Monitoring Community-Based Voluntary Counselling and Testing (CBVCT)

Instructions to Complete COBATEST Data Collection Form

Updated: 22.12.2023

CONTENT

INTRODUCTION

This data collection form was developed by COBATEST for CBVCTs that are part of the network. In continuation you can find a definition of every field given in the form.

Objective of the COBATEST data collection form:

To provide data on the dynamics of HIV voluntary testing as well as information that describes the demographic characteristics of people who are tested.

The data collection form can be employed before and after testing or counselling. The form can be filled by a counsellor or a person who performs testing.

A minimum obligatory group of questions have been selected and marked in grey in the data collection form (and in this document). These obligatory questions are very important and provide us the information necessary to perform the data analysis and calculated pre-selected indicators.

I. BASIC DATA

- **Name of the CBVCT:** Name of the CBVCT that performs the test. <u>This is an obligatory field.</u>

- **City of the CBVCT:** City where testing CBVCT is located and performs its testing activities.

- **Testing site:** Place(s) where the CBVCT is performing the test (can be more than one).

- **Date of visit:** The date of client's visit. The format for this question is dd/mm/yyyy. <u>This is an obligatory field.</u>

- **Who provides the testing:** It refers to the person who do the testing procedure. The definition of response options are:

Health Professional: Any person with an official health training (nurse, health technic, physician, etc)

Lay worker (no peer): Any worker of the organization that is not a health professional and neither a peer worker.

Peer: Any staff member of the organization who belongs or identifies him/herself with the population served.

Other: Any other person who is not listed in the previous options. Please specify in the text line.

- **Clients' unique identifier**: This unique identifier coding system allows CBVCTs to preserve the anonymity of the client and at the same time allows us to identify repeating testers. The code consists of following information: *gender* (0 man, 1 woman, 2 transgender or non-binary), *the date of birth* (dd/mm/yyyy), *the number of older sisters, the number of older brothers, and the initial letter of mother's first name.*

- **Clients' unique identifier (used by the CBVCT service):** This field allows CBVCTs to indicate their own unique identifier of a client if they already have their own system. If a CBVCT doesn't use a unique identifier for each client, then they have an option of using clients' unique identifier system that COBATEST proposes.

It is important that one of the two Unique identifier fields are filled in. CBVCTS have an option of using both unique identifiers (theirs and of COBATEST) if they wish to.

II.   CLIENT'S CHARACTERISTICS DATA

Client's characteristics:

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

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

☐ No ↘ Is the client a: ☐ Tourist

☐ Don't know   ☐ Long-term stay ⟶

☐ Foreign student   ☐ Refugee   ☐ Resident

☐ Foreign worker   ☐ Undocumented migrant   ☐ Other: _____

Municipality or home town: _____   ☐ Asylum seeking migrant ☐ Naturalized citizen

Do you have access to free health care services? ☐ Yes ☐ No ☐ Don't know ☐ Other: _____

Have you been homeless during past 12 months? *(living on the street, in a shelter, in a car...)* ☐ Yes ☐ No ☐ Don't know ☐ Refuse to answer

- **Gender:** The gender identity of the client. This is an obligatory field.

  Man (cis): Cisgender man. A person who was assigned a male sex at birth and currently has a male gender identity.

  Woman (cis): Cisgender woman. A person who was assigned a female sex at birth and currently has a female gender identity.

  Trans man: Transgender man. Is someone with a male gender identity and a female birth assigned sex.

  Trans woman: Transgender woman. Is a person with a female gender identity and a male birth assigned sex.

  Non-binary: Non-binary person. Gender nonconforming person who identify as neither male nor female exclusively, or may identify as both, neither, or as a gender fluid.

  Other: Other persons. A person who does not identify as any previously named gender identities. Please specify in the text line.

- **Date of birth:** The date of birth of the client in the following format: day, month, and year (dd/mm/yyyy). This is an obligatory field.

- **Foreign national:** If the client has been born in another country. This is an obligatory field.

