION THAT YOU CONTROL

FORMAT	WHAT IT IS	RHYTHM	ROUTINE CUE
Daily shield	Pill: Truvada or Descovy	One pill every day	Phone alarm, same time daily
Every-2-months shot	Apretude (cabotegravir) injection, given at a clinic	Two starting doses a month apart, then every 2 months	Calendar reminder every 8 weeks
Twice-yearly	Yeztugo (lenacapavir) injection, where available	Starting doses, then once every 6 months	Clinic visit twice a year

KNOW BEFORE YOU GO

- Daily pills come with **kidney-function monitoring**. Every format comes with **regular HIV testing** — before you start and at check-ins.
- **No clinically significant interaction with estrogen or testosterone.** You do not have to choose between PrEP and your hormones. Tell both providers what you take.
- Which option fits depends on your body, your sex practices, and your lab results — for example, Descovy is not approved for people whose exposure is through receptive vaginal sex. **A clinician decides with you.**
- PrEP protects against **HIV only**. It does not prevent other STIs or pregnancy — that is what the other MATCH pieces are for.

PICK YOURS – WHICH WOULD YOU ACTUALLY KEEP AT 1 A.M.?

☐ Daily pill ☐ Every 2 months ☐ Twice a year ☐ Not sure yet — ask

My routine cue: _____

What would make it harder? _____

THE ASK – SAY IT OUT LOUD ONCE BEFORE YOU NEED IT

“I’d like to talk about starting PrEP. Which format fits me?”

If it applies: “I take [estrogen / testosterone] and want something that works with it.”

My version: _____

Where I’ll ask: _____ Phone: _____

Find a PrEP provider: prelocator.org · free or low-cost testing: gettested.cdc.gov



LESSON M · MEDICATIONS · REFERENCE CARD

PEP EMERGENCY CARD

PEP can stop HIV after a possible exposure. Start within 72 hours — sooner is better.

THE 72-HOUR PROTOCOL — SOONER IS BETTER

0-2 HR

BEST
Go now

2-24 HR

HIGHLY EFFECTIVE
Go now

24-72 HR

CLOSING
Still go

72+ HR

WINDOW PASSED
Still get tested and ask a
clinician about next steps

WHAT TO KNOW

- **Any emergency room can and should provide PEP.** Say: “I had a possible HIV exposure in the last 72 hours. I need PEP.”
- **It’s a 28-day course — finish every pill.** The clinic will schedule follow-up HIV testing after the course.
- Find PEP near you: locator.hiv.gov. Houston: **Ben Taub Hospital ER** (open 24/7) · **Legacy Community Health** (daytime).

MY ER PLAN — FILL IT NOW, NOT IN A CRISIS

ER name: _____

Address: _____

How I get there: _____

Who I’d call to come with me: _____

Daytime backup (clinic): _____

Say it out loud: “It’s Saturday 11 p.m. I go to _____.”

CUT OUT — KEEP ONE IN YOUR WALLET, ONE BY YOUR KEYS

PEP · 72 HOURS

POSSIBLE HIV EXPOSURE? GO NOW.

Go to **any ER**. Say: “Possible HIV exposure — I need PEP.”

28 days. Finish every pill.

My ER: _____

locator.hiv.gov · theharnessproject.org

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locator.hiv.gov · theharnessproject.org



LESSON M · MEDICATIONS · REFERENCE CARD

DOXY-PEP TABLE

An antibiotic taken after sex to lower the chance of some bacterial STIs. Backup, not frontline.

WHAT IT COVERS – AND THE GAP (TRIAL ESTIMATES)

Syphilis		80–87%	
Chlamydia		87–88%	
Gonorrhea		50–55%	THE GAP – ABOUT HALF
HIV		0%	ANTIBIOTIC, NOT ANTIVIRAL
Herpes		0%	VIRUS
HPV		0%	VIRUS

Lighter band = the range across trials. **Doxy-PEP is backup, not frontline.** Your results can differ.

HOW IT'S TAKEN

- **One 200 mg dose** of doxycycline within **72 hours after sex**, as prescribed.
- **Test for STIs** at baseline and **every 3–6 months** while you use it.

WHO IT'S RECOMMENDED FOR

CDC (2024) recommends offering doxy-PEP to gay and bisexual men and transgender women who had a **bacterial STI in the past 12 months**. For other people the evidence is insufficient to recommend it — **talk with a clinician**.

IT DOES NOT REPLACE THE OTHER PIECES

T Barriers — for gonorrhea, viruses and more **M** PrEP / PEP — for HIV **A** Testing every 3–6 months

THE ASK

“I’ve heard about Doxy-PEP as backup. Is it right for me, and can we get a prescription on file?”

IF A PARTNER SAYS “DOXY HAS IT HANDLED” — HOLD THE LINE

“Doxy only covers some bacteria — about half of gonorrhea — and nothing for HIV, herpes or HPV. The barrier is still non-negotiable for me.”

QUICK CHECK — TRUE, FALSE, OR “IT DEPENDS”?

1. Doxy-PEP prevents HIV.
2. It’s one 200 mg dose within 72 hours after sex.
3. Doxy-PEP covers gonorrhea as well as syphilis.
4. You still test every 3–6 months.

ANSWERS: 1 false — antibiotic, not antiviral · 2 true · 3 false — about half · 4 true

Name the gap without checking: _____



LESSON M · MEDICATIONS · TRACKER

VACCINE & HEP C TRACKER

Mark what you know. “Don’t know” is a next step, not a failure.

Private – nobody collects this page. Keep it, photograph it, or shred it.

MARK DONE / DUE / DON'T KNOW – THEN GIVE EACH LINE A NEXT STEP

PROTECTION	KEY FACTS	DONE	DUE	DON'T KNOW	NEXT STEP + DATE
HPV Gardasil 9	Routine through age 26; ages 27–45 by shared decision with a clinician	☐	☐	☐	
Hep B	Vaccine series — highly effective	☐	☐	☐	
Mpox · dose 1 JYNNEOS	Two doses, 28 days apart	☐	☐	☐	
Mpox · dose 2	Due 28 days after dose 1	☐	☐	☐	
Hep C screen	No vaccine — but curable with 8–12 weeks of antivirals. CDC: every adult screened at least once	☐	☐	☐	

ASK BY NAME — HEP C IS OFTEN NOT ON A STANDARD STI PANEL

“Can you include a hep C screen?”

“Can you check my records for HPV, hep B and mpox vaccines?”

“If we can’t find a record, what’s the next step — test or start the series?”

WHERE TO FIND YOUR RECORDS

Your patient portal · the pharmacy that gave the shot · your state immunization registry · an old school or employer health record.

MY NEXT APPOINTMENT

Where: _____ When: _____

What I’ll ask for: _____



LESSON A · AWARENESS · REFERENCE CARD

THREE-SITE TESTING SCRIPT

Ask for all the sites that apply to you. Practiced words beat nerves.

WHY THREE SITES

Chlamydia and gonorrhea often sit silently in the throat or rectum. **A urine-only panel can read clean while an infection sits somewhere never checked.**

THROAT

Quick swab of the back of the throat

RECTAL

Quick swab — often you can do it yourself in private

URINE / GENITAL

Urine sample or a genital swab

THE SCRIPT — SAY IT, DON'T MUMBLE IT

“I’d like three-site testing please — throat, rectal, and urine.”

REHEARSE — TICK EACH ONE

☐ To myself ☐ Mirror ☐ Partner or friend ☐ Voice memo ☐ At the clinic

IF YOU HEAR PUSHBACK

Clinic: “We usually just do urine.”

You: “I understand. I’d like all three sites, please — it matches how I have sex.”

ADD-ON ASKS

- “Can you include a hep C screen?”
- “Does this panel include HIV and syphilis blood tests?”

Only ask for the sites that apply to you — **the skill is asking.**

MY TESTING RHYTHM

I test every _____ months. Next test: _____

Clinic: _____ Phone: _____

Free or low-cost testing near you: gettested.cdc.gov



LESSON A · AWARENESS · REFERENCE + CALCULATOR

WINDOW PERIODS TABLE

How long after an exposure each test can give a reliable result.

WINDOW PERIODS – CONFIRM EXACT TIMING WITH YOUR CLINIC

TEST	WINDOW	NOTE
HIV Ag/Ab lab	18–45 days	Most accurate early
HIV rapid antibody	23–90 days	Follow up if early
Chlamydia & gonorrhea	~1–2 weeks	Nucleic acid test
Syphilis	3–6 weeks	RPR + treponemal
Hep C antibody	8–11 weeks	RNA test if recent risk

Too early isn't never. It means retest. Testing early is still useful — test now, then retest after the full window. Use the full range; don't round it down.

M Exposure in the last 72 hours? PEP comes first — go to any emergency room now. Testing comes after.

MY WINDOW CALCULATOR

Exposure date: _____ Add the full window to find the date your result is most reliable.

TEST	ADD	RELIABLE FROM	TESTED ON	RETEST?
HIV Ag/Ab lab	45 days			
HIV rapid antibody	90 days			
Chlamydia & gonorrhea	14 days			
Syphilis	6 weeks			
Hep C antibody	11 weeks			

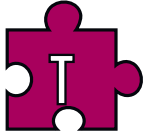
WORKED EXAMPLES

Exposure 10 days ago HIV lab test: too early — test now if you like, retest after day 45. Chlamydia/gonorrhea: test now.

Exposure 5 weeks ago Syphilis: in range — test now. HIV lab: in range — retest at 45 days if this one is early.

Exposure 3 months ago All ranges covered — test now.

These are planning ranges. Your clinic confirms the exact timing for the tests they use.



LESSON 1 · TOOLS · REFERENCE CARD

MATERIALS TABLE

Latex, polyisoprene, polyurethane, lambskin — what each one blocks.

WHAT BLOCKS WHAT

MATERIAL	STIS + HIV	PREGNANCY	KNOW THIS
Latex	Yes	Yes	Most common, strong, cheap. Not for a latex allergy. Oil-based lube destroys it.
Polyisoprene	Yes	Yes	Latex-free and stretchy — good for allergies. Oil-based lube damages it too.
Polyurethane / nitrile incl. internal condoms	Yes	Yes	Latex-free, thin, carries body heat. Works with any lube.
Lambskin	No — pores too large	Yes	Not a prevention tool for STIs or HIV. Pregnancy only.

Default: latex, or polyurethane / polyisoprene if you're allergic. One condom at a time — never two at once, and never external + internal together.

EXTERNAL CONDOM

- 1 Check the date and the package (feel for the air bubble)
- 2 Open by hand — no teeth, no scissors
- 3 Pinch the tip to leave room
- 4 Roll it all the way down
- 5 Hold the base on the way out
- 6 New condom every time

INTERNAL CONDOM

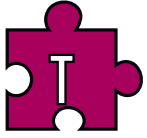
- 1 Check the date and the package
- 2 Squeeze the inner ring
- 3 Insert and push it in comfortably
- 4 Outer ring stays outside
- 5 Twist the outer ring to remove gently
- 6 New condom every time

Storage: cool and dry — not a wallet or a glove box. Heat and friction break latex. Check dates when you restock.

THE PREGNANCY LAYER

Stack layers: **barrier + daily or scheduled method + long-acting method + emergency contraception (EC).**

- **Levonorgestrel EC** is available over the counter.
- **Ulipristal (ella)** needs a prescription.
- A **copper IUD** placed by a clinician is the most effective EC option.
- **Sooner is better** — windows differ by method, and hours matter.



LESSON T · TOOLS · REFERENCE CARD

LUBE COMPATIBILITY

Friction reduction is infection prevention. The wrong lube can break a barrier.

