

## Appendix 1



### 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):            
(0 male, 1 female, 2 transgender) Gender Day Month of birth Year

Testing site: ☐ CBVCT office ☐ Public venue (pharmacy, library, ...)  
☐ Outdoors/Van ☐ Amusement venue (coffee, bar, ...)  
☐ Sex work venue ☐ Needle exchange venue  
☐ Sauna/sex venue ☐ Other: \_\_\_\_\_

Nº of older brothers:  Nº of older sisters:  initial letter of mother's first name:

#### Client's characteristics data:

Gender: ☐ Male ☐ Female ☐ Transgender

Date of birth:          
Day Month Year

Foreign national: ☐ Yes ☐ No ☐ Don't know

Country of birth: \_\_\_\_\_

Year of arrival to this country:      
(if migrant) Year

Is the client a: ☐ Resident ☐ Tourist

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

#### Reasons for HIV testing: (multiresponse)

☐ Risk exposition ☐ For control/screening ☐ Window period in the last test ☐ Clinical symptoms

☐ Unprotected vaginal sex ☐ My partner asked to me

☐ 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 ☐ Other: \_\_\_\_\_

☐ Other: \_\_\_\_\_

#### Reasons for come to this CBVCT service 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

HIV test in the last 12 months in this CBVCT facility? ☐ Yes ☐ No ☐ Don't know

Date of last test:          
Month Year

Result of last test: ☐ Positive ☐ Negative ☐ Don't know

#### Risk behaviour/factors:

Sex in the last 12 months with: ☐ men ☐ women ☐ women and men ☐ I haven't had sex ☐ Don't know

Condom use in the last sexual relation with penetration? ☐ Yes ☐ No ☐ Don't know

Exchange of sex for drugs or money in the last 12 months? ☐ Yes ☐ No ☐ Don't know

STI diagnosed in the last 12 months? ☐ Yes ☐ No ☐ Don't know

Ever in jail? ☐ Yes ☐ No ☐ Don't know

Unprotected sex with penetration in the last 12 months with:

Sex workers: ☐ Yes ☐ No ☐ Don't know

IDU: ☐ Yes ☐ No ☐ Don't know

Known HIV positive partner: ☐ Yes ☐ No ☐ Don't know

MSM: ☐ Yes ☐ No ☐ Don't know

Intravenous drug use? ☐ Yes ☐ No ☐ Don't know

Share of 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

Date of last time:          
Month Year

**Pre-test counselling:**Pre-test/pre-result counselling performed? ☐ Yes ☐ No ☐ Don't know**Screening HIV test:**Date of specimen collection:          
Day Month YearType of test used: ☐ Blood rapid test ☐ Oral rapid test ☐ Conventional blood test (Elisa)Screening test result: ☐ Reactive ☐ Non reactiveDid the client receive the screening HIV test result? ☐ Yes ☐ No ☐ Don't knowDate of receiving screening test result:          
Day Month Year**Post-test counselling:**Post-test HIV counselling performed? ☐ Yes ☐ No ☐ Don't know**Confirmatory HIV test:**Confirmatory test performed? ☐ Yes ☐ No ☐ Don't knowDate of specimen collection:          
Day Month YearConfirmatory HIV test result: ☐ Positive ☐ Negative ☐ InconclusiveDid the client receive the confirmatory HIV test result? ☐ Yes ☐ No ☐ Don't knowDate 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 knowDate of linkage:          
Day Month YearFirst CD4 count result:          
Date of the first CD4 count:          
Day Month Year**MODULE B****Syphilis test:**Previous syphilis diagnosis? ☐ Yes ☐ No ☐ Don't knowDate of last syphilis diagnoses:          
Day Month YearSyphilis test performed? ☐ Yes ☐ No ☐ Don't knowDate of specimen collection:          
Day Month YearType of test used: ☐ Rapid test ☐ Conventional testRapid test result: ☐ Reactive ☐ Non reactiveDiagnosis test performed? ☐ Yes ☐ No ☐ Don't knowDate of specimen collection:          
Day Month YearSyphilis diagnosis: ☐ Active infection ☐ Serological scar (old or cured infection) ☐ Not known**HCV test:**Previous HCV diagnosis? ☐ Yes ☐ No ☐ Don't knowDate of last HCV diagnoses:          
Day Month YearHCV test performed? ☐ Yes ☐ No ☐ Don't knowDate of specimen collection:          
Day Month YearType of test used: ☐ Rapid oral test ☐ Rapid blood test ☐ Conventional testRapid test result: ☐ Reactive ☐ Non reactiveHCV RNA test performed? ☐ Yes ☐ No ☐ Don't knowDate of specimen collection:          
Day Month YearHCV diagnosis: ☐ Active infection ☐ Serological scar (old or cured infection) ☐ Not known**Hepatitis A and B vaccination:**Vaccination for Hepatitis A (with all required doses)? ☐ Yes ☐ No ☐ Don't knowVaccination for Hepatitis B (with all required doses)? ☐ Yes ☐ No ☐ Don't know**Comments:**