

Seek, Test, Treat and Retain for Vulnerable Populations: Data Harmonization Measure

HIV/HCV/STI Testing

HIV/HCV Testing Domains Measure

PART I

This series of questions is intended to be collected at baseline through self-report from participants.

HIV

1. Have you ever been tested for HIV?
 - Yes (SKIP TO Q3)
 - No (SKIP TO Q2)
 - Don't Know (SKIP TO Q2)
 - Refused (SKIP TO Q2)

2. I'm going to read you a list of reasons why some people have not been tested for HIV. Please tell me if the following are reasons why you have not been tested for HIV. I will read each reason and you should answer No or Yes for each one.

[READ CHOICES, CHECK NO OR YES FOR EACH ONE.]

Have you not been tested:

 - a. Because you think you are at low risk for HIV infection?... 0 .. 1 .. 7
 - b. Because you were afraid of finding out that you had HIV?... 0..... 1..... 7
 - c. Because you were worried your name would be reported to the government if you tested positive?..... 0..... 1..... 7
 - d. Because you were afraid of someone finding out about the test result?..... 0..... 1..... 7
 - e. Because you were afraid of losing your job, insurance, or housing if you tested positive?..... 0..... 1..... 7
 - f. Because you didn't have the money or the insurance to pay for the test?..... 0..... 1..... 7
 - g. Because you didn't have time?..... 0..... 1..... 7
 - h. Because you didn't know where to go to get tested?..... 0..... 1..... 7
 - i. Because you couldn't get transportation to a testing place?.. 0..... 1..... 7
 - j. Because you don't like needles?..... 0..... 1..... 7
 - k. Refused to answer

3. When were you last tested for HIV? [ENTER DATE]

- 3a. The last time you were tested for HIV, where were you tested? (CHECK ALL THAT APPLY)
 - In jail/prison
 - In an outpatient clinic
 - In a hospital, as an inpatient
 - In an Emergency Department
 - In a community-based program (community VCT program, mobile unit, health fair, etc.)
 - In a syringe exchange program
 - In a drug treatment program
 - Donating blood or plasma
 - Family planning center

- As part of a research study
- Other (please specify _____)
- Don't know
- Refused

- 3b. The last time you were tested for HIV, were you (SELECT ONE):
- Asked if you wanted an HIV test (opt-in)
 - Told you would be getting a test, but given a chance to refuse (opt-out)
 - Not given a choice about whether or not to be tested
 - Don't Know
 - Refused

- 3c. When you last got tested for HIV, was it a rapid test where you could get your results within a couple of hours?
- YES
 - NO
 - Don't Know
 - Refused

- 3d. Did you receive the results of your most recent test?
- Yes (SKIP TO Q3d)
 - No (SKIP TO Q3c)
 - Don't Know (SKIP TO Q3e)
 - Refused (SKIP TO Q3e)

- 3e. Think about the last time you didn't get your HIV test result. What was the main reason you didn't get your result? **[Choose only one reason type.]**
- Too early to get the result..... __ 01
- Thought site would contact you..... __ 02
- Afraid of getting result..... __ 03
- Too busy to get the result..... __ 04
- Forgot to get result..... __ 05
- Didn't care about result/didn't want to know..... __ 06
- Jail-related (released before getting result)... __ 07
- Inconvenient (location/hours/time etc.)..... __ 08
- Lost appointment card, paperwork, ID number __ 09
- Other..... __ 10
- Refused..... __ 77
- Don't know..... __ 99

Skip next question if 3c = YES

- 3f. The last time you were tested for HIV, how quickly did you receive the results of the test?
- Within the same day
 - The following day
 - More than a day, but within the week
 - More than a week later
 - Don't Know
 - Refused

3g. Did the last HIV test you took use a swab from your mouth, blood from your finger, or blood from your arm?

- Swab from mouth
- Blood from finger
- Blood from arm
- Other
- Don't Know
- Refused

3h. What was the result of your last HIV test?

- Negative [skip next question]
- Positive
- Indeterminate [skip next question]
- Don't Know [skip next question]
- Refused [skip next question]

Skip next 3 questions if 3c. /= YES and 3h. /= Positive

3i. Did you get a second test, called a "confirmatory test," to confirm the results of the rapid HIV test?