- **Country of birth:** If a person is a migrant, the country of birth of the client should be indicated in this field. This is an obligatory field.

- **Year of arrival to this country:** If a person is a migrant, year of arrival in the country should be indicated in this field.

- **Is the client a tourist or has a long term stay:** If migrant, it should be indicated if the client is a 'tourist' or is a 'long term stay' migrant. Long term stay is when the client has foreign nationality but resides in the country where testing is performed for long period of time. If option 'long-term stay', is selected than further specification is needed (only one response can be selected):

  Foreign student: Person who has a residence permit in the country as a student.

  Foreign worker: Person who has a work permit in the country.

  Asylum seeker: Person who is requesting asylum for various reasons.

  Refugee: Person living in the country as a refugee.

  Undocumented immigrant: Person who lives in the country but does not have documentation allowing him/her/them to reside in the country.

  Naturalized Citizen: Person of foreign origin who was granted citizenship of the country.

  Resident: Person who has residence permit for any other reason not already listed.

  Other: Any other long-stay residence case that has not be listed in the previous options. It must be specified in the free text.

- **Municipality or hometown:** Actual location (home, city, village) where a client currently lives.

- **Access to free healthcare service:** It refers to whether the person has access to public or free health services, depending on the reality of each country. The response options are: Yes, No, Other.

–   **Have you been homeless during past 12 months? (living on the street, in a shelter, in a car...):** It refers to if a person is or has been living on the street, in a shelter, in a car or any other places not meant for habitation during past 12 months. The response options are: Yes currently, Yes but not currently, No, Don't know, Refuse to answer.

III.   REASONS FOR TESTING

In this section CBVCTs can identify a reason(s) why a client decided to get tested. You can select more than one answer option.

Reasons for testing: (multiresponse)

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

It is obligatory to fill in **at least one** of the following fields: Risk exposition, For control/screening, Window period in the last test, Clinical symptoms, or Other.

–   **Risk exposition:** When a client himself considers that they took part in a risky behaviour(s). Given answer options are: 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, and other.

–   **For control/screening:** When the purpose of testing is related to having control over their own health management or they have specific reason(s) for screening. Given answer options are: 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, I want to start PrEP/Monitoring PrEP (prophylaxis pre-exposition) and other.

–   **Window period in the last test:** The 'window period' for an antibody test is estimated to be three months after exposure to HIV infection. A negative test at three months will almost always mean a person is not infected with HIV.

–   **Clinical symptoms:** When the customer have symptoms related to any STI.

–   **Other:** When there is any other non-previously mentioned reason.

–   **Reasons for selecting this CBVCT service to be tested:** You can select more than one answer. Given answer options are: I have come here before, a friend told me about this CBVCT, I have seen this CBVCT in a pamphlet, I have found this CBVCT in internet, and other

IV. BEHAVIOURAL FACTORS

This section collects information on the sexual behaviour of a client.

Behavioural factors:

Sex in the last 12 months with *(multianswer):*	☐ Men (cis)	☐ Women (cis)	☐ Trans men	☐ Trans women	☐ Non-binary	☐ 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

Drugs use? ☐ Yes ☐ No ☐ Don't know

Drugs use route? *(multianswer):*	☐ Injecting	→ Last time:	☐ Less than 30 days	☐ Less than 12 months	☐ Ever	☐ Don't know
	☐ Sniffing/Snorting	→ Last time:	☐ Less than 30 days	☐ Less than 12 months	☐ Ever	☐ Don't know
	☐ Smoking	→ Last time:	☐ Less than 30 days	☐ Less than 12 months	☐ Ever	☐ Don't know
	☐ Oral	→ Last time:	☐ Less than 30 days	☐ Less than 12 months	☐ Ever	☐ Don't know
	☐ Other	→ Which other? _____				

Main drugs used: *(multianswer):* ☐ Cannabis ☐ Cocaine / Crack cocaine ☐ Amphetamine / metamphetamine ☐ MDMA ☐ Heroin / other opioids ☐ New psychoactive substances ☐ Other:_____

