***Web-Based Interviews - Draft Questionnaire***

[**Web-Based Interview Protocol**](https://docs.google.com/document/d/1IHrA6AkiHupow5469W_jhuGlMgHx_osHuG6SsHgHfxo/edit) **(DRAFT VERSION FOR REFERENCE)**

**Landing Page:** Landing page should have a disclosure statement acknowledging client rights and privacy.

*You were recently diagnosed with an infection by a healthcare provider. The Colorado Department of Public Health & Environment (CDPHE) is committed to helping those diagnosed with an STI or HIV receive the best care possible and help avoid the spread of infections. HIV and STIs are common and treatable, and you play an integral part in helping Colorado create better services to prevent and treat STIs and HIV.. By filling out this short survey you will be providing us with valuable information.. Please be assured that all of the information you provide will remain confidential. If you have any questions or concerns or prefer to answer the questions in person, please call 303-692-6226.*

***By checking this box I accept these terms and conditions***

**Demographics**

*This information helps us to better understand cultural and/or societal barriers which may affect our client's health. By providing answers to these demographic questions, we will be better able to deliver appropriate services to those in need.*

**Client Survey ID:** (PRISM ID provided to client by DIS or some other ID mechanism)

**What was your sex assigned at birth:** [Male, Female, Intersex, Declined to Answer]

S*kip Logic: If Female: Are you currently pregnant? [Yes, No, Unknown, Declined to Answer]*

*Skip Logic: If yes, [Due date]*

**What is your current gender identity:** [Man/Boy, Woman/Girl, Transgender Woman, Transgender Man, Non-Binary, Other-Comment Box, Declined to Answer]

**Do you think of yourself as:** [Gay/Lesbian, Straight/Heterosexual, Bisexual, Other-Comment Box, Queer, Pansexual, Declined to Answer]

**Which of the following best describes your race? Check all that apply:** [American Indian/Alaskan Native, Asian, Black/African American, Native Hawaiian/Pacific Islander, White, Other-Comment Box, Declined to Answer]

**Which of the following best describes your ethnicity?:** [Hispanic/Latino, Non-Hispanic/Latino, Declined to Answer, Unknown]

*Skip Logic: If Hispanic: [Mexican/Mexican American/Chicano/a, Puerto Rican, Cuban, Another Hispanic, Declined to Answer]*

**Medical**

*The purpose of complete and accurate medical information is to foster quality and continuity of care. It creates a means of communication between CDPHE and clients about health status, preventive health services, treatment, planning, and delivery of care.*

**Why did you recently receive a HIV/STI test? :** [Routine Screening, Notified of an exposure by a partner, Notified of an exposure by the Health Department, Experiencing symptoms, Other-Comment box]

**Did you have any of these signs or symptoms:** Check all that apply [None, Sore Throat, Painful Urination, Vaginal/Urethral Discharge, Rectal Discharge, Fever, Nausea, Fatigue, Sore on lip/tongue, Sore on genital area/anus, Spots on soles of hands and/or feet, body rash, Swollen lymph nodes, hair loss, Other-Comment Box]

**If you tested positive for Syphilis, did you experience any of the following?** *Please note - any of these symptoms would require additional follow up and/or treatment*: [None, Blurred Vision, Vision Loss, Floaters/Spots, Flashing Lights, Pain or Redness in the eyes, Headaches, Ringing in your ears, .]

*Skip Logic if they answer anything but None: When did these symptoms appear? [Start and End Date] End date should be allowed to say ongoing*

**Have you ever tested positive for an STI in the past?** [Yes, No, Unknown, Declined to answer]

*Skip Logic if they answer Yes: Check all that apply: [Chlamydia, Gonorrhea, Syphilis, HIV, Hepatitis C]*

**What is your HIV Status:** [I am currently living with HIV, I was just diagnosed with HIV, I do not know my HIV status, I am not living with HIV]

***Skip Logic Answer 1:*** *I am currently living with HIV or I am newly diagnosed with HIV:*

*Are you routinely visiting with a primary doctor who is helping keep track of how you are doing with HIV? [Yes, No - I consent to someone contacting me to help me find a provider, No - I do not consent to someone contacting me to help me find a provider]*

*Are you enrolled in the State Drug Assistance Program (SDAP)? It’s a program that can help pay for your medications, healthcare visits and more [Yes - I am enrolled, No, - I am not enrolled, Declined to Answer, I am not sure if I'm enrolled in this program]*

*If No or Unsure: Would you like to know more about this program.[Yes - I consent to someone contacting me, No- I do not wish to learn more about this program]*

***Skip Logic Answer 2:*** *I was just diagnosed with HIV*

*It’s important to have a good healthcare provider to visit every 3 to 6 months to treat HIV. Are you currently visiting a provider that can help you reach viral suppression? [Yes, No - I consent to someone contacting me to help me find a provider]*

*Are you enrolled in the State Drug Assistance Program (SDAP)? It’s a program that can help pay for your medications, healthcare visits and more [Yes - I am enrolled, No, - I am not enrolled, Declined to Answer, I am not sure if I'm enrolled in this program]*

***Skip Logic Answer 3:*** *I do not know my HIV status*

*Have you ever been tested for HIV [Yes, No, Unsure, Declined to Answer]*

 *If Yes, [date of last negative test].*

*Would you like help getting tested for free? [Yes- I consent to someone contacting me for free testing options, No-I do not need help finding free testing]*

***Skip Logic Answer 4:*** *I am not living with HIV*

*When was your last negative test [date]*

*Are you currently taking a medication to prevent HIV, called PrEP [Yes I am currently taking PrEP, No I am not taking PrEP, Declined to Answer].*

 *If no, would you like to learn more about PrEP and/or financial programs to help pay for PrEP? [Yes - I consent to someone contacting me to learn more, No - I do not wish to learn more about PrEP at this time]*

**Sexual/Social**

*A complete and accurate social and sexual history assists staff in identifying a client's risk for STIs, including HIV, and to ensure all clients have received screening at the appropriate anatomical sites for certain sexually transmitted infections. Providing confidential information on substance use and/or other risk factors also allow's CDPHE staff to link clients to additional referrals if the need is indicated during this interview.*

**In the past 12 months, what were the gender of your sex partners:** Check all that apply[Man/Boy, Woman/Girl, Transgender Man, Transgender Woman, Other-Comment Box, Non-Binary, Declined to Answer]

**In the past 12 months, what types of sexual contact did you have:** Check all that apply [Vaginal Sex, Perform Oral Sex, Receive Oral Sex, Insertive Anal Sex, Receptive Anal Sex]

**In the past 12 months have you:** Check all that apply[Had vaginal or anal sex without a condom, Met sex partners online,Had vaginal or anal sex with a person who injects drugs, Pentrative vaginal or anal sex without a condom with someone living with HIV, Sex with an anonymous partner, Sex while intoxicated or high, Sex in exchange for housing, drug or money), Been incarcerated, ]

**What substances have you used in the past 12 months:** Check all that apply [None, Cocaine, Crack, Erectile Dysfunction Medications, Heroin, Methamphetamines, Poppers/Nitrates, Other: comment box]

 Skip Logic: If they select anything besides None: Have you ever injected drugs intravenously? [Yes, No, Declined to Answer] Skip Logic: If they select Yes or Declined to Answer: Have you ever shared drug injection equipment [Yes, No, Declined to Answer] Skip Logic: If they answer Yes: Would you like a referral to a Syringe Access Program? [Yes - I consent to someone reaching out with referrals, No- I am already connected to a program, No - I do not wish to be connected to a program]

**Partner Information**

*A sexual health specialist can confidentially and anonymously notify your sexual partners of their exposure. Once located, specialists will offer your partners a referral for confidential testing and/or treatment. Partner notification is a vital part of public and community health. Untreated sexually transmitted infections can cause life-threatening complications, increase the risk of acquiring HIV, and can result in a re-infection for you if your partners are not tested and treated appropriately. Most partners ultimately appreciate being notified by our health specialist of their exposure and the additional help in accessing free and confidential testing.*

**Please note, HIPAA protection laws require CDPