

# HIV TESTING DATA COLLECTION FORM



Name of the CBVCT site: \_\_\_\_\_

City of the CBVCT site: \_\_\_\_\_

Date of visit:        
Day Month Year

User's unique identifier (used by the CBVCT service): \_\_\_\_\_

OR

User's unique identifier (COBATEST):        
Gender (0 male, 1 female, 2 transgender) Day Month of birth Year

Testing site:  CBVCT office  Public venue (pharmacy, library, ...)  
 Outdoors/Van  Amusement venue (coffe, bar, ...)  
 Sex work venue  Needle exchange venue  
 Sauna/sex venue  Other: \_\_\_\_\_

## Client's characteristics data:

Gender:  Male  Female  Transgender

Date of birth:        
Day Month Year

Foreign national:  Yes  No  Don't know

Country of birth: \_\_\_\_\_

Year of arrival to this country:      
(if migrant) Year

Is the client a:  Resident  Tourist

Municipality or home town: \_\_\_\_\_

## Reasons for HIV testing: (multiresponse)

- |  |   |  |   |
|--|---|--|---|
| <input type="checkbox"/> <b>Risk exposition</b>                  | <input type="checkbox"/> <b>For control/screening</b>                 | <input type="checkbox"/> <b>Window period in the last test</b> | <input type="checkbox"/> <b>Clinical symptoms</b> |
| <input type="checkbox"/> Unprotected vaginal sex                 | <input type="checkbox"/> My partner asked to me                       |  |   |
| <input type="checkbox"/> Unprotected anal sex                    | <input type="checkbox"/> Before dropping using condom with my partner |  |   |
| <input type="checkbox"/> Unprotected oral sex                    | <input type="checkbox"/> I wish to have a baby                        |  |   |
| <input type="checkbox"/> Broken condom                           | <input type="checkbox"/> Prenatal screening: before delivery          |  |   |
| <input type="checkbox"/> Unprotected sex with sex worker         | <input type="checkbox"/> Regular control                              |  |   |
| <input type="checkbox"/> My partner has tested positive recently | <input type="checkbox"/> Only to know my health status                |  |   |
| <input type="checkbox"/> Episode of sharing injection material   | <input type="checkbox"/> Other: _____                                 |  |   |
| <input type="checkbox"/> Other: _____                            |   |  |   |

## Reasons for come to this CBVCT service to be tested: (multiresponse)

- I've come here before  I've seen this CBVCT in a pamphlet  Other: \_\_\_\_\_  
 A friend told me about this CBVCT  I've found this CBVCT in internet

## Previous HIV tests:

HIV test in the past?

Yes  No  Don't know

Date of last test:        
Month Year

HIV test in the last 12 months in this CBVCT facility?

Yes  No  Don't know

Result of last test:  Positive  Negative  Don't know

## Risk behaviour/factors:

Sex in the last 12 months with:  men  women  women and men  I haven't had sex  Don't know

Condom use in the last sexual relation with penetration?  Yes  No  Don't know

Exchange of sex for drugs or money in the last 12 months?  Yes  No  Don't know

STI diagnosed in the last 12 months?  Yes  No  Don't know

Ever in jail?  Yes  No  Don't know

Unprotected sex with penetration in the last 12 months with:

Sex workers:  Yes  No  Don't know

IDU:  Yes  No  Don't know

Known HIV positive partner:  Yes  No  Don't know

MSM:  Yes  No  Don't know

Intravenous drug use?

Yes  No  Don't know

Date of last time:        
Month Year

Share of materials of injection in the last 12 months, as:

Syringes or needles?  Yes  No  Don't know

Spoons, filters, water, ...?  Yes  No  Don't know

**Pre-test counselling:**

Pre-test/pre-result counselling performed?  Yes  No  Don't know

**Screening HIV test :**

Date of specimen collection:        
Day Month Year

Type of test used:  Blood rapid test  Oral rapid test  Conventional blood test (Elisa)

Screening test result:  Reactive  Non reactive

Did the client receive the screening HIV test result?  Yes  No  Don't know → Date of receiving screening test result:        
Day Month Year

**Post-test counselling:**

Post-test HIV counselling performed?  Yes  No  Don't know

**Confirmatory HIV test:**

Confirmatory test performed?  Yes  No  Don't know → Date of specimen collection:        
Day Month Year

Confirmatory HIV test result:  Positive  Negative  Inconclusive

Did the client receive the confirmatory HIV test result?  Yes  No  Don't know → Date of receiving confirmatory test result:        
Day Month Year

**Access to health system for those HIV positive:**

Patient linked to healthcare system?  Yes  No  Don't know → Date of linkage:        
Day Month Year

First CD4 count result: ----- → Date of the first CD4 count:        
Day Month Year

**MODULE B**

**Syphilis test:**

Previous syphilis diagnosis?  Yes  No  Don't know → Date of last syphilis diagnoses:        
Day Month Year

Syphilis test performed?  Yes  No  Don't know → Date of specimen collection:        
Day Month Year

Type of test used:  Rapid test  Conventional test

Rapid test result:  Reactive  Non reactive

Diagnosis test performed?  Yes  No  Don't know → Date of specimen collection:        
Day Month Year

Syphilis diagnosis:  Active infection  Serological scar (old or cured infection)  Not known

**HCV test:**

Previous HCV diagnosis?  Yes  No  Don't know → Date of last HCV diagnoses:        
Day Month Year

HCV test performed?  Yes  No  Don't know → Date of specimen collection:        
Day Month Year

Type of test used:  Rapid oral test  Rapid blood test  Conventional test

Rapid test result:  Reactive  Non reactive

HCV RNA test performed?  Yes  No  Don't know → Date of specimen collection:        
Day Month Year

HCV diagnosis:  Active infection  Serological scar (old or cured infection)  Not known

**Hepatitis A and B vaccination:**

Vaccination for Hepatitis A (with all required dosis)?  Yes  No  Don't know

Vaccination for Hepatitis B (with all required dosis)?  Yes  No  Don't know

Comments: .....

## PrEP

Have you ever heard about PrEP (Pre-exposure Prophylaxis - a strategy which includes antiretroviral treatment that can be taken before a possible HIV exposure in order to prevent HIV infection)?

Yes  No  Don't know

Have you ever taken PrEP?

Yes  No  Don't know

Are you interested in PrEP?

Yes  No  Don't know

Why?

I am worried about side effects

The cost is prohibitive

I don't want to take medication regularly

I don't want to have regular medical check-ups

I don't want to go to the hospital to access PrEP

Other

Please specify: \_\_\_\_\_

## Chemsex

Have you used drugs before/during group sex in last 12 months?

Yes  No  Don't know

Which drugs? (More than one answer possible)

GBL, GHB

Methamphetamine (Crystal, Ice, Tina, C)

Mephedrone (Meph, M-CAT, Bubbles), Legal High

Ketamine (K, Special-K)

Cocaine (coke)

→ Did you inject this drug?  Yes  No  Don't know

Comments: \_\_\_\_\_