



POWERED BY BWHI

HIV Prevention
Training Guide



HIV Prevention *Training Guide*

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Pre-Workshop Questionnaire (5-10 Min.)

Name: _____ Date: _____

1. How did you hear about this workshop?

2. Are there any specific topics that you are interested in learning more about?

3. What are you hoping to take away from your participation in this workshop?

4. How much experience do you have with this workshop topic?
 Little experience Some experience Significant experience

TEST YOUR KNOWLEDGE

5. All pregnant women living with HIV will transmit the virus to their babies. True or False
6. There are three main modes of HIV transmission. True or False
7. You can tell that someone is living with HIV by looking at them. True or False
8. People who have sexually-transmitted infections are more likely to contract HIV. True or False
9. People should be tested for HIV every five years if they are sexually active. True or False
10. There are always visual cues that someone is living with HIV. True or False
11. HIV can be transmitted from other animals and insects to humans. True or False
12. You can have a healthy relationship if you or your partner is living with HIV. True or False
13. Transgender people can face barriers that limit their access to health care. True or False
14. 1 in 8 people are unaware that they are living with HIV. True or False



Background

This training course is designed for lay persons and service providers who identify as and work with Black women. The course centers around cisgender and transgender Black women and builds on each participant's past knowledge and experience. It takes advantage of the individual's motivation to accomplish the learning tasks in the shortest amount of time. Training emphasizes doing, not just knowing, and uses competency-based evaluation of performance. Since women of color, especially African-American and Hispanic women, are disproportionately affected by HIV, and transgender women have a greater chance of getting HIV than others, it is imperative to know the facts and the actors that contribute to these statistics.

Before the start of the course, participants' knowledge is assessed using a precourse questionnaire to determine their individual and group knowledge of HIV/AIDS and testing for HIV. Practical sessions focus on providing visual aids and on interactive and participatory activities to engage participants in achieving the learning objectives. Progress in knowledge-based learning is measured after the course using a postcourse questionnaire.

Participant Learning Objectives

1. Define how HIV is transmitted
2. Describe ways people can reduce the chance of contracting HIV
3. Describe safer sex behaviors
4. Describe the options for HIV testing and list the benefits of testing services
5. Learn practical ways to have conversations around sexual health matters

Introduction and Ground Rules (5-7 Min.)

INTRODUCTION

- The facilitator will introduce themselves and the organization they are working with/for.
- Give an overview of the organization.
- Briefly review the session topic, objectives, and itinerary of the day.
- Orient participants to the facility, noting exits, significant breaks, reminders to silence phones, and any other pertinent information.
- Distribute post-its/index cards to participants for questions

GROUND RULES

- Respect everyone's opinions and beliefs
- Manage stigma/bias/stereotypes
(keeping an open mind, listening before formulating opinion)
- Be present
- It's okay to ask questions
- Approach this session with an open mind
- Respect confidentiality
- This is a safe space!
- If there are ground rules specific to your space/org, place them here:

ICEBREAKERS

Synonyms

- Write main words (vagina, oral sex, penetrative sex, penis, etc.) on poster papers (1 for each paper). Put up poster papers around the room. Have participants go to each poster and write all of the synonyms or other names/phrases for the underlined word. Give 2-3 minutes at each station. Discuss the results.
- Fishbowl: Draw question from a bowl and answer — can be used for small or large group; used to get participants talking/involved

MadLibs

- Have either small groups or one large group create a story one word at a time. Can be centered around a specific theme.

What's in Your Bag?

Find a Friend

- More suitable for larger groups
- Have participants talk to one another to complete the sheet.

Vulnerability - Factors, Assessment, and Myths/Misconceptions *(15-20 Min.)*

RISK FACTORS

All women can be exposed to HIV. There are many factors that contribute to the level of vulnerability and how these vulnerabilities differ across communities of women. According to the Office on Women's Health within the US Department of Health & Human Services, the risk for getting HIV is higher if you:

- Have unprotected sex (most common way that HIV is transmitted)
- Take injected illegal drugs, either now or in the past
- Had sex with someone to get money or drugs, or had sex with someone who has traded sex for money or drugs
- Had sex with someone who has HIV
- Has sex with both men and women
- Injects drugs (second most common way that HIV is transmitted)
- Have another sexually-transmitted infection (STI)
- Had a blood transfusion between 1978 and 1985

In the United States, most cisgender women contract HIV from having sex with cisgender men. Several factors increase HIV infection vulnerability in women.

- During vaginal sex without a condom, HIV passes more easily from a man to a woman than from a woman to a man.
- Receptive anal sex without using condoms is also considered high risk behavior.
- A woman's risk of contracting HIV can also increase because of her partner's high-risk behaviors, such as injection drug use or having sex with other partners without using condoms.
- Other social factors must also be considered when talking about women and HIV. Those with a history of physical and sexual abuse are more vulnerable to riskier behavior.
- Women who have sex with women are still vulnerable to HIV transmission, though at a lower rate,
- Women of color, especially African-American and Hispanic women, are disproportionately affected by HIV.

Reference: www.cdc.gov/hiv/basics/transmission.html



ON OUR OWN TERMS

Did You Know?

BLACK WOMEN ARE STILL 3X AS LIKELY TO BE DIAGNOSED WITH HIV/AIDS AS THEIR WHITE/LATINA COUNTERPARTS.

Protecting yourself, knowing your status, and normalizing the conversation around HIV/AIDS is crucial!

#OnOurOwnTerms

According to the CDC, transgender women have a greater chance of contracting HIV than others. An estimated 27% of transgender women are living with HIV. This means that more than 1 in 4 transgender women may be living with HIV. Certain risk factors directly tied to transphobia and the marginalization that transgender people face that may contribute to such high infection rates. These risk factors include:

- higher rates of drug and alcohol abuse;
- sex work;
- incarceration;
- homelessness;
- attempted suicide;
- unemployment;
- lack of familial support;
- violence;
- stigma and discrimination;
- limited health care access; and
- negative health care encounters.

Essentially, because they are living in a society in which significant stigma and discrimination against transgender people exist, they're pushed into situations that greatly increase their HIV risk and severely limit their ability to obtain adequate care once infected.

Assessment

CDC RISK ASSESSMENT TOOL

www.cdc.gov/hivrisk/estimator.html

NIH RISK ASSESSMENT TOOL (short)

www.ncbi.nlm.nih.gov/books/NBK64922/box/A67549/?report=objectonly

The only way to know if you are living with HIV is to get tested. However, some general questions can be asked of ourselves and our partners to assess how vulnerable we may be to HIV and other STIs. Some questions you can ask are:

- Have I had condomless vaginal sex within the past 3-6 months?
- Have I had condomless anal sex within the past 3-6 months?
- Have I shared any needles or had exposure to blood that may contain the HIV virus?
- Have my partner or I had multiple partners recently?
- Have I ever received an HIV test?
- In the last 12 months, have I had a sexually transmitted infection (STI) such as chlamydia, gonorrhea, syphilis, etc.?
- Since my last HIV/STI test, have you exchanged sex for drugs, money, or something I needed?
- Have I had vaginal or anal sex with a person who uses injection drugs?
- Have I had vaginal or anal sex with a person who I know is a man who also has sex with other men (MSM)?

CDC Risk Reduction Tool

RISK REDUCTION

www.cdc.gov/hivrisk/

**This section can be modeled with participants.
Please reference “Conversation Starters” for options.**

We happen to live in a time in which there are many ways to reduce the chance of contracting and transmitting HIV. Risk reduction is the selective application of appropriate techniques and management principles to reduce the likelihood of a risky event and/or the negative consequences of such an event. The goal of risk reduction is to help decrease vulnerabilities to HIV, thereby decreasing the number of new HIV Infections. We have to consider that there are complex social and cultural factors, such as people who engage in survival sex (exchanging sex for basic needs like food and shelter) and members of the LGBTQ community who are often discriminated against and who face barriers to health care. All options/suggestions may not be feasible for everyone. Some options are:


- Discussing PrEP and PEP
- Recommending regular testing for STIs
- Assessing whether condoms are used correctly and regularly
- Discussing practicing less risky behavior and reducing number of partners

Myths and Misconceptions

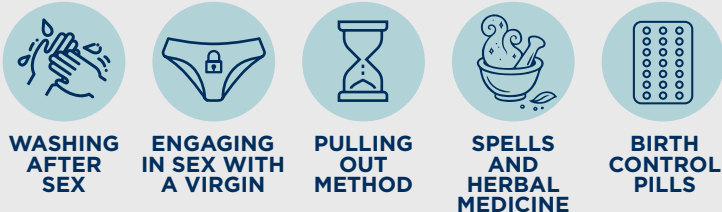
Being informed about the HIV virus and its transmission and management should alleviate the myths and misconceptions that surround HIV. Advancements in testing and treatment have greatly reduced the risk of contracting and transmitting HIV have and helped those with HIV live long and healthy lives.

Audience/Participant Prompt: What are some myths you have heard regarding HIV?

YOU CAN'T GET HIV FROM...



YOU CAN'T PREVENT OR CURE HIV BY...



Condoms and PrEP used correctly and consistently protect you from HIV transmission during sex.

OTHER MYTHS/MISCONCEPTIONS:

- **If a couple has HIV, then partners do not need to protect themselves.** Different strains of HIV exist. Therefore, if a person and their partner have two different strains of HIV, they can transmit these to each other.
- **HIV and AIDS is always fatal.** The key is early diagnosis. The sooner a person is diagnosed, the sooner treatment can start and the more effectively the disease can be controlled.
- **HIV is a gay man's disease.** HIV doesn't discriminate between types of people. The infection can be passed on to anyone via one of the ways mentioned above.
- **You can look at someone and tell that they have HIV.** HIV does not have a "look". The symptoms of HIV can differ from person to person, and some people may not get any symptoms at all.

Remember, HIV can only be passed on from person to person if infected body fluids (such as blood, semen, vaginal or anal secretions and breast milk) get into your bloodstream in these ways:

- unprotected sex
- from mother to child during pregnancy, childbirth or breastfeeding
- injecting drugs with a needle that has infected blood in it
- infected blood donations or organ transplants

Intersections and Co-Morbidity

DEFINE INTERSECTION AND PROVIDE EXAMPLES

- Intersectionality is defined as the interconnected nature of social categorizations such as race, class, and gender, as they apply to a given individual or group, regarded as creating overlapping and interdependent systems of discrimination or disadvantage.
- We have to remember how a person’s multiple identities may affect behaviors, access to care, etc., as many people who are vulnerable to HIV also experience multiple oppressions. The framework of intersectionality comes from an understanding that power, privilege, identity, and oppression are intimately linked and cannot be separated from each other.
- **Audience prompt:** What are two of your identities, and how do those identities show up in your life?

DEFINE CO-MORBIDITY AND PROVIDE EXAMPLES

- Co-morbidity defined as the simultaneous presence of two chronic diseases or conditions in a patient.
- People Living with HIV (PLHIV) have an increased risk of chronic complications and co-morbidities, and diseases of the cardiovascular system, kidneys, liver, cognitive function, malignancies, and metabolic bone disease appear to be more common among PLHIV. People who have access to treatment options like ARTs are living healthier and longer lives.
- **Audience prompt:** Without disclosing the health diagnoses of yourself or others, name two health conditions that may coexist within a singular person



Media Sources

OLDER EXAMPLES

- "A Different World" If I Should Die Before I Wake - S4, E23, discuss relevance to present day, stigma
- "House of Payne" Absolutely Positive - S1, E22; discuss dating and HIV, serodiscordant relationships
- "Girlfriends" The Pact - S3, E19; discuss how to support loved ones with HIV

NEWER EXAMPLES

- [90 Days](#) — short film
- [True Life" I'm Dating with HIV](#) — (TV Episode 2016)
- [How to Get Away with Murder](#) — S2 E2
- [How to Get Away with Murder](#) — S5 E6
- [Grey's Anatomy](#) — S4, E13 (Also on Netflix)
- [Grey's Anatomy](#) — S6, E15 (Also on Netflix)
- [Empire](#) — S5, E5
- [Pose](#) — S1, E4

All of these media sources can prompt extension conversations about various topics. Older clips can be compared with newer clips to discuss changes and similarities. Ask participants how they think the characters should have responded to one another, and request suggestions of dialogue changes.

Testing and Status *(15 Min.)*

IMPORTANCE OF TESTING

- Testing is the only way to know if you have HIV. Your sexual health is part of your overall health, and it is good to know exactly what is going on with your body.

TYPES OF TESTING

- Blood test: These tests require blood to be drawn from your vein into a tube and that blood is sent to a laboratory for testing. The results may take several days to be available.
- Oral swab: You have to swab your own mouth to collect an oral fluid sample and use a kit to test it. Results are available in 20 minutes. Kits may be used at home, or they may be used for testing in some community and clinic testing programs.
- Rapid test: Results are ready in 30 minutes or less. These tests are used in clinical and nonclinical settings, usually with blood from a finger prick or with oral fluid.
- Home testing kit: This involves pricking your finger to collect a blood sample, sending the sample by mail to a licensed laboratory, and then calling in for results.

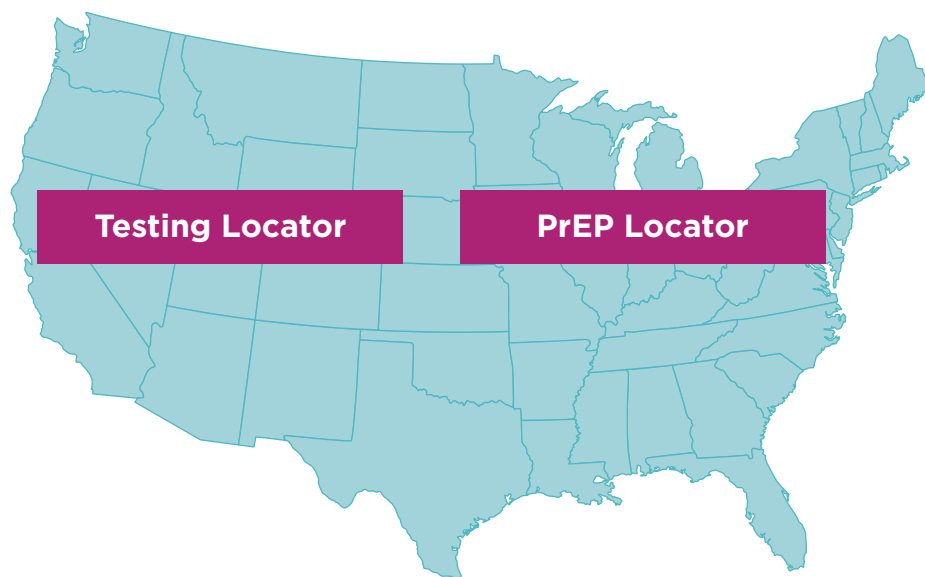
TESTING INTERVALS

- CDC recommends that everyone between the ages of 13 and 64 get tested for HIV at least once as part of routine health care, and it recommends retesting at least once a year for anyone at higher vulnerability for getting HIV.

TESTING RESOURCES IN AREA

- You can ask a healthcare provider for an HIV test. Or you can visit a clinic, hospital, or community health center/department. Many testing centers offer drop-in service and free HIV testing.

Offer local facilities where testing can be administered.



Condoms and Protective Barriers (15-20 min.)

A number of barriers are designed to make sex safer. Even if protective barriers are used consistently, it is still advised to get tested for STIs regularly if you are sexually active. Options are available to suit the specific needs of the individual.

While speaking about each barrier, be sure to display examples and/or pass examples around for the participants to view if those resources are available.