MATCH THE LUBE TO THE MATERIAL

	LATEX	POLY-ISOPRENE	POLYURETHANE / NITRILE	SILICONE TOYS	GLASS, STEEL, HARD PLASTIC
Water-based Dries fast — reapply	YES	YES	YES	YES	YES
Silicone-based Waterproof, lasts	YES	YES	YES	NO degrades them	YES
Oil-based Massage, non-latex only	NO destroys it	NO damages it	YES	YES hard to clean	YES

DRILL UNTIL AUTOMATIC

WATER

works with everything — it dries, so reapply.

SILICONE

latex is fine — never with silicone toys.

OIL

never with latex (or polyisoprene).

FLASH CARDS — ANSWER FAST, THEN CHECK

1. Water + latex? _____

2. Silicone lube + silicone toy? _____

3. Oil + latex? _____

4. Oil + polyurethane? _____

5. Silicone lube + latex? _____

6. Oil + polyisoprene? _____

ANSWERS: 1 yes · 2 no · 3 no · 4 yes · 5 yes · 6 no

Lube isn't optional — not enough lubrication increases the chance a barrier breaks.

Irritation? Switch to a water-based, fragrance-free lube, skip warming, tingling and numbing products, and ask a clinician if it keeps happening.



LESSON T · TOOLS · SKILL CARD

BUILD A DAM: 4 MOVES

Turn a condom into a dental dam in four moves — practiced before you need it.

A dam is a thin barrier for oral contact with the vulva or anus. Ready-made dental dams exist — when there isn't one in the kit, you can make one from a condom.

1 UNROLL

Unroll a **non-lubed** condom all the way.

2 SNIP THE TIP

Cut off the tip.

3 SNIP THE BASE RING

Cut off the rolled ring at the base.

4 SLICE & UNFOLD

Cut down one side and open it into a sheet.

Then add one drop of water-based lube on the body side. Keep that same side toward the body the whole time.

FIELD RULES

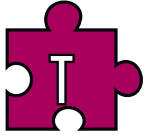
- **Flipped it or moved between areas?** Use a fresh one. One dam, one use.
- **Blunt-tip scissors only**, and never cut near skin.
- **Field conditions:** there are no perfect scissors at 1 a.m. Practice now so your hands know it.

TIMED PRACTICE — GOAL: UNDER 30 SECONDS

Try 1: _____ sec

Try 2: _____ sec

Try 3: _____ sec



LESSON T · TOOLS · REFERENCE CARD

GOLDEN RULE

The rule for sharing toys, and how cleaning changes with the material.

FRESH CONDOM ON THE TOY. CHANGE IT BEFORE TOUCHING ANYONE OR ANYTHING ELSE.

THE SEQUENCE – NARRATE IT OUT LOUD



No skipping because “it’s quick.” Moving from one body part to another counts as “anything else.”

POROUS VS. NON-POROUS – CLEANING MATTERS

TOY MATERIAL	TYPE	WHAT IT MEANS
Silicone (100%), glass, stainless steel, hard ABS plastic	Non-porous	Can be cleaned thoroughly — warm water and mild unscented soap, or as the maker directs. Still use a fresh condom when sharing.
Jelly or rubber, TPE / TPR, soft PVC, “realistic” skin-feel materials	Porous	Can’t be fully sterilized. Always cover with a condom, and don’t share between partners.

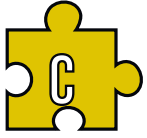
ALSO ON THE KIT LIST

- **Silicone lube + silicone toys = no.** It degrades them. Use water-based.
- **Store toys clean, dry and separate.** Check condom dates when you restock.
- Not sure what a toy is made of? Treat it as porous.

MY STOCK CHECK THIS WEEK

☐ Condoms in date ☐ Stored cool ☐ Lube matches ☐ Toy cleaner

Restock: _____



LESSON C · COMMUNICATION · SCRIPT CARD

5 SCRIPTS + REHEARSAL PROTOCOL

Five scripts that survive pushback — plus the four-tick protocol that makes them stick.

Rehearsal protocol — tick all four before you need it:

1 READ IT SILENTLY 2 SAY IT OUT LOUD TO YOURSELF 3 MIRROR, FRIEND, OR VOICE MEMO 4 IN THE ROOM WHERE IT MATTERS

PRE-GAME

WE, NOT YOU

☐ 1 ☐ 2 ☐ 3 ☐ 4

“Hey, before we get too into this, I want to make sure we’re both safe. Have you been tested recently?”

