WHITMAN-WALKER HEALTH

CONFIDENTIAL HIV RAPID TEST—CLIENT SURVEY

Please complete to help us develop our programs, compile statistical data, and assist with the testing process. Thank you.

HOW CAN WE HELP YOU?

☐ HIV Medical Care/Red Carpet ☐ HIV Testing ☐ STI Testing ☐ Post-Exposure Prophylaxis (PEP) *(I believe I was exposed to HIV)* ☐ Pre-Exposure Prophylaxis (PrEP)

First Name: | **Middle Initial:** | **Last Name:**

Preferred Name:

Date of Birth: *Month:* *Day:* *Year:* | **Last 4 Digits of SSN:** ___ ___ ___ ___

Street Address: | **Apt. No.:** | **D.C. Ward:**

City: | **State:** | **Zip:**

Whitman-Walker will send you mail to the listed address. We believe it important to communicate with you, and at times, we do mail information.

Is your housing: ☐ Stable ☐ Unstable ☐ Temporary

Telephone:

Main Number:_____

Additonal Number:_____

Patient Portal: *The most secure way to communicate with us is via our patient portal. Please show us your identification and provide your email address.*

Email Address:_____

Gender identity:

- ☐ Man
- ☐ Woman
- ☐ Trans Man
- ☐ Trans Woman
- ☐ Genderqueer/ Non-binary
- ☐ _____

Sex assigned at birth:

- ☐ Male
- ☐ Female
- ☐ Intersex
- ☐ _____

Do you identify as transgender?

- ☐ Yes
- ☐ No

Gender Pronoun:

- ☐ He/Him/His
- ☐ She/Her/Hers
- ☐ They/Them/Their
- ☐ _____

Sexual Orientation:

- ☐ Lesbian, Gay, Homosexual
- ☐ Straight or Heterosexual
- ☐ Bisexual
- ☐ _____

Race:

- ☐ African American/Black *(including Africa, Caribbean)*
- ☐ Caucasian/White *(including Middle Eastern)*
- ☐ American Indian or Alaska Native *(including all Original Peoples of the Americas)*

Asian *(please specify)*

- ☐ Asian Indian
- ☐ Chinese
- ☐ Filipino
- ☐ Japanese
- ☐ Korean
- ☐ Vietnamese
- ☐ Other Asian

Native Hawaiian/Pacific Islander *(please specify)*

- ☐ Native Hawaiian
- ☐ Guamanian or Chamorro
- ☐ Other Pacific Islander
- ☐ Samoan

Ethnicity:

- ☐ Non-Hispanic/ Non-Latino

Hispanic/Latino *(please specify)*

- ☐ Mexican Mexican American Chicano/a
- ☐ Puerto Rican
- ☐ Cuban
- ☐ Another Hispanic Latino/a Spanish Origin

Family Income:

$_____

(annual amount)

Family Size:

_____

(including spouse, dependent children, others dependents)

Language:

☐ English ☐ Spanish ☐ Other:_____

☐ **I request language translation services**

Deaf/hard of hearing?:

☐ Yes ☐ No

Preference:

☐ Live interpreter ☐ Video remote interpreter

Testing History

Have you ever been tested for HIV before?

- ☐ No, this was my first time
- ☐ Yes, my last result was negative
- ☐ Yes, my last result was indeterminate
- ☐ Yes, my last result was positive
- ☐ Don't know

If yes, when was last test?

_____

How many times have you been tested in the past 2 years?

_____

Have you been tested at Whitman-Walker before?

☐ Yes ☐ No ☐ I don't know

Date of last sexual encounter or shared needle:

_____

Number of sex partners in the last 12 months:

_____

Why are you getting tested today?

- ☐ I am pregnant
- ☐ The test was offered by a medical care provider
- ☐ Someone offered me an incentive
- ☐ I wanted to check my status
- ☐ I was told I am HIV+ and seeking confirmatory test
- ☐ I was expected to get tested by insurance; court order; etc.

Other:_____

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Please complete to help us develop our programs, compile statistical data, and assist with the testing process. Thank you.

Please answer the following:

Have you ever used injection drugs?	☐ Yes	☐ No	☐ I don't know
Have you shared needles in the past 6 months?	☐ Yes	☐ No	☐ I don't know
Had sex with someone with a penis in the last year?	☐ Yes	☐ No	☐ I don't know
Had sex with someone with a vagina in the last year?	☐ Yes	☐ No	☐ I don't know
Have you ever had sex while intoxicated?	☐ Yes	☐ No	☐ I don't know
Had sex under the influence of non-injected drugs? *If yes, what kind of drugs:*_____	☐ Yes	☐ No	☐ I don't know
Have you ever given money or drugs for sex?	☐ Yes	☐ No	☐ I don't know
Have you ever received money or drugs for sex?	☐ Yes	☐ No	☐ I don't know
In the last 12 months, have you been diagnosed with an STD?	☐ Yes	☐ No	☐ I don't know
Had sex with an HIV-positive partner?	☐ Yes	☐ No	☐ I don't know
Have you ever been sexually assaulted?	☐ Yes	☐ No	☐ I don't know
Are you participating in a vaccination trial?	☐ Yes	☐ No	☐ I don't know
Are you pregnant?	☐ Yes	☐ No	☐ I don't know
Do you have children?	☐ Yes	☐ No	☐ I don't know
Are you currently taking PrEP?	☐ Yes	☐ No	☐ I don't know

In the last 12 months I used a condom (or dental dam or other barrier): *(check one that best applies)*

