Updated: 27.02.2024

COBATEST NETWORK

Monitoring Community-Based Voluntary Counselling and Testing (CBVCT)

GUIDELINES FOR DISAGGREGATED DATA SUBMISSION

Updated: 27.02.2024

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INTRODUCTION

This document was prepared for members of the COBATEST network that use their own data entry system (and not the COBATEST online tool), as guidance on how to submit the data for monitoring and evaluation (M&E) indicators. The guidelines provide the list of data items required for estimating CBVCT M&E indicators and the data file specifications (variable names for data items, values for variables and variable format specification). The M&E indicator data should be extracted from the CBVCT service 's own data management system and prepared according to the data file specification.

CBVCT M&E data files should be submitted to the COBATEST Network annually, by the following deadlines:

Data for the period:	**Should be submitted by:**
1st January 2017 - 31st December 2017	31st March 2018
1st January 2018 - 31st December 2018	31st March 2019
1st January 2019 - 31st December 2019	31st March 2020
1st January 2020 - 31st December 2020	31st March 2021
1st January 2021 - 31st December 2021	31st March 2022
1st January 2021 - 31st December 2022	31st March 2023
1st January 2022 - 31st December 2023	31st March 2024
1st January 2023 - 31st December 2024	31st March 2025
1st January 2023 - 31st December 2025	31st March 2026

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Consensus on the list of core and optional CBVCT indicators was reached on the draft document at the Workshop on the Core Group of Indicators to Monitor HIV Diagnosis in CBVCT Services in th Barcelona on 24 of May 2012. Special thanks to Tobias Alfven (Joint United Nations Programme on HIV/AIDS - UNAIDS, Switzerland) for his contribution to the workshop and all his suggestions on how to improve the document.

In addition to all individuals mentioned above, the following individuals participated at the workshop: Elena Adán (CAS Lluís Companys – Creu Roja,Spain), Maite Arrillaga (CEEISCAT), Alison Brown (Health Protection Agency-HPA, UK), Michele Breveglieri (ULSS 20, Italy), Laia Ferrer (CEEISCAT), Ricardo Fuertes (CheckpointLX, Portugal), Frank Funz (AIDS-Hilfe, Germany), Martina Furegato (ULSS 20, Italy), Jakob Haff (AIDS-Foundation, Denmark), Michael Meulbroek (Projecte dels NOMS-HISPANOSIDA, Spain), Adriana Morales Sida,(Stop Spain), Galina Musat (ARAS, Romania), Félix Pérez (Projecte dels NOMS-HISPANOSIDA, Spain), Ivo Procházka (Institute of Sexology, Czeck Republic), Ferran Pujol (Projecte dels NOMS-HISPANOSIDA, Spain), Daniela Rojas Castro (Association AIDES, France), Giorgio Sandrini Italy),(Arcigay,Sílvia Silva (Àmbit Prevenció-Ámbit Dona, Spain), Igor Sobolev (Estonian Network of LivingPeoplewith HIV, Estonia),

Július Szabó (Ceska spolecnost AIDS pomoc, Czech Republic), Inga Upmace (The Baltic HIV association, Latvia), and Iwona Wawer (National AIDS Centre of Poland).

After the Workshop on the Core Group of Indicators to Monitor HIV Diagnosis in CBVCT Services, the document was sent for final comments to all members of the HIV-COBATEST Steering Committee and the members of the Advisory Board of the HIV-COBATEST Project, who were: Cinthia Lemos,Menel- HIV-COBATEST Project Officer (Executive Agency for Health and Consumers – EAHC, Luxemburg), Marita Van der Laar (European Centre for Disease Prevention and Control – ECDC, Sweden), Luisa Frescura (UNAIDS), Martin C. Donoghoe (World Health Organisation – WHO, Europe, Denmark), Brenda Spencer (Laussane University Institute of Social and Preventive Medicine, Switzerland), Ricardo Fernandes (European AIDS Treatment Group, Belgium), Jens D. Lundgren (National University Hospital & University of Copenhagen HIV programme and HIV in Europe, Denmark).

