

Date of visit

Day Month Year

Client's Unique identifier (COBATEST):

Gender Day Month of birthday year N° older brothers N° of older sisters initial letter of your mother's name
(0 cis man, 1 cis woman, 2 trans man, trans woman or non-binary)

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

Was the PrEP been prescribed? Yes No Don't know

Was the PrEP been monitored? Yes No Don't know

Are you interested in using PrEP? Yes No Don't know

Why not? (More than one option possible)

Has the client been referred to PrEP?

Yes No Don't know

Where? To a hospital To a community service

- I am worried about side effects
- The cost is prohibitive
- I don't want to take medication regularly
- I don't want to have the regular medical check-ups
- I don't want to go to the hospital to access PrEP
- I don't need it
- Other
- Which other? _____

Chemsex

Have you used drugs for the purpose of enhancing sex?

Yes No Don't know

When was the last time? Last 30 days
 Last 12 months
 More than 12 months
 Don't know

Which drugs? (More than one option possible)

GBL, GHB

Methamphetamine (Crystal, Ice, Tina, C)

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

Ketamine (K, Special-K)

Cocaine (coke)

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