EXTERNAL CONDOMS (previously male condoms)

- An external condom is a thin covering, usually made of latex rubber, that is worn over an erect (hard) penis or sex toy during oral, or penetrative sex.
- The external condom prevents both unplanned pregnancy and sexually transmitted infections (STIs).
- Non-latex condoms made out of polyurethane, tactylon, or polyisoprene are available for people who are sensitive to latex.
- Lambskin condoms only protect against pregnancy, not STIs.
- Internal condoms (previously female condoms)
- Internal condoms are an alternative to regular condoms. They provide pretty much the same protection from pregnancy and STIs.
- Instead of going on the penis, internal condoms go inside your vagina for pregnancy prevention or into the vagina or anus for protection from STIs.
- Internal condoms are made of a thin, strong plastic called polyurethane. A newer version is made of a substance called nitrile.

DENTAL DAMS

Dental dams are squares of latex that can be either purchased or made from condoms or gloves. They are used to cover the vaginal or rectal areas during oral sex (cunnilingus) or rimming. They reduce the risk of diseases, such as herpes, that can be transmitted through oral sex.

GLOVES AND FINGER COTS

Gloves are used to cover the hands, wrists, and nails during manual penetration (i.e. fingering or fisting) of the mouth, vagina, or anus. Using gloves protects both partners. The penetrating partner is protected from the bodily fluids of the person they are penetrating. The person being penetrated is being protected from any bacteria under their partner's nails. Finger cots are like gloves, but for only a single finger. You can get them from health supply stores or make them yourself by cutting the finger off of a glove.

WHERE DO YOU BUY CONDOMS?

Of all of the contraception options available, external condoms are probably the easiest to access. You can find them at local drugstores, adult shops, community health centers, grocery stores, convenience stores, and, of course, online. Keep in mind that stores and health centers may carry a limited brand selection, so if you have a sensitivity, allergy, or specific need or preference, shopping online or at a specialty store may be your best option.

EXTERNAL CONDOM DEMONSTRATION

From Teen Health Source - <http://teenhealthsource.com/birthcontrol/external-condom/>

- External condoms can be used on sex toys or on an erect penis. They should be put on before the toy or penis comes into contact with someone else's body.
- Do not put more than one condom on at a time.
- Condoms should be stored in a cool, dry place away from direct sunlight. Your pocket or wallet is not ideal storage.
- Before you use a condom, check the expiration date and press on the condom wrapper to make sure there is still air inside. This means the package hasn't been damaged.
- Squeeze the condom to one side and open the package. Do not touch it with your nails or teeth, which could tear it.
- Before you put the condom on the penis, consider adding a drop of water-based or silicone-based lube inside the condom tip to reduce friction and increase pleasure. This can be especially helpful for people with foreskin.
- Pinch the tip of the condom and place it on the head (top) of your penis or sex toy. This squeezes out any remaining air. Pulling the condom tight over the head of your penis can make it more likely to break.
- Using your other hand, unroll the condom all the way down to the base of the penis or toy. If you and your partner has difficulty unrolling the condom, it is likely inside out – throw that condom away and start again with a new one.
- If you are putting a condom on a penis with foreskin, try rolling the foreskin back or all the way forward before rolling the condom down the penis. You may find condoms with more room at the top are more comfortable.
- Once the condom is on, you can add more lube to the outside of the condom or to the vagina or anus for added pleasure.
- Make sure that your lube is water-based. Oil-based products like Vaseline, baby oil, vegetable oil, whipped cream, or hand cream can damage condoms.
- During sex, check periodically to ensure the condom is still on the penis or toy and hasn't come off inside the other person.
- After anal or vaginal sex, the person wearing the condom should wrap their hand around the base of the condom when pulling out their penis. This prevents semen from spilling.
- Use a new condom for every act of sex. Do not reuse condoms. Put a new condom on before using a sex toy on someone else and before switching from anal to vaginal sex.