When a penis is in my mouth:	☐ Always	☐ Most Times	☐ Sometimes	☐ Never	☐ N/A
When I put my penis in a mouth:	☐ Always	☐ Most Times	☐ Sometimes	☐ Never	☐ N/A
When I put my mouth on a vagina:	☐ Always	☐ Most Times	☐ Sometimes	☐ Never	☐ N/A
When a mouth is on my vagina:	☐ Always	☐ Most Times	☐ Sometimes	☐ Never	☐ N/A
When a penis is in my butt:	☐ Always	☐ Most Times	☐ Sometimes	☐ Never	☐ N/A
When I put my penis in a butt:	☐ Always	☐ Most Times	☐ Sometimes	☐ Never	☐ N/A
When a penis is in my vagina:	☐ Always	☐ Most Times	☐ Sometimes	☐ Never	☐ N/A
When I put my penis in a vagina:	☐ Always	☐ Most Times	☐ Sometimes	☐ Never	☐ N/A

END OF CLIENT SURVEY

FOR OFFICIAL USE ONLY

WHITMAN-WALKER HEALTH

OFFICIAL USE ONLY

Date:_____

PrEP

Is client enrolled in Pre-Exposure Prophylaxis?

- ☐ Yes – confirmed
- ☐ No
- ☐ Don't know

Has the client ever heard of pre-exposure prophylaxis?

- ☐ Yes – confirmed
- ☐ No
- ☐ Don't know

Client provided education about PrEP services?

- ☐ Yes
- ☐ No

Client referred to PrEP services?

- ☐ Yes – Client Services
- ☐ Yes – PrEP Navigator
- ☐ No
- ☐ N/A

YOUTH SERVICES

General

Funding Source/Grant:

- ☐ Condom Distribution
- ☐ Peer Education
- ☐ STD HAHSTA
- ☐ New Communities
- ☐ Social Mobilization

Location:

- ☐ PEC
- ☐ Mobile
- ☐ Event
  - ☐ Golden Ticket
  - ☐ Hoopin' for HIV
  - ☐ Youth Pride
  - ☐ East of the River
  - ☐ Youth Health Summit
  - ☐ For the Love of You
  - ☐ Women & Girls Day
- ☐ Other:_____

Testing requested *(check all that apply):*

- ☐ HIV
- ☐ STI
  - ☐ Urine
  - ☐ Swab
- ☐ Pregnancy

Referred by Rep/Ambassador?

- ☐ Yes
- ☐ No

If yes, who referred you?

STI

Reason for exam:

- ☐ Known contact to STI
- ☐ Suspected contact to STI
- ☐ Symptoms of STI
- ☐ Screening
- ☐ Rescreening

Ever been diagnosed with:

- ☐ Chlamydia
- ☐ Gonorrhea
- ☐ Syphilis
- ☐ Herpes
- ☐ HIV
- ☐ Trichomoniasis
- ☐ No prior STI diagnosis
- ☐ Don't know
- ☐ Declined
- ☐ Not asked
- ☐ Other:_____

Been tested before?

- ☐ Yes

If Yes, Date of last STI Test:

_____

mm/dd/yyyy or mm/yyyy

If Yes, Result of last STI Test:

- ☐ Positive (reactive)
- ☐ Negative (non-reactive)
- ☐ Inconclusive

- ☐ No

Pregnancy

Reason for pregnancy testing:

- ☐ Confirm previous pregnancy testing *(home)*
- ☐ Confirm previous pregnancy testing *(other site/not home)*
- ☐ Counseling
- ☐ Missed Period
- ☐ Sex with no contraception
- ☐ Sex with contraception failure
- ☐ Trying to get pregnant

Pregnancy test result:

- ☐ Positive (pregnant)
- ☐ Negative (not pregnant)
- ☐ Indeterminate

Was test result provided to client?

- ☐ Yes
- ☐ No

If no, provide reason not provided:

_____

Interventions:

- ☐ Contraception counseling
- ☐ Risk Reduction counseling
- ☐ Referral for adoption
- ☐ Referral for prenatal care
- ☐ Referral for termination

Risk Assessment

Was a risk assessment completed?

☐ Yes ☐ No

- ☐ Client completed a behavioral risk profile
- ☐ Client was not asked about behavioral risk profile
- ☐ Client was asked, but no behavioral risks identified
- ☐ Client declined to discuss behavioral risk factors

If not completed, why?

- ☐ Client declined
- ☐ Not enough time
- ☐ Not offered to client
- ☐ Not appropriate (client factors)
- ☐ Not appropriate (external factors)
- ☐ Staff not available
- ☐ Other:_____

Has client been treated for Chlamydia in the past 30 days?

- ☐ Yes
- ☐ No

Has client been treated for Gonorrhea in the past 30 days?

- ☐ Yes
- ☐ No

Has client ever tested positive for syphilis?

- ☐ Yes
- ☐ No

Results and Education

INSTI:

- ☐ Non-Reactive
- ☐ IND
- ☐ Reactive

OraQuick:

- ☐ Non-Reactive
- ☐ IND
- ☐ Reactive

4th Gen Rapid:

- ☐ Non-Reactive
- ☐ IND
- ☐ Reactive

Results given?

- ☐ Yes
- ☐ No

If not provided why?

- ☐ Declined notification
- ☐ Did not return/could not locate
- ☐ Obtained results from another agency
- ☐ Other:_____

Follow up indicated:

- ☐ None
- ☐ Addtl Rapid Test
- ☐ Confirmatory Testing
- ☐ Other

Provided condoms?

- ☐ Yes
- ☐ No

*If Yes: How many?*_____

Risk reduction plans completed?

- ☐ Yes
- ☐ No
- ☐ Other:_____