

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.)

- 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

- 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

- 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 (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