



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):
Gender (0 male, 1 female, 2 transgender) 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: _____

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**
 - Unprotected vaginal sex
 - Unprotected anal sex
 - Unprotected oral sex
 - Broken condom
 - Unprotected sex with sex worker
 - My partner has tested positive recently
 - Episode of sharing injection material
 - Other: _____
- For control/screening**
 - My partner asked to me
 - Before dropping using condom with my partner
 - I wish to have a baby
 - Prenatal screening: before delivery
 - Regular control
 - Only to know my health status
 - Other: _____
- Window period in the last test**
- Clinical symptoms**
- 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

Date of last time:
Month Year

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

Pre-test counselling:

Pre-test/pre-result counselling performed? Yes No Don't know

Screening HIV test :

Date of specimen collection:
Day Month Year

Type of test used: Blood rapid test Oral rapid test Conventional blood test (Elisa)

Screening test result: **Reactive** **Non reactive**

Did the client receive the screening HIV test result? Yes No Don't know → Date 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 know → Date of specimen collection:
Day Month Year

Confirmatory HIV test result: **Positive** **Negative** **Inconclusive**

Did the client receive the confirmatory HIV test result? Yes No Don't know → Date 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 know → Date of linkage:
Day Month Year

First CD4 count result: ----- → Date of the first CD4 count:
Day Month Year

MODULE B

Syphilis test:

Previous syphilis diagnosis? Yes No Don't know → Date of last syphilis diagnoses:
Day Month Year

Syphilis test performed? Yes No Don't know → Date of specimen collection:
Day Month Year

Type of test used: Rapid test Conventional test

Rapid test result: **Reactive**
 Non reactive

Diagnosis test performed? Yes No Don't know → Date of specimen collection:
Day Month Year

Syphilis diagnosis: **Active infection** **Serological scar (old or cured infection)** **Not known**

HCV test:

Previous HCV diagnosis? Yes No Don't know → Date of last HCV diagnoses:
Day Month Year

HCV test performed? Yes No Don't know → Date of specimen collection:
Day Month Year

Type of test used: Rapid oral test Rapid blood test Conventional test

Rapid test result: **Reactive**
 Non reactive

HCV RNA test performed? Yes No Don't know → Date of specimen collection:
Day Month Year

HCV diagnosis: **Active infection** **Serological scar (old or cured infection)** **Not known**

Hepatitis A and B vaccination:

Vaccination for Hepatitis A (with all required dosis)? Yes No Don't know

Vaccination for Hepatitis B (with all required dosis)? Yes No Don't know

Comments: