

# 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 cis man, 1 cis woman, 2 trans man, trans woman or non-binary) Day Month of birth Year N of older brothers N of older sisters Initial letter of mother's name

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:

Gender:  Man (cis)  Woman (cis)  Trans man  Trans woman  Non-binary Date of birth:         
Day Month Year

Foreign national:  Yes  No  Don't know Country of birth: \_\_\_\_\_ Year of arrival to this country: (if migrant)         
Is the client a:  Tourist  Long-term stay  Foreign student  Refugee  Resident  
 Foreign worker  Undocumented migrant  Other: \_\_\_\_\_  
 Asylum seeking migrant  Naturalized citizen

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

Do you have access to free health care services?  Yes  No  Other: \_\_\_\_\_

## Reasons for HIV testing: (multiresponse)

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

## Reasons for selecting this CBVCT center 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 Last HIV test performed:  Less than 3 months  Less than 12 months  
 More than 12 months  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 the last test  Positive  Negative  Don't know

## Risk behaviour/factors:

- Sex in the last 12 months with:  Men (cis/trans)  Women (cis/trans)  Men and women (cis/trans)  I haven't had sex  Don't know
- Condom use in the last sexual relation with penetration  Yes  No  Don't know
- Received money, drugs, good or services for sex in the last 12 months  Yes  No  Don't know
- STI diagnosed in the last 12 months  Yes  No  Don't know
- Condomless sex with penetration in the last 12 months with:  
 Sex Workers  Yes  No  Don't know  
 PWID  Yes  No  Don't know  
 MSM  Yes  No  Don't know
- Intravenous drugs use  Yes  No  Don't know Last time:  Less than 3 months  Less than 12 months  
 More than 12 months  Don't know
- Shared 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
- Shared utensils for other commonly used psychoactive substances  Yes  No  Don't know Which other psychoactive substances? \_\_\_\_\_

**Pre-test counselling:**

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

**Screening HIV test:**

HIV test performed  Yes  No

Date of specimen collection: / /

Type of test used:  Rapid blood test  Rapid oral test  Conventional test (Elisa)

**Screening test result:**  Reactive  Non reactive  Undetermined

Did you perform an extra test?  Yes  No  Don't know  
Which type of test?  Rapid blood test  Rapid oral test  Conventional test (Elisa)  
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: / /

**Post-test counselling:**

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

**Confirmatory HIV test:**

Confirmatory test performed  Yes  No  Don't know

Date of specimen collection: / /

**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: / /

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

Patient linked to healthcare system  Yes  No  Don't know  
Date of linkage: / /

First CD4 count result: \_\_\_\_\_  
Date of the first CD4 count: / /

**MODULE B**

**Syphilis test:**

Previous syphilis tests  Yes  No  Don't know  
Last syphilis test performed:  Less than 3 months  More than 12 months  Less than 12 months  Don't know

Previous syphilis diagnosis  Yes  No  Don't know  
Date of last syphilis diagnosis: / /

Syphilis test performed  Yes  No  
Date of specimen collection: / /

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: / /

**Syphilis diagnosis:**  Active infection  Serological scar (old or cured infection)  Unknown  Negative

**HCV test**

Previous HCV test  Yes  No  Don't know  
Last HCV test performed:  Less than 3 months  More than 12 months  Less than 12 months  Don't know

Previous HCV diagnosis  Yes  No  Don't know  
Date of last HCV diagnosis: / /

HCV test performed  Yes  No  
Date of specimen collection: / /

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: / /

**HCV diagnosis:**  Active infection  Serological scar (old or cured infection)  Unknown  Negative

**STI vaccinations:**

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

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

Vaccination for Papilloma virus (with all required doses)  Yes  No  Don't know

Other vaccinations done (with all required doses)  Yes  No  Don't know  
Which other/s? \_\_\_\_\_

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