INTERNAL CONDOM DEMONSTRATION

From CDC - www.cdc.gov/condomeffectiveness/Female-condom-use.html

- Check the expiration date on the package, then carefully open and remove female condom from package to prevent tearing.
- The thick, inner ring with closed end is used for placing in the vagina and holds the condom in place. The thin, outer ring remains outside of body, covering the vaginal opening.
- Find a comfortable position. While holding outside of condom at closed end, squeeze sides of inner ring together with your thumb and forefinger and insert into vagina. It is similar to inserting a tampon.
- If you're putting the condom in your anus, remove the inner ring. If you're putting the condom in your vagina, leave the ring in.
- Using your finger, push inner ring as far up as it will go until it rests against cervix. The condom will expand naturally and you may not feel it.
- Be sure condom is not twisted. The thin, outer ring should remain outside the vagina.
- Guide partner's penis into opening of female condom. Stop intercourse if you feel penis slip between the condom and walls of vagina or if outer ring is pushed into the vagina.
- To remove, gently twist outer ring and pull female condom out of vagina.
- Throw away female condom in trash after using it one time. Do not reuse.

If resources are available, have the participants follow the demo steps along with you. Or, call on a volunteer or two and have the rest of the participants talk the volunteers through the steps. Be sure to make space/time for questions!

Conversation Starters

To increase participant engagement, role play scenarios can be provided for each topic. The “audience” can provide extra insight and alternative reactions.

CONDOM NEGOTIATION

- <http://teentalk.ca/wp-content/uploads/2014/05/Condom-Negotiation-Activity-2016.pdf>
- www.etr.org/healthsmart/assets/File/hs/tour/HSIVsamplelesson.pdf

HIV/STI STATUS

- <http://collections.infocollections.org/ukedu/en/d/Jr0086e/12.6.html>
**I feel this one needs to be tweaked
- http://reprolineplus.org/system/files/resources/EnCTcw-TrnrNB_global.pdf
** role play begins on page 32

HOW TO TALK WITH FRIENDS AND PARTNERS ABOUT TESTING

- <https://teachingsexualhealth.ca/wp-content/uploads/sites/4/downloads/2012/08/CALM-STI-Lesson-2.pdf>
- www.plannedparenthood.org/uploads/filer_public/92/76/9276f984-0999-492f-b2fb-d8043e9ff291/stdvideoslessonplan-alltogether_2_1.pdf
- <https://healthfinder.gov/HealthTopics/Category/health-conditions-and-diseases/hiv-and-other-stds/std-testing-conversation-starters>
- Violence against women (no role play due to potential triggers. Instead offer a content/trigger warning, and discuss how violence can increase vulnerability,
- Impact and messaging of social media and “traditional” media



Language Guide

INSTEAD OF...	SAY...
“Clean”	Negative test result
HIV victim/AIDS victim, HIV patient, have HIV	Person/People living with HIV/AIDS
Spread	Transmit
Hermaphrodite	Intersex
Tranny, Transvestite, Shim	Transgender
Sex change, pre-operative, post-operative	Transition
“biologically male”, “biologically female”, “genetically male”, “genetically female”, “born a man”, “born a woman”	“Assigned male at birth”, “assigned female at birth” or “designated male at birth”, “designated female at birth”
Catch AIDS	Contract HIV, become HIV-positive
Risk, high risk	Vulnerability, greater vulnerability
Sexually Transmitted Diseases (STDs), VD or Venereal Disease	Sexually Transmitted Infections (STI)
Promiscuous	High Risk Behavior
Prostitute	Sex worker
Prostitution	Sex work
Full Blown AIDS	AIDS, Stage 3 HIV
Death Sentence	A serious health issue, chronic health condition
Died/Die from AIDS	Died of AIDS-related illness, died of AIDS-related complications
AIDS test	HIV test
Unprotected sex	Condomless sex

Post-Workshop Evaluation Questionnaire

Name: _____ Date: _____

INSTRUCTIONS

Please indicate your response to each item. Rate aspects of the workshop on a 1 to 5 scale:

1 = “Strongly disagree”, or the lowest, most negative impression

3 = “Neither agree nor disagree”, or an adequate impression

5 = “strongly agree,” or the highest, most positive impression

Choose N/A if the item is not appropriate or not applicable to this workshop.

