COBATEST NETWORK

HIV TESTING DATA COLLECTION FORM

Name of the CBVCT site: _____

City of the CBVCT site: _____

Date of visit: ☐☐ Day ☐☐ Month ☐☐☐☐ Year

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

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

Client's characteristics:

Gender: ☐ Man (cis) ☐ Woman (cis) ☐ Trans man ☐ Trans woman ☐ Non-binary

Date of birth: ☐☐ Day ☐☐ Month ☐☐☐☐ Year

Foreign national: ☐ Yes → Country of birth : _____ → Year of arrival to this country: *(if migrant)* ☐☐☐☐ Year

☐ No

☐ Don't know

Is the client a:
- ☐ Tourist
- ☐ Long-term stay →
  - ☐ Foreign student
  - ☐ Foreign worker
  - ☐ Asylum seeking migrant
  - ☐ Refugee
  - ☐ Undocumented migrant
  - ☐ Naturalized citizen
  - ☐ Resident
  - ☐ Other: _____

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
- ☐ A friend told me about this CBVCT
- ☐ I've seen this CBVCT in a pamphlet
- ☐ I've found this CBVCT in internet
- ☐ Other: _____

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 momen (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 idiagnosed 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

Intravenous drugs use → 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: Day Month Year

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 → Which type of test? ☐ Rapid blood test ☐ Rapid oral test ☐ Conventional test (Elisa)

☐ No

☐ Don't know

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 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

Fisrt CD4 count result : _____ → Date of the first CD4 count: Day Month Year

MODULE B

Syphilis test:

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

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

Syphilis test performed ☐ Yes ☐ No → Date of specimen collection: Day Month Year

Type of test used: ☐ Rapid test ☐ Conventional test

Rapid test result: ☐ **Reactive** → Diagnosis test preformed? ☐ Yes → Date of specimen collection: Day Month Year

☐ **Non reactive** ☐ No ☐ Don't know

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 ☐ Less than 12 months ☐ More than 12 months ☐ Don't know

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

HVC test performed ☐ Yes ☐ No → Date of specimen collection: Day Month Year

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

Rapid test result: ☐ **Reactive** → HCV RNA test performed? ☐ Yes → Date of specimen collection: Day Month Year

☐ **Non reactive** ☐ No ☐ Don't know

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

STI vaccinations:

Vaccination for Hepatits A (with all required dosis) ☐ Yes ☐ No ☐ Don't know

Vaccination for Hepatits B (with all required dosis) ☐ Yes ☐ No ☐ Don't know

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

Other vaccinations done (with all required dosis) ☐ Yes ☐ No ☐ Don't know → Which other/s? _____

Comments: _____