The preparation of the final document was coordinated by Irena Klavs and Cristina Agustí Benito through several rounds of review by e-mail and teleconferences and the contribution of Jordi Casabona, Laura Fernàndez López, Eduardo Ditzel, Miha Lobnik, and Per Slaaen Kaye.

DATA SPECIFICATIONS

The table below provides an overview of data items to be collected for each client seen at the CBVCT service to be able to estimate all CBVCT M&E indicators with the suggested variables names, values (codes) for individual variables, and variables format specifications (data file specifications). For detailed explanation of each CBVCT indicator, see the CBVCT core indicators here.

Data necessary for estimating linkage to healthcare should try to be obtained from the local health care services to which people with reactive screening tests were referred, or from the national surveillance system.

The following contextual information about the CBVCT service should be provided with each data submission:

- Type of specimens collected from clients at the CBVCT service
- HIV test used at the CBVCT service as well as other tests used (e.g. for diagnosing selected other STI such as syphilis, gonorrhea, chlamydial infection and hepatitis B and hepatitis C)
- Whether confirmatory testing results is available to the CBVCT service, if confirmatory testing is performed in another organization
- The total operational cost of CBVCT facility during the respective half year

Each year CBVCT M&E data file should be submitted to the COBATEST Network as an attachment to e-mail that contains all the contextual information to mgogishvili@igtp.cat and lflopez@iconcologia.net

In the next table, **data in orange squares are not mandatory**.

Table 1: Data file specifications for CBVCT M&E within COBATEST network

Data collected for M&E CBVCT		**Variable name**	**Values**	**Format**
Centre		Centre		String
Clients' unique identifier*		Id		String
Gender		Gender	1 man (cis); 2 woman (cis); 4 transgender man; 5 transgender woman; 6 non-binary; 7 other	Number
Age	Age in years	AgeInYears	2 digits, 999 missing	Number
	Date of birth	DateOfBirth	dd.mm.yyyy	Date
	Age group	AgeGroup	1 <25years old, 2 25+ years old	Number
Key population at higher risk	MSM	MSM	1 yes, 2 no, 3 does not know, 4 does not want to tell, 5 not asked	Number
	SW	SW	1 yes, 2 no, 3 does not know, 4 does not want to tell, 5 not asked	Number
	PWUD	DrugUse	1 yes, 2 no, 3 does not know, 4 does not want to tell, 5 not asked	Number
	PWID	PWID	1 yes, 2 no, 3 does not know, 4 does not want to tell, 5 not asked	Number
	Migrant (Foreign national)	Migrant	1 yes, 2 no, 3 does not know, 4 does not want to tell, 5 not asked	Number
	Year of arrival to this country	Yearofarrival	yyyy	Number
	If migrant	MigrantYes	1 Tourist; 2 Longer Term Stay	Number
	If 'long-term stay' migrant	LTStay	1 foreign student, 2 foreign worker, 3 asylum seeking migrant, 4 refugee, 5 undocumented migrant, 6 naturalized citizen, 7 resident, 8 other	Number
Municipality or home town		Municipality	Text	String
Date of "requesting the test" visit		DateofVisit	dd.mm.yyyy	Date
Who provides the testing		Provider	1 Health Professional; 2 Lay worker (no peer); 3 Peer; 4 Other	Number
Client's access to free health care services		AccessHealthCare	1 yes, 2 no, 3 does not know, 4 does not want to tell, 5 not asked	Number
Have you been homeless during past 12 months? (living on the street, in a shelter , in a car...)		Homeless	1 Yes, currently; 2 Yes, but not currently; 3 No; 4 Don't know; 5 Refuse to answer	Number

*any specific unique identifier used at an individual CBVCT service to link information obtained at different visits from the same client and information about the same client received from other services (e.g. HIV testing laboratory). E.g.: COBATEST Identifier

