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 (PROCEED to Q2)
   □ Don’t Know (PROCEED TO Q2)
   □ Refused (PROCEED 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 (0) OR YES (1) FOR EACH ONE.] [Respondents can also refuse (7), have been skipped out of questions (8), or not know (9)].

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

   [SKIP to Q4]

3. When were you last tested for HIV?
   □ Less than 1 year ago
   □ 1-4 years ago
   □ 5-9 years ago
   □ More than 10 years ago
   □ Don’t know
   □ Refused

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.)
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 Q3f)
   □ No (PROCEED TO Q3e)
   □ Don’t know (PROCEED TO Q3e)
   □ Refused (PROCEED 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 (Specify: _____________________________) □ 10
   Refused……………………………………………… □ 97
   Don’t know………………………………………… □ 99

[SKIP to Q3g)

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
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 (Specify: ________________________)
   □ Don’t know 
   □ Refused

3h. What was the result of your last HIV test?
   □ Negative [Skip to Q4]
   □ Positive [PROCEED TO Q3i]
   □ Indeterminate [SKIP TO Q4]
   □ Don’t know [SKIP TO Q4]
   □ Refused [SKIP TO Q4]

3i. Did you get a second test, called a “confirmatory test,” to confirm the results of the rapid HIV test?
   □ Yes
   □ No
   □ Don’t know
   □ Refused

4. Have you ever been told you that you had HIV?
   □ Yes (PROCEED TO Q4a)
   □ 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 (Specify: ____________________________)
☐ Don’t know
☐ Refused

5. Have you ever taken medication to treat HIV?
☐ No (SKIP TO Q6)
☐ Yes, I am taking it now (PROCEED TO Q5a)
☐ Yes, I took it in the past but stopped (PROCEED TO Q5a)
☐ 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 (Specify: ____________________________)
☐ Don’t know
☐ Refused
HEPATITIS C VIRUS

6. Have you ever been tested for the hepatitis C virus?
   □ Yes (PROCEED TO Q7)
   □ 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?
   □ Less than 1 year ago
   □ 1-4 years ago
   □ 5-9 years ago
   □ More than 10 years ago
   □ Don’t know
   □ Refused

8. The last time you were tested for the hepatitis C virus, 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 (Specify: ________________________)
   □ Don’t know
   □ Refused

9. Did you receive the results of your most recent test for the hepatitis C virus?
   □ Yes
   □ No
   □ Don’t know
   □ Refused

10. Has anyone ever told you that you had the hepatitis C virus?
    □ Yes (PROCEED TO Q10a)
    □ No (SKIP TO Q12)
    □ Don’t know (SKIP TO Q12)
    □ Refused (SKIP TO Q12)
10a. When were you told you had the hepatitis C virus?

- 6 months ago or less
- More than 6 months ago, but less than 1 year
- 1 year ago or more
- Don’t know
- Refused

10b. Where were you told that you have the hepatitis C virus? (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)
- In a syringe exchange program
- In a drug treatment program
- Donating blood or plasma
- Family planning center
- As part of a research study
- Other (Specify: ____________________________________________)
- Don’t know
- Refused

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

- No (SKIP TO Q12)
- Yes, I am taking it now (full dose) (PROCEED TO Q11a)
- Yes, I am taking it now (but at a reduced dose) (PROCEED TO Q11a)
- Yes, I took it in the past and completed the full course (PROCEED TO Q11a)
- Yes, I took it in the past but stopped because of side effects (PROCEED TO Q11a)
- Yes, I took it in the past but stopped for other reason(s) (PROCEED TO Q11a)
- Yes, I took it in the past but stopped (PROCEED TO Q11a)
- Don’t know (SKIP TO Q12)
- Refused (SKIP TO Q12)

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

- 6 months ago or less
- More than 6 months ago, but less than 1 year
- 1 year ago or more
- Don’t know
- Refused

11b. Where did you receive your treatment for hepatitis C? (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 (Specify: ________________________________)
Don’t know
Refused

SEXUALLY TRANSMITTED INFECTIONS

12. Have you ever been tested for gonorrhea?
   - Yes (PROCEED TO Q12a)
   - No (SKIP TO Q12b)
   - Don’t know (SKIP TO Q12b)
   - Refused (SKIP TO Q12b)

12a. Where did you receive your most recent test for gonorrhea (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 drug treatment program
   - Donating blood or plasma
   - Family planning center
   - As part of a research study
   - Other (Specify: ________________________________)
   - Don’t know
   - Refused

12b. Has a doctor, nurse or other health care provider ever told you that you had gonorrhea?
   - Yes (PROCEED TO Q12c)
   - No (SKIP TO Q13)
   - Don’t know (SKIP TO Q13)
   - Refused (SKIP TO Q13)

12c. Have you ever been treated for gonorrhea?
   - Yes
   - No
   - Don’t know
   - Refused

13. Have you ever been tested for chlamydia?
   - Yes (PROCEED TO Q13a)
   - No (SKIP TO Q13b)
   - Don’t know (SKIP TO Q13b)
   - Refused (SKIP TO Q13b)
13a. Where did you receive your most recent test for chlamydia? (CHECK ALL THAT APPLY)
   - In jail/prison
   - In an outpatient, city or community clinic
   - In a hospital, as an inpatient
   - In an Emergency Department
   - In a drug treatment program
   - Family planning clinic
   - As part of a research study
   - Other (Specify: ____________________________)
   - Don’t know
   - Refused

13b. Has a doctor, nurse or other health care provider ever told you that you had chlamydia?
   - Yes (PROCEED TO Q13c)
   - No (SKIP TO Q14)
   - Don’t know (SKIP TO Q14)
   - Refused (SKIP TO Q14)

13c. Have you been treated for chlamydia?
   - Yes
   - No
   - Don’t know
   - Refused

14. Have you been tested for syphilis?
   - Yes (PROCEED TO Q14a)
   - No (SKIP TO Q14b)
   - Don’t know (SKIP TO Q14b)
   - Refused (SKIP TO Q14b)

14a. Where were you tested for syphilis? (CHECK ALL THAT APPLY)
   - In jail/prison
   - In an outpatient, city or community clinic
   - In a hospital, as an inpatient
   - In an Emergency Department
   - In a drug treatment program
   - Family planning clinic
   - As part of a research study
   - Other (Specify: ____________________________)
   - Don’t know
   - Refused

14b. Has a doctor, nurse or other health care provider ever told you that you had syphilis?
   - Yes (PROCEED TO Q14c)
   - No (END INTERVIEW)
   - Don’t know (END INTERVIEW)
   - Refused (END INTERVIEW)
14c. Have you been treated for syphilis?
   □ Yes
   □ No
   □ Don’t know
   □ Refused