Using material of injection that were already used by others in the last 12 months, as:	Syringes and/or needles	☐ Yes	☐ No	☐ Don't know
	Spoons, filters, water…	☐ Yes	☐ No	☐ Don't know

Using other material for non-injecting drug use that were already used by others in the last 12 months? ☐ Yes ☐ No ☐ Don't know

Have you injected drugs in prison?	☐ Yes	☐ No	☐ Never in prison	☐ Don't know
Are you at opioid agonist treatment currently?	☐ Yes	☐ No	☐ Don't know	

– **Sex in the last 12 months with (multianswer):** This question asks with whom a client had sex during last 12 months. <u>This is an obligatory field.</u> Given answer options are:

Men (cis): Cisgender male. People who was assigned as male sex at birth and currently have male gender identity.

Women (cis): Cisgender women. People who was assigned a female sex at birth and currently have female gender identity.

Trans men: Transgender men. People with a male gender identity and a female birth assigned sex.

Trans women: Transgender women. People with a female gender identity and a male birth assigned sex.

Non-binary: Non-binary people. Gender nonconforming people who identify as neither male nor female exclusively, or may identify as both, neither, or as a gender fluid.

I haven't had sex: When client have had not sex during last 12 months

– **Condom use in the last sexual relation with penetration:** This question asks if a client used a condom during their last sexual relations. Given answer options are: yes, no, don't know. <u>This is an obligatory field.</u>

– **Received money, drugs, good or services for sex in the last 12 months:** This question asks if a client received money, drugs, good or services as a payment for any type of sexual service. Given answer options are: yes, no, don't know. If some CBVCT doesn't want to ask/or a client doesn't want to answer this question, it can be indicated "don't know". <u>This is an obligatory field</u>.

– **STI diagnosed in the last 12 months:** This question asks if a client has been diagnosed with any sexually transmitted infection (STI) during the last 12 months. Given answer options are: yes, no, don't know.

– **Drug use?** The question refers to the consumption of non-prescribed drugs. Response options are Yes, No, or Don't know. <u>This is an obligatory field</u>.

– **Drug use route? (multianswer):** If the answer to the previous question is "Yes". <u>This is an obligatory field</u>. The answer options are:

Injecting: Any injecting route. It can be intravenous, intramuscular or subcutaneous. Response options are: Yes, No, Don't know.

Sniffing/Snorting: Intra nasal route, including inhalants such as Popper. Response options are: Yes, No, Don't know.

Smoking: Any combusted or vaporized drug consumption. Response options are: Yes, No, Don't know.

Oral: Any oral route, including sublingual and buccal mucosa routes. Response options are Yes, No, Don't know.

Date of last time of...: This question asks the date of last time of drug use for any of the previously named routes. Response options are:

Less than 30 days

Less than 12 months: if the date of use is equal to or greater than 30 days and less than 12 months;

Ever: if the date of use is equal to or greater than 12 months;

Don't know: if the person does not remember the elapsed time from last drug use.

- **Main drugs used:** If a person identified that they consumed any drugs, please ask which are their main drug of use. Given options are: Cannabis, Cocaine/Crack Cocaine, Amphetamine/metamphetamine, MDMA, Heroin/Other opioids, New psychoactive substances, Other

   Which other drug: If previous answer is "Other", it must be specified which other drug.

- **Using material of injection that were already used by others in the last 12 months, as:** If a client confirms use of intravenous drugs, then question on if they have shared any injection material in the last 12 months should also be answered. Given answer options are:

   Syringes or needles: Yes, No, Don't

   Spoons filter water: Yes, No, Don't

- **Using other material for non-injecting drug use that were already used by others in the last 12 months:** The question refers to the shared use of utensils for the consumption of other drugs. For example, pipes, curlers, mouthpieces, etc. Response options are: Yes, No, Don't know.

- **Have you injected drugs in prison?:** The question refers to the consumption of non-prescribed drugs by injection in prison. Response options are: Yes, No, Never in prison (if the person has never been in prison), Don't know.