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Data collected for M&E CBVCT		Variable name	Values	Format
Reasons for testing	Risk exposition	Risk exposition	1 Yes; 2 No	Number
	Unprotected vaginal sex	Unprotected vaginal sex	1 Yes; 2 No	Number
	Unprotected anal sex	Unprotected anal sex	1 Yes; 2 No	Number
	Unprotected oral sex	Unprotected oral sex	1 Yes; 2 No	Number
	Broken condom	Broken condom	1 Yes; 2 No	Number
	Unprotected sex with sex worker	Unprotected sex with SW	1 Yes; 2 No	Number
	My partner has tested positive recently	partner tested positive	1 Yes; 2 No	Number
	Epidose of sharing injection material	sharing injection material	1 Yes; 2 No	Number
	Other risk exposition	Other risk exposition	1 Yes; 2 No	Number
	Which other risk exposition	Which other risk exposition		string
	For control/screening	For control/screening	1 Yes; 2 No	Number
	My partner asked to me	My partner asked	1 Yes; 2 No	Number
	Before dropping using condom with my partner	Before dropping condom	1 Yes; 2 No	Number
	I wish to have a baby	Before having a baby	1 Yes; 2 No	Number
	Prenatal screening: before delivery	Prenatal screening	1 Yes; 2 No	Number
	Regular control	Regular control	1 Yes; 2 No	Number
	Only to know my health status	To know health status	1 Yes; 2 No	Number
	I want to start PrEP/Monitoring PrEP	PrEPReason	1 Yes; 2 No	Number
	Other control/srceening reason	Other control/srceening	1 Yes; 2 No	Number
	Which other control/screening reason	Which other		string
	Window period ion the last test	Window period	1 Yes; 2 No	Number
	Clinical symptoms	Clinical symptoms	1 Yes; 2 No	Number
	Other reason for HIV testing	Other reason test	1 Yes; 2 No	Number
	Which other reason	Which other reason test		string
Reasons for come to this CBVCT service to be tested	I've come here before	I've come before	1 Yes; 2 No	Number
	A friend told me about this CBVCT	Friend	1 Yes; 2 No	Number
	I've seen this CBVCT in a pamphlet	Pamphlet	1 Yes; 2 No	Number
	I've found this CBVCT in internet	Internet	1 Yes; 2 No	Number
	Other reason	Other reason CBVCT	1 Yes; 2 No	Number
	Wich other reason	Which other reason CBVCT		string

Data collected for M&E CBVCT		Variable name	Values	Format
Behavioural factors	Sex in the last 12 months with (multianswer):			
	Men (cis)	Sexwithcismen	1 Yes; 2 No; 3 don't know	Number
	Women (cis)	Sexwithciswomen	1 Yes; 2 No; 3 don't know	Number
	Trans men	Sexwithtransmen	1 Yes; 2 No; 3 don't know	Number
	Trans women	Sexwithtranswomen	1 Yes; 2 No; 3 don't know	Number
	Non-binary	Sexwithnonbinary	1 Yes; 2 No; 3 don't know	Number
	I haven't had sex	Nosex	1 Yes; 2 No; 3 don't know	Number
	Don't know	Sexwithdontknow	1 Yes; 2 No; 3 don't know	Number
	Condomless use in the last sexual relation with penetration:	Condom use	1 Yes; 2 No; 3 don't know	Number
	Received money, drugs, good or services for sex in the last 12 months?	Sex worker	1 Yes; 2 No; 3 don't know	Number
	STI idiagnosed in the last 12 months	STI	1 Yes; 2 No; 3 don't know	Number
	Drug use?	DrugUse	1 Yes; 2 No; 3 don't know	Number
	Drug use route? (multianswer)	DrugRoute	Multiresponse	
	Injecting	Injecting	1 Yes; 2 No; 3 don't know	Number
	Sniffing/Snorting	Sniffing	1 Yes; 2 No; 3 don't know	Number
	Smoking	Smoking	1 Yes; 2 No; 3 don't know	Number
	Oral	Oral	1 Yes; 2 No; 3 don't know	Number
	Date of last time of injecting	LastTimeInjecting	1 Less than 30 days; 2 Less than 12 months; 3 Ever; 4 Don´t know	Number
	Date of last time of sniffing	LastTimeSniffing	1 Less than 30 days; 2 Less than 12 months; 3 Ever; 4 Don´t know	Number
	Date of last time of smoking	LastTimeSmoking	1 Less than 30 days; 2 Less than 12 months; 3 Ever; 4 Don´t know	Number
	Date of last time of oral	LastTimeOral	1 Less than 30 days; 2 Less than 12 months; 3 Ever; 4 Don´t know	Number
	Main drugs used:	MainDrugs	1 Cannabis; 2 Cocaine/Crack Cocaine; 3 Amphetamine/metamphetamine; 4 MDMA;5 Heroin/Other opioids; 6 New psychoactive substances; 7 Other	Number
	Which other drug	WhicOtherDrug	Text	string
	Using material of injection that were already used by others			
	Syringes or needles	Syringes or needles	1 Yes ; 2 No; 3 Don't know	Number
	Spoons filter water	Spoons filter water	1 Yes ; 2 No; 3 Don't know	Number
	Using other material for non-injecting drug use that were	OtherSharing	1 Yes ; 2 No; 3 Don't know	Number
	Have you injected drugs in prison?	InjectionPrison	1 Yes; 2 No; 3 Never in prison; 4 don't know	Number
	Are you at opioid agonist treatment currently?	AgonistTreatment	1 Yes ; 2 No; 3 Don't know	Number
STI vaccinations	Vaccination for Hepatits A (with all required dosis)	HepA vaccination	1 Yes ; 2 No; 3 Don't know	Number
	Vaccination for Hepatits B (with all required dosis)	HepB vacciantion	1 Yes ; 2 No; 3 Don't know	Number
	Vaccination for Papilloma virus (with all required dosis)	PapillomaVaccine	1 Yes ; 2 No; 3 Don't know	Number
	Vaccination for Mopox (with all required dosis)	MonkeyPoxVaccine	1 Yes ; 2 No; 3 Don't know	Number