My version: _____

BARRIER PIVOT

PLEASURE, NOT PRECAUTION

☐ 1 ☐ 2 ☐ 3 ☐ 4

“I like using condoms because they let me relax and enjoy you.”

My version: _____

BOUNDARY

YES TO THIS, NOT TO THAT

☐ 1 ☐ 2 ☐ 3 ☐ 4

“I’m curious about trying [A] but not ready for [B] tonight. How do we make this good for both of us?”

My version: _____

GENTLE HOLD

HOLD WITHOUT APOLOGIZING

☐ 1 ☐ 2 ☐ 3 ☐ 4

“I hear you, and this is still non-negotiable for me. It isn’t about trust — it’s how I take care of myself.”

My version: _____

EXIT LINE

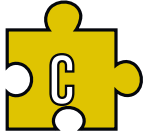
LEAVING IS ALLOWED

☐ 1 ☐ 2 ☐ 3 ☐ 4

“If we can’t find a way to make this safe for both of us, tonight isn’t happening — and that’s okay.”

My version: _____

If it sounds fake, rewrite it. Your words, your voice, your boundary. Scripts fail if you only read them once. You never apologize for keeping yourself safe.



LESSON C · COMMUNICATION · WORKSHEET

DISCLOSURE STRUCTURE

Fact + science + door: a structure for sharing health information on your terms.

Private — draft it in a notebook, not in the DMs. Nobody collects this page.

Works for any health information — a diagnosis, a test result, a medication. Draft it while nothing is at stake, so the words are ready when it matters.

1 FACT	2 SCIENCE	3 DOOR
The information itself — said plainly.	What it means, with the evidence (for HIV: U=U).	An invitation: "Ask me anything."
Mine: _____	Mine: _____	Mine: _____
_____	_____	_____
_____	_____	_____

EXAMPLE — ALL THREE PARTS TOGETHER

"I'm living with HIV and I'm undetectable, which means there's effectively no risk of me passing it to you through sex. I wanted you to hear it from me early. Ask me anything."

U=U depends on a sustained undetectable viral load (under 200 copies/mL) on ongoing treatment, confirmed by regular testing.

IF THE REACTION IS ROUGH

"I get that this is a lot — take the time you need. I'm still the same person."

My line: _____

GOOD TO KNOW

- **You choose when and who.** If telling someone in person doesn't feel safe, health departments offer partner services that can notify partners without using your name.
- **Law note:** some states still have HIV-specific disclosure laws that predate U=U. This is not legal advice — ask legal aid or an HIV services organization.

MY FULL DRAFT — FACT + SCIENCE + DOOR



LESSON H · HABITS · WORKSHEET

GHOST CATALOGUE

Name the ghost, name the letter it attacks, pick the shield, make one move this week.

Private – nobody collects this page. Keep it, photograph it, or shred it.

MINE	GHOST	ATTACKS	SHIELD	MOVE THIS WEEK
☐	Cost — “I can’t afford it”	A	Sliding scale / locator	Check locator.hiv.gov
☐	Rejection — “They’ll leave”	C	Scripts	Write an exit line
☐	“I’ll forget pills”	H	Alarm / shot	Set a daily alarm
☐	Shame — “I’m dirty”	A	U=U fact	Read the U=U one-sentence
☐	Clinic fear	A	Three-site script	Rehearse the ask
☐	Partner pressure	C	Gentle Hold	Practice the hold line
☐	“Condoms kill the vibe”	C	Barrier Pivot	Try pleasure framing
☐	Privacy — family sees meds	H	Storage plan	Lockbox / discreet storage
☐	Substance use / late night	T H	Kit ready	Pack a field kit
☐	“Doxy fixes all”	M	Know the gap	Name the gap without checking
☐	No transport	H	Mail order / 211	Call 211
☐	Past trauma freeze	C	Exit line	Practice the consent loop
☐	Faith conflict	A	Values map	Write your own values line
☐	“I’m undetectable, so nothing else is needed”	M	U=U covers HIV only	Run the redundancy check
☐	Lube allergy / irritation	T	Lube match	Switch to water-based
☐	“Testing is scary”	A	Anxiety Audit	Write the ghost exactly
☐	My own ghost: _____			
☐	My own ghost: _____			

ANXIETY AUDIT — GET ONE GHOST ON PAPER

I’m anxious that _____ → If true, I would _____

Health or not health? ☐ Health ☐ Not health — cross it out

Letter: M A T C H



LESSON H · HABITS · WORKSHEET

MATCH PLAN

Your whole plan on one page — five lines, one photo.

One line per letter. Photograph it to your phone. Not every plan uses every piece every time — you're the architect.



MEDICATIONS: MY MEDS ARE

PREP FORMAT, PEP PLAN, VACCINES DUE



AWARENESS: I TEST EVERY

HOW OFTEN, WHICH SITES, NEXT DATE



TOOLS: I USE

BARRIER MATERIAL + THE LUBE THAT MATCHES IT



COMMUNICATION: MY LINE IS

YOUR NON-NEGOTIABLE, IN YOUR WORDS



HABITS: I RESTOCK

WHAT, WHERE, AND WHEN

SAFER SCORE — 1 POINT PER LAYER YOU HAVE

M ☐ A ☐ T ☐ C ☐ H ☐ = ___ / 5

3 or more survives real-world friction. No single layer has to be perfect.

STOCK CHECK

- ☐ Barriers in date, stored cool (not a wallet)
- ☐ Lube matches my materials
- ☐ Prescription on file
- ☐ Refill reminder set

IF A PIECE FAILS: WHICH LETTER IS STILL AVAILABLE?

Don't panic — look at the puzzle and activate the next piece.



LESSON H · HABITS · WORKSHEET

FIELD NOTES

SafER Score, a plan stress test, and your 30-Day Fearless Challenge.

Private – nobody collects this page. Keep it, photograph it, or shred it.

SAFER SCORE – SCORE 0 OR 1 FOR EACH LAYER

M Meds? ☐ **A** Aware? ☐ **T** Tools? ☐ **C** Comm? ☐ **H** Habits? ☐

TOTAL ___ / 5

3+ survives real-world friction. Missing letter? That's your next move.

Easiest point to add: _____

PLAN STRESS TEST

Dossier: _____ e.g. The Broken Barrier · The Missed Doses · The Uninsured Visit

What broke? M A T C H circle all that applyWhich letter is still available? M A T C H circle all that apply

My next move: _____

Example — “You’re out of condoms.” **T** broke. **M** is still there (PrEP; PEP within 72 hours), **C** is still there (say it), **H** needs a restock. No single right answer — redundancy is the point.

30-DAY FEARLESS CHALLENGE – ONE SMALL ACTION A DAY

DAY 1 ☐ Photo your MATCH plan to your phone	DAY 2 ☐ Set an alarm	DAY 3 ☐ Say the three-site ask out loud	DAY 4 ☐ WRITE YOURS _____	DAY 5 ☐ WRITE YOURS _____	DAY 6 ☐ WRITE YOURS _____
DAY 7 ☐ WRITE YOURS _____	DAY 8 ☐	DAY 9 ☐	DAY 10 ☐	DAY 11 ☐	DAY 12 ☐
DAY 13 ☐	DAY 14 ☐	DAY 15 ☐	DAY 16 ☐	DAY 17 ☐	DAY 18 ☐
DAY 19 ☐	DAY 20 ☐	DAY 21 ☐	DAY 22 ☐	DAY 23 ☐	DAY 24 ☐
DAY 25 ☐	DAY 26 ☐	DAY 27 ☐	DAY 28 ☐	DAY 29 ☐	DAY 30 ☐ Teach one person

Missed a day? Pick up the next one — that's the habit. Tiny daily reps beat one big decision.

Who I'll teach on Day 30: _____