- **Are you at opioid agonist treatment currently?:** The question refers to any current involvement in opioid substitution treatment. Response options are: Yes, No, Don't know.

V.   STI VACCINATIONS

This section identifies if a client has been vaccinated with all required doses against sexually transmitted infections.

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

–   **Vaccination for Hepatitis A (with all required dosis):** It refers to whether a person has been vaccinated against the hepatitis A virus. Response options are: Yes, No, Don't know.

–   **Vaccination for Hepatitis B (with all required dosis):):** It refers to whether a person has been vaccinated against the hepatitis B virus. Response options are: Yes, No, Don't know.

–   **Vaccination for Papilloma virus (with all required dosis):):** It refers to whether a person has been vaccinated against the human papilloma virus. Response options are: Yes, No, Don't know.

–   **Vaccination for Mpox (with all required dosis):** It refers to whether a person has been vaccinated against the human MonkeyPox virus (MPox). Response options are: Yes, No, Don't know.

VI. TESTING

Screening HIV test:

This section collects information on a client's HIV testing.

- **Previous HIV test:** This question refers to if a client has been previously tested. Given answer options are: Yes, No, Don't know.

- **Last HIV test performed:** It refers to the time elapsed since the last test performed before the one carried out during current visit. The answer options are: Less than 3 months, Less than 12 months, More than 12 months, Don't know.

- **Previous HIV diagnosis:** The question refers to if a client has been previously diagnosed with HIV, prior to the current visit. The answer options are: Yes, No, Don't know.

  Year of HIV diagnosis: If an answer to the previous question is "Yes", the year of HIV diagnosis must be specified. The year format is *yyyy*.

  Are you on treatment?: If the answer to the 'previous HIV diagnosis' question is "Yes", then this question on if a person is in actual antiretroviral treatment should be asked. The answer options are: Yes, No, Don't know.

- **HIV test performed:** It refers to whether HIV test was performed during current consultation. The answer options are: Yes, No. <u>This is an obligatory field.</u>

- **Type of test used**: The answer options are: Rapid blood test, rapid oral test, conventional test (Elisa). <u>This is an obligatory field.</u>

- **Screening test result:** Here should be indicated result of the test performed in the CBVCT. The answer options are: reactive, non reactive, undetermined. <u>This is an obligatory field.</u>

- **Did you perform an extra test:** This question refers to whether an additional HIV test has been carried out at the CBVCT during current visit. On some occasions, the test is repeated if the first test is not valid, undetermined, or positive. The answer options are: Yes, No, Don't know

- **Which type of test?** If an extra test has been performed what type of test was used: rapid blood test, rapid oral test, conventional test (Elisa).

- **Test result:** Result of the extra test performed. Answer options are: reactive, non-reactive.

- **Confirmatory test performed**: If confirmatory test was performed. The answer options are: Yes, No, Don't know. <u>This is an obligatory field.</u>

- **Confirmatory HIV test result:** This field should be filled in if the confirmatory test was performed. The answer options are: positive, negative, inconclusive.

- **Patient referred to healthcare system:** The question refers to whether the referral process has been started or in other words if a client with reactive HIV testing was referred/re-directed to the health care facility. This includes and is not limited to: flyer with the information, verbally explaining where to go, or calling and making an appointment. The answer options are Yes, No, Don't know.

- **Patient linked to health care system:** The question refers to whether the client with reactive HIV test result attended first doctor's appointment at a health care facility

after this diagnosis. This question can be filled in after your clients first visit with you - with a follow up call with the client, with a doctor, or with responsible person at a health care facility. The answer options are: Yes, No, Don't know.

– **Date of linkage:** The date of entry into health care, specifically date a client attended their first doctor's appointment after the diagnosis. The date should be indicated in the following format dd/mm/yyyy.

Syphilis test:

– **Previous syphilis tests:** This question refers to if a client has been previously tested for syphilis, independent of the currently test results. The answer options are: Yes, No, or Don't know.

– **Last syphilis test performed:** This question refers to the time of the last test. The answer options are: less than 3 months, less than 12 months, more than 12 months, don't know.