Data collected for M&E CBVCT		Variable name	Values	Format
HIV	HIV - Ever tested before	EverTested	1 Yes, 2 No, 3 Does not know, 4 Does not want to tell, 5 Not asked	Number
	HIV - tested in 12 months prior to visit	TestedLastYear	1 Yes, 2 No, 3 Does not know, 4 Does not want to tell, 5 Not asked	Number
	Previous HIV diagnosis	PreviousHIVDiagnosis	1 Yes, 2 No, 3 Does not know, 4 Does not want to tell, 5 Not asked	Number
	Year of diagnosis	YearHIVDiagnosis	yyyy	Date
	If yes, Are you on treatment?	HIVTreatment	1 Yes, 2 No, 3 Does not know, 4 Does not want to tell, 5 Not asked	Number
	Screening HIV test performed, e.g. rapid HIV test or ELBAtest	ScreeningHIVTest	1 Yes, 2 No	Number
	HIV Test used	HIVTestUsed	1 blood rapid test, 2 oral rapid test, 3 conventional test	Number
	Screening HIV test result	ScreeningTestResult	1 reactive, 2 Non-reactive	Number
	Did you perform an extra test?	HIVExtraTest	1 Yes ; 2 No; 9 Don't know	
	If Yes, which type of test?	HIVExtraTestType	1 Blood rapid test; 2 Oral rapid test; 3 Conventional blood test (Elisa)	Number
	If Yes, test result	HIVExtraTestResult	1 reactive, 2 Non-reactive	
	Confirmatory HIV test performed	ConfirmatoryHIVTest	1 Yes, 2 No, 3 don´t know	Number
	Confirmatory HIV test result	ConfirmatoryHIVTestResult	1 positive, 2 negative, 3 inconclusive	Number
	Patient referred to healthcare system	ReferalHealthcareHIV	1 Yes, 2 No, 3 don´t know, 9 missing	Number
	Linkage into healthcare system	LinkageToHealthCare	1 Yes, 2 No, 3 don´t know, 9 missing	Number
	Date of entry into healthcare	Datedlinkage	dd.mm.yyyy	Date
Syphilis	Ever tested before	SyphEverTested	1 Yes, 2 No, 3 Does not know, 4 Does not want to tell, 5 Not asked	Number
	Tested in 12 months prior to visit	SyphTestedLastYear	1 Yes, 2 No, 3 Does not know, 4 Does not want to tell, 5 Not asked	Number
	Ever diagnosed before	SyphEverDiagnosed	1 Yes, 2 No, 3 Does not know, 4 Does not want to tell, 5 Not asked	Number
	Year of diagnosis	YearSyphDiagnosis	YYYY	Number
	Screening test performed	SyphilisTest	1 Yes, 2 No	Number
	Test used	SyphTestUsed	1 rapid test, 2 conventional test	Number
	Screening test result	SyphScreeningTestResult	1 reactive, 2 Non-reactive	Number
	Confirmatory test performed	SyphConfirmatoryTest	1 Yes, 2 No, 3 don´t know	Number
	Confirmatory test result	SyphConfirmatoryTestResult	1 active infection, 2 old infection, 3 negative, 4 Not known	Number
	Patient refered to healthcare system	ReferalHealthcareSyph	1 Yes ; 2 No; 3 Don't know	Number
	Patient linked to healthcare system	LinkageHealthcareSyph	1 Yes ; 2 No; 3 Don't know	Number
	Date of linkage	DateLinkageSyph	Date	Date