- Yes
- No [skip next question]
- Don't Know
- Refused

4. Have you ever been told you that you had HIV?

- Yes
- No (SKIP TO Q6)
- Don't Know (SKIP TO Q6)
- Refused (SKIP TO Q6)

4a. When were you told you had HIV?

- Less than 1 year ago
- 1-4 years ago
- 5-9 years ago
- More than 10 years ago
- Don't Know
- Refused

4b. Where were you told that you have HIV? (CHECK ALL THAT APPLY)

- In jail/prison
- In an outpatient clinic
- In a hospital, as an inpatient
- In an Emergency Department
- In a community-based program (community VCT program, mobile unit, health fair, etc.)
- In a syringe exchange program
- In a drug treatment program

- Donating blood or plasma
- Family planning center
- As part of a research study
- Other (please specify _____)
- Don't know
- Refused

5. Have you ever taken medication to treat HIV?

- No (SKIP TO Q6)
- Yes, I am taking it now
- Yes, I took it in the past but stopped
- Don't Know (SKIP TO Q6)
- Refused (SKIP TO Q6)

5a. When did you first start treatment for HIV?

- 6 months ago or less
- More than 6 months ago, but less than 1 year
- 1-4 years ago
- 5 or more years ago
- Don't Know
- Refused

5b. When did you most recently start or re-initiate treatment for HIV?

- 6 months ago or less
- More than 6 months ago, but less than 1 year
- 1-4 years ago
- 5 or more years ago
- Don't Know
- Refused

5c. Where did you receive your most recent treatment for HIV? (CHECK ALL THAT APPLY)

- In jail/prison
- In a community-based clinic
- In a hospital, as an inpatient
- In a residential treatment facility or assisted care facility
- Part of a research study
- Other (please specify _____)
- Don't know
- Refused

HEPATITIS C VIRUS

6. Have you ever been tested for the hepatitis C virus?
- Yes
 - No (SKIP TO Q10)
 - Don't Know (SKIP TO Q10)
 - Refused (SKIP TO Q10)
7. When was the last time you were tested for the hepatitis C virus? [enter date]
8. The last time you were tested for the hepatitis C virus, where were you tested? (CHECK ALL THAT APPLY)
- i. In jail/prison
 - ii. In an outpatient clinic
 - iii. In a hospital, as an inpatient
 - iv. In an Emergency Department
 - v. In a community-based program (community VCT program, mobile unit, health fair, etc.)
 - vi. In a syringe exchange program
 - vii. In a drug treatment program
 - viii. Donating blood or plasma
 - ix. Family planning center
 - x. As part of a research study
 - xi. Other (please specify _____)
 - xii. Don't know
 - xiii. Refused
9. Did you receive the results of your most recent test for C virus?
- xiv. Yes
 - xv. No
 - xvi. Don't Know
 - xvii. Refused
10. Has anyone ever told you that you had the hepatitis C virus?
- xviii. Yes
 - xix. No (SKIP TO Q12)
 - xx. Don't Know (SKIP TO Q12)
 - xxi. Refused (SKIP TO Q12)
- 10a. When were you told you had the hepatitis C virus?
- xxii. 6 months ago or less
 - xxiii. More than 6 months ago, but less than 1 year
 - xxiv. 1 year ago or more
 - xxv. Don't Know
 - xxvi. Refused
- 10b. Where were you told that you have the hepatitis C virus? (CHECK ALL THAT APPLY)
- xxvii. In jail/prison
 - xxviii. In an outpatient clinic

- xxix. In a hospital, as an inpatient
- xxx. In an Emergency Department
- xxxi. In a community-based program (community VCT program, mobile unit, health fair, etc.)
- xxxii. In a drug treatment program
- xxxiii. Donating blood or plasma
- xxxiv. Family planning clinic
- xxxv. As part of a research study
- xxxvi. Other (please specify _____)
- xxxvii. Don't know
- xxxviii. Refused

11. Have you taken medication to treat hepatitis C, like Interferon and Ribavirin?

- xxxix. No (SKIP TO Q12)
- xl. Yes, I am taking it now (full dose)
- xli. Yes, I am taking it now (but at a reduced dose)
- xlii. Yes, I took it in the past and completed the full course
- xliii. Yes, I took it in the past but stopped because of side effects
- xliv. Yes, I took it in the past but stopped for other reason(s)
- xlv. Don't Know (SKIP TO Q12)
- xlvi. Refused (SKIP TO Q12)

11a. When did you start treatment for hepatitis C?