– **Previous syphilis diagnosis:** If the client has been previously diagnosed for syphilis, prior to the current visit. The answer options are: Yes, No, Don't know.

– **Year of last syphilis diagnosis**: If an answer to the previous question is "Yes", the year of last diagnosis should be specified. The year format is yyyy.

– **Syphilis test performed:** This question asks if syphilis test was performed during current consultation. The answer options are: Yes, No, Don't know.

- **Type of test used:** The answer options are: Rapid test, conventional test.

- **Screening test result**: The answer options are: Reactive, negative

- **Confirmatory test performed:** This field should be filled in if rapid test result was reactive. The answer options are: Yes, No, Don't know.

- **Syphilis diagnosis:** The answer options are: active infection, serological scar (old or cured infection), unknown, negative.

- **Patient referred to healthcare system:** The question refers to whether the referral process has been started or in other words if a client with reactive syphilis testing was referred/re-directed to the health care facility. This includes and is not limited to: flyer with the information, verbally explaining where to go, or calling and making an appointment. The answer options are Yes, No, Don't know.

- **Patient linked to healthcare system:** The question refers to whether the client with reactive syphilis test result attended first doctor's appointment at a health care facility after this diagnosis. This question can be filled in after your clients first visit with you - with a follow up call with the client, with a doctor, or with responsible person at a health care facility. The answer options are: Yes, No, Don't know.

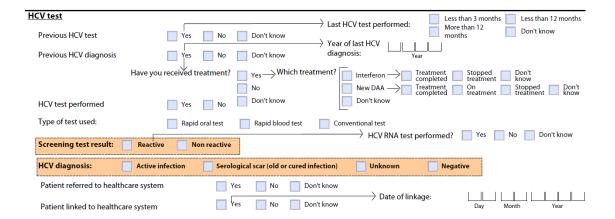- **Date of linkage:** The date of entry into health care, specifically date a client attended their first doctor's appointment after the diagnosis. The date should be indicated in the following format dd/mm/yyyy.

HCV test

Hepatitis C virus test

HCV test

					Last HCV test performed:	☐ Less than 3 months	☐ Less than 12 months
Previous HCV test	☐ Yes	☐ No	☐ Don't know			☐ More than 12 months	☐ Don't know
Previous HCV diagnosis	☐ Yes	☐ No	☐ Don't know		Year of last HCV diagnosis:	⟦ ⟧ Year	

Have you received treatment?	☐ Yes →	Which treatment?	☐ Interferon →	☐ Treatment completed	☐ Stopped treatment	☐ Don't know	
	☐ No		☐ New DAA →	☐ Treatment completed	☐ On treatment	☐ Stopped treatment	☐ Don't know
	☐ Don't know		☐ Don't know				

HCV test performed	☐ Yes	☐ No
Type of test used:	☐ Rapid oral test	☐ Rapid blood test	☐ Conventional test
			HCV RNA test performed?	☐ Yes	☐ No	☐ Don't know

| **Screening test result:** | ☐ **Reactive** | ☐ **Non reactive** |

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

| Patient referred to healthcare system | ☐ Yes | ☐ No | ☐ Don't know |
| Patient linked to healthcare system | ☐ Yes | ☐ No | ☐ Don't know | Date of linkage: | ⟦ ⟧ Day | ⟦ ⟧ Month | ⟦ ⟧ Year |

- **Previous HCV tests:** This question refers to if a client has been previously tested for HCV, independent of the currently test results. The answer options are: Yes, No, Don't know.

- **Last HCV test performed:** This question refers to the time of the last test. The answer options are: less than 3 months, less than 12 months, more than 12 months, don't know.

- **Previous HCV diagnosis:** This question refers to if the client has been previously diagnosed for HCV, prior to the current visit. The answer options are: Yes, No, or Don't know.

- **Year of last HCV diagnosis**: If an answer to the previous question is "Yes", the year of diagnosis should be specified. The year format is yyyy.

- **Have you received treatment?** If the answer to the 'previous HCV diagnosis' question is "Yes", then this question on if a person has received treatment should be asked. The answer options are: Yes, No, Don't know.