Data collected for M&E CBVCT		Variable name	Values	Format
HCV	Ever tested before	HCVEverTested	1 Yes, 2 No, 3 Does not know, 4 Does not want to tell, 5 Not asked	Number
	Tested in 12 months prior to visit	HCVTestedLastYear	1 Yes, 2 No, 3 Does not know, 4 Does not want to tell, 5 Not asked	Number
	Ever diagnosed before	HCVEverDiagnosed	1 Yes, 2 No, 3 Does not know, 4 Does not want to tell, 5 Not asked	Number
	Year of diagnosis	YearPreviousHCV	yyyy	Date
	Treatment received	HCVTreatment	1 Yes, 2 No, 3 Does not know, 4 Does not want to tell, 5 Not asked	Number
	if yes, Which treatment?	WhichTreatment	1 Interferon, 2 New DAA, 3 Does not know, 4 Does not want to tell, 5 Not asked	Number
	If Interferon	Interferon	1 Treatment completed, 2 stopped treatment, 3 Does not know, 4 Does not want to tell, 5 Not asked	Number
	If new DAA	NewDAA	1 Treatment completed, 2 on treatment, 3 stopped treatment, 4 Does not know, 5 Does not want to tell, 6 Not asked	Number
	Screening test performed	HCVScreeningTest	1 Yes, 2 No	Number
	Test used	HCVTestUsed	1 blood oral test, 2 rapid blood test, 3 conventional test	Number
	Screening test result	HCVScreeningTestResult	1 reactive, 2 Non-reactive	Number
	RNA test performed	HCVRNATest	1 Yes, 2 No	Number
	Confirmatory test result	HCVConfirmatoryTestResult	1 active infection, 2 old infection, 3 negative, 4 Not known	Number
	Patient refered to healthcare system	ReferalHealthcareSyph	1 Yes ; 2 No; 3 Don't know	Number
	Patient linked to healthcare system	LinkageHealthcareSyph	1 Yes ; 2 No; 3 Don't know	Number
	Date of linkage	DateLinkageSyph	Date	Date
HBV	Ever tested before	PreviousHVBTest	1 Yes, 2 No, 3 Does not know, 4 Does not want to tell, 5 Not asked	Number
	Tested in 12 months prior to visit	HBVTestedLastYear	1 Yes, 2 No, 3 Does not know, 4 Does not want to tell, 5 Not asked	Number
	Ever diagnosed before	PreviousHBV	1 Yes, 2 No, 3 Does not know, 4 Does not want to tell, 5 Not asked	Number
	Year of diagnosis	YearLastHBVDiagnosis	YYYY	Number
	Screening test performed	HBVTest	1 Yes, 2 No	Number
	Test used	TypeHBVtest	1 rapid test, 2 conventional test	Number
	Screening test result	HBVRapidTestResult	1 reactive, 2 Non-reactive	Number
	Confirmatory test performed	HBVconfirmation	1 Yes ; 2 No; 3 Don't know	Number
	Confirmatory test result	HBVDiagnosis	1; Positive; 2 Negative; 3 Unknown	Number
	Patient refered to healthcare system	ReferalHealthcareSyph	1 Yes ; 2 No; 3 Don't know	Number
	Patient linked to healthcare system	LinkageHealthcareSyph	1 Yes ; 2 No; 3 Don't know	Number
	Date of linkage	DateLinkageSyph	Date	Date

Data collected for M&E CBVCT		Variable name	Values	Format
Previous STI tests	Have you ever been tested for some STI?	PreviousSTItest	1 Yes ; 2 No; 3 Don't know	Number
	Year of the last STI test	PreviousSTItestdate	yyyy (4 digits)	
	Have you had any previous STIs in the last 12 months?	PreviousSTIdiagnosis	1 Yes ; 2 No; 3 Don't know	Number
	Which one/s?			
	Syphilis	WhichPreviousSTITP	1 Yes ; 2 No	Number
	Gonorrhea	WhichPreviousSTIGono	1 Yes ; 2 No	Number
	Chlamydia	WhichPreviousSTIClam	1 Yes ; 2 No	Number
	Genital herpes	WhichPreviousSTIHerp	1 Yes ; 2 No	Number
	Papilloma virus (genital warts)	WhichPreviousSTIPapi	1 Yes ; 2 No	Number
	Lymphogranuloma	WhichPreviousSTISLG	1 Yes ; 2 No	Number
	Trichomoniasis	WhichPreviousSTITV	1 Yes ; 2 No	Number
	Other	WhichPreviousSTIOther	1 Yes ; 2 No	Number
	Which other STI	WhichotherPreviousSTI		String
Chlamydia/gonorrhea symptoms	Presence of Chlamydia/gonorrhea symptoms?		1 Yes ; 2 No; 3 Don't know	Number
	Which one/s:		1 Genital/rectal pain; 2 ANormal genital fluid; 3 Other	Number
	Which other one?		Text	String
Chlamydia	Diagnosed last 12 months	WhichPreviousSTIClam	1 Yes, 2 No, 3 Does not know, 4 Does not want to tell, 5 Not asked	Number
	Screening test performed	CLTest	1 Yes ; 2 No; 3 Don't know	Number
	Sample collection date (Chlamydia test)	CLSampleDate	dd/mm/yyy	Date
	Type of sample collected / location (Chlamydia test)			
	Urine	CLOrinaSample	1 Yes ; 2 No	Number
	Genital	CLGenitalSample	1 Yes ; 2 No	Number
	Rectal	CLRectalSample	1 Yes ; 2 No	Number
	Pharyngeal	CLPharyngealSample	1 Yes ; 2 No	Number
	Test used	CLTestType	1 PCR conventional, 2 Point-of-care PCR (Genexpert), 3 Does not know	Number
	Test result (Chlamydia test)	CLTestResult	1 Positive; 2 Negative; 3 Inconclusive	Number
	If inconclusive, has the test been repeated	CLTestRepeated	1 Yes ; 2 No; 3 Don't know	Number
	If yes, test result	CLTestRepeatedResult	1 Positive; 2 Negative; 3 Inconclusive	Number
	Has treatement been provided? (Chlamydia)	CLTreatment	1 Yes ; 2 No	Number
	Treatment date (Chlamydia)	CTTreatmentDate	dd/mm/yyyy	Date
Gonorrhea	Diagnosed last 12 months	WhichPreviousSTIGono	1 Yes, 2 No, 3 Does not know, 4 Does not want to tell, 5 Not asked	Number
	Sample collection date (Gonorrhea test)	GonoSampleDate	dd/mm/yyyy	Date
	Type of sample collected / location (Gonorrhea test)			
	Urine	GonoOrinaSample	1 Yes ; 2 No	Number
	Genital	GonoGenitalSample	1 Yes ; 2 No	Number
	Rectal	GonoRectalSample	1 Yes ; 2 No	Number
	Pharyngeal	GonoPharyngealSample	1 Yes ; 2 No	Number
	Screening test performed	GonoTest	1 Yes ; 2 No; 3 Don't know	Number
	Test used	GonoTestType	1 PCR conventional, 2 Point-of-care PCR (Genexpert), 3 Does not know	Number
	Test result (Gonhorrea test)	GonoTestResult	1 Positive; 2 Negative; 3 Inconclusive	Number
	If inconclusive, has the test been repeated	CLTestRepeated	1 Yes ; 2 No; 9 Don't know	Number
	If yes, test result	CLTestRepeatedResult	1 Positive; 2 Negative; 3 Inconclusive	Number
	Has treatement been provided? (Gonorrhea)	GonoTreatment	1 Yes ; 2 No	Number
	Treatment date (Gonorrhea)	GonoTreatmentDate	dd/mm/yyyy	Date