- xlvii. 6 months ago or less
- xlviii. More than 6 months ago, but less than 1 year
- xlix. 1 year ago or more
- l. Don't Know
- li. Refused

11b. Where did you receive your treatment for hepatitis C? (CHECK ALL THAT APPLY)

- lii. In jail/prison
- liii. In a community-based clinic
- liv. In a hospital, as an inpatient
- lv. In a residential treatment facility or assisted care facility
- lvi. Part of a research study
- lvii. Other (please specify _____)
- lviii. Don't know
- lix. Refused

SEXUALLY TRANSMITTED INFECTIONS

12. Have you ever been tested for gonorrhea?

- lx. Yes
- lxi. No (SKIP TO Q21c)
- lxii. Don't Know (SKIP TO 21c)
- lxiii. Refused (SKIP TO Q21c)

12a. Where did you receive your most recent test for gonorrhea (CHECK ALL THAT APPLY)

- lxiv. In jail/prison
- lxv. In an outpatient, city or community clinic

- lxvi. In a hospital, as an inpatient
- lxvii. In an Emergency Department
- lxviii. In a drug treatment program
- lxix. Family planning clinic
- lxx. As part of a research study
- lxxi. Other (please specify _____)
- lxxii. Don't know
- lxxiii. Refused

12b. Has a doctor, nurse or other health care provider ever told you that you had gonorrhea?

- lxxiv. Yes
- lxxv. No
- lxxvi. Don't Know
- lxxvii. Refused

12c. Have you ever been treated for gonorrhea?

- lxxviii. Yes
- lxxix. No
- lxxx. Don't Know
- lxxxi. Refused

13. Have you ever been tested for chlamydia?

- lxxxii. Yes
- lxxxiii. No (SKIP TO Q21c)
- lxxxiv. Don't Know (SKIP TO Q21c)
- lxxxv. Refused (SKIP TO Q21c)

13a. Where were you receive your most recent test for chlamydia ? (CHECK ALL THAT APPLY)

- lxxxvi. In jail /prison
- lxxxvii. In an outpatient city or community clinic
- lxxxviii. In a hospital, as an inpatient
- lxxxix. In an Emergency Department
- xc. In a drug treatment program
- xc. Family planning clinic
- xcii. As part of a research study
- xciii. Other (please specify _____)
- xciv. Don't know
- xcv. Refused

13b. Has a doctor, nurse or other health care provider ever told you that you had chlamydia?

- xcvi. Yes
- xcvii. No
- xcviii. Don't Know
- xcix. Refused

13c. Have you been treated for chlamydia?

- c. Yes
- ci. No
- cii. Don't Know
- ciii. Refused

14. Have you been tested for syphilis?
- civ. Yes
 - cv. No (SKIP TO Q22c)
 - cvi. Don't Know (SKIP TO Q22c)
 - cvi. Refused (SKIP TO Q22c)
- 14a. Where were you tested for syphilis? (CHECK ALL THAT APPLY)
- cviii. In jail/prison
 - cix. In an outpatient city or community clinic
 - cx. In a hospital, as an inpatient
 - cx. In an Emergency Department
 - cxii. In a drug treatment program
 - cxiii. Family planning clinic
 - cxiv. As part of a research study
 - cxv. Other (please specify _____)
 - cxvi. Don't know
 - cxvii. Refused
- 14b. Has a doctor, nurse or other health care provider told you that you had syphilis within the past 12 months?
- cxviii. Yes
 - cxix. No
 - cxx. Don't Know
 - cxxi. Refused
- 14c. Have you been treated for syphilis during the past 12 months?
- cxxii. Yes
 - cxxiii. No
 - cxxiv. Don't Know
 - cxxv. Refused