- **Which treatment?** This refers to which treatment has a client received for HCV, if an answer for the previous question about having had received HCV treatment is "Yes". The answer options are: Interferon, New DAA (direct-acting antiviral medications), Don't know.

Interferon: This refers to the Interferon treatment for HCV, if the previous question about previous HCV diagnosis is "Interferon". Response options are Treatment completed, On treatment, Stopped treatment, Don't know.

New DAA: This refers to the new DAA treatment for HCV, if the previous question about previous HCV diagnosis is "New DAA". Response options are Treatment completed, On treatment, Stopped treatment, Don't know.

– **HCV test performed:** This question asks if HCV test was performed during current consultation. The answer options are: Yes, No.

– **Type of test used:** The answer options are: rapid blood test, rapid oral, conventional.

– **Screening test result**: The answer options are: Reactive, Non-reactive.

– **HCV RNA test performed:** This field should be filled in if rapid test result was reactive. The answer options are: Yes, No, Don't know.

– **HCV diagnosis:** The answer options are: active infection, serological scar (old or cured infection), unknown, negative.

– **Patient referred to healthcare system:** The question refers to whether the referral process has been started or in other words if a client with reactive HCV testing was referred/re-directed to the health care facility. This includes and is not limited to: flyer with the information, verbally explaining where to go, or calling and making an appointment. The answer options are Yes, No, Don't know.

– **Patient linked to healthcare system:** The question refers to whether the client with reactive HCV test result attended first doctor's appointment at a health care facility after this diagnosis. This question can be filled in after your clients first visit with you - with a follow up call with the client, with a doctor, or with responsible person at a health care facility. The answer options are: Yes, No, Don't know.

- **Date of linkage:** The date of entry into health care, specifically date a client attended their first doctor's appointment after the diagnosis. The date should be indicated in the following format dd/mm/yyyy.

HBV test

Hepatitis B virus test:

- **Previous HBV test:** This question refers to if a client has been previously tested for HBV, independent of the currently test results. The answer options are: Yes, No, Don't know.

- **Last HBV test performed:** This question refers to the time of the last HBV test. The answer options are: less than 3 months, less than 12 months, more than 12 months, don't know.

- **Previous HBV diagnosis:** This question refers to if the client has been previously diagnosed for HBV, prior to the current visit. The answer options are: Yes, No, Don't know.

- **Year of last HBV diagnosis:** If an answer to the previous question is "Yes", the year of diagnosis should be specified. The year format is yyyy.

- **HBV test performed:** This question asks if HBV test was performed during current consultation. The answer options are: Yes, No.

- **Type of test used:** The answer options are: rapid blood test, conventional.

− **Screening test result**: The answer options are: Reactive, Non-reactive.

− **Confirmatory test performed:** This field should be filled in if rapid test result was reactive. The answer options are: Yes, No, Don't know.

− **HBV diagnosis:** The answer options are: Positive, Negative, Unknown.

− **Diagnosed as:** If an answer to the previous question is "positive**"**, please select if it is: Acute infection, Healthy carrier, Cronic infection, Past cured infection, Don't know.

− **Patient referred to healthcare system:** The question refers to whether the referral process has been started or in other words if a client with reactive HBV testing was referred/re-directed to the health care facility. This includes and is not limited to: flyer with the information, verbally explaining where to go, or calling and making an appointment. The answer options are Yes, No, Don't know.

− **Patient linked to healthcare system:** The question refers to whether the client with reactive HBV test result attended first doctor's appointment at a health care facility after this diagnosis. This question can be filled in after your clients first visit with you - with a follow up call with the client, with a doctor, or with responsible person at a health care facility. The answer options are: Yes, No, Don't know.

− **Date of linkage:** The date of entry into health care, specifically date a client attended their first doctor's appointment after the diagnosis. The date should be indicated in the following format dd/mm/yyyy.

COMMENTS:

In this section you can add any comment you consider as important to be considered for the analysis.

Comments: ....