Data collected for M&E CBVCT		Variable name	Values	Format
PrEP	Have you ever heard about PrEP?	prep_heard	1 Yes, 2 No, 3 Does not know, 4 Does not want to tell, 5 Not asked	Number
	Have you ever taken PrEP?	prep_taken	1 Yes, 2 No, 3 Does not know, 4 Does not want to tell, 5 Not asked	Number
	if Yes, Was the PrEP prescribed?	PrEPPrescribed	1 Yes, 2 No, 3 Does not know, 4 Does not want to tell, 5 Not asked	Number
	If yes, Was the PrEP monitored?	PrEPMonitored	1 Yes, 2 No, 3 Does not know, 4 Does not want to tell, 5 Not asked	Number
	If no ever taken PrEP, Are you interested in using PrEP?	prep_interested	1 Yes, 2 No, 3 Does not know, 4 Does not want to tell, 5 Not asked	Number
	If yes, Has the client been referred to PrEP?	PrEPReferal	1 Yes, 2 No, 3 Does not know	Number
	Where?	PrEPReferalWhere	1 To hospital; 2 To a community service	Number
	Why not? (More than one option possible)			
	I am worried about side effects	prep_why01	1 Yes; 2 No	Number
	The cost is prohibitive	prep_why02	1 Yes; 2 No	Number
	I don't want to take medication regularly	prep_why03	1 Yes; 2 No	Number
	I don't want to have the regular medical check-ups	prep_why04	1 Yes; 2 No	Number
	I don't want to go to the hospital to access PrEP	prep_why05	1 Yes; 2 No	Number
	I don't need it	prep_why07	1 Yes; 2 No	Number
	Other	prep_why06	1 Yes; 2 No	Number
	Which other?	prep_why06text	Text	String
Chemsex	Have you used drugs for the purpose of enhancing sex?	chemsex_drugs	1 Yes, 2 No, 3 Does not know, 4 Does not want to tell, 5 Not asked	Number
	If yes, When was the last time?	ChemsexLastTime	1 Less than 30 days, 2 Less than 12 months, 3 Ever, 4 Don´t know	Number
	If yes, Which drugs?			
	GBL, GHB	chemsex_which_drugs01	1 Yes, 2 No, 3 Does not know, 4 Does not want to tell, 5 Not asked	Number
	Methamphetamine (Crystal, Ice, Tina, C)	chemsex_which_drugs02	1 Yes, 2 No, 3 Does not know, 4 Does not want to tell, 5 Not asked	Number
	Cathinones (Mephedrone, Meph, M-CAT, Bubbles), Legal	chemsex_which_drugs03	1 Yes, 2 No, 3 Does not know, 4 Does not want to tell, 5 Not asked	Number
	Ketamine (K, Special-K)	chemsex_which_drugs04	1 Yes, 2 No, 3 Does not know, 4 Does not want to tell, 5 Not asked	Number
	Cocaine (coke)	chemsex_which_drugs05	1 Yes, 2 No, 3 Does not know, 4 Does not want to tell, 5 Not asked	Number
	Did you inject this drug?	chemsex_inject	1 Yes, 2 No, 3 Does not know, 4 Does not want to tell, 5 Not asked	Number