Your feedback is sincerely appreciated. Thank you.

WORKSHOP CONTENT

1	2	3	4	5	N/A
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1. I was well informed about the objectives of this workshop.
2. This workshop lived up to my expectations.

WORKSHOP DESIGN

3. The workshop objectives were clear to me.
4. The workshop activities stimulated my learning.
5. The activities in this workshop gave me sufficient practice and feedback.

WORKSHOP INSTRUCTOR/FACILITATOR

6. The instructor was well prepared.
7. The instructor was helpful.

WORKSHOP RESULTS

8. I will be able to use what I learned in this workshop.
9. The workshop was a good way for me to learn this content
10. What are the three most important things [or topics] you learned during this training?

1. _____

2. _____

3. _____

Appendix

Find a Friend Icebreaker

Find a friend who...

works at a nonprofit.

Find a friend who...

is from Washington, D.C.

Find a friend who...

is an only child.

Find a friend...

whose name begins with the same letter as yours.

Find a friend who...

has been to a concert.

Find a friend who...

has traveled out of the country.

Find a friend who...

has a pet.

Find a friend who...

knows the 4 modes of HIV transmission.

Find a friend who...

has the same pet peeve as you.

Find a friend who...

has the same hobby as you.

Find a friend who...

knows what HIV stands for.

Find a friend who...

knows what AIDS stands for.

Find a friend...

whose favorite color is green.

Find a friend who...

Find a friend who...

Find a friend who...

Sample Fishbowl Questions

- Something interesting you might not know about me is...
- What was the most embarrassing thing you have done while on a date?
- What is your favorite season?
- If you had your own talk show, who would your first three guests be?
- What is in the trunk of your car right now?
- What do you look for in a friend?
- What is your favorite restaurant and why?
- Listener or talker?
- What is your dream job?
- If you were to write a book, what would it be about?
- If you won a million dollars, what would you do with it?
- If you could be any animal in the world for 24 hours, which animal would you be? Why?
- If you could rid the world of one thing, what would it be?
- If you could be invisible for a day, what would you do?
- What are you most talented at?
- What kind of music do you like?
- What is your best personal characteristic?
- What is your favorite animal?
- If you could plan your ultimate vacation, where would you go?
- If you could meet anyone from history, who would you meet and why?
- If you could live in any sitcom, which one would it be?
- What is the best dessert you have ever had?

What's in Your Bag?

www.diva-girl-parties-and-stuff.com/support-files/packratparadise.pdf

What's in your Bag?

Win points if these items are in your purse.
Mark the items you have, then add the total.

1 POINT

- Gum
- Hairbrush
- Disposable hand wipe
- Paper clip
- Cell phone
- Sunglasses
- Reading glasses
- Lotion
- Candy
- Cough drop
- Band-aid
- Checkbook
- Library card
- Lipstick
- Mirror
- Nail clipper
- Stamp
- Aspirin
- Coupons
- Hairspray
- Store rewards card

2 POINTS

- Hair band
- Blue
- Spoon or fork
- Pencil
- Acrylic nails
- Somebody else's spare key
- Something red

3 POINTS

- Mace or pepper spray
- DVD movie
- Date book or planner
- Earring with no post
- Snacks
- Toothbrush or floss
- Eye glass cleaner
- Used tissue

5 POINTS

- Tape measure
- Picture of your children
- Picture of your mom
- More than 10 credit cards
- Teabag

5 POINTS

- Fortune from a fortune cookie
- More than 5 pens
- Calculator
- Restaurant to-go menu
- Screwdriver
- More than 20 pennies
- Your own business cards
- Something that glows in the dark
- Seashell
- Mail

10 POINTS

- Rock
- \$50 dollar bill
- Receipt over 1 month old
- Theme park map
- Picture of your mother-in-law

BONUS - 50 POINTS

- Flash drive for computer
- Curling or flat iron

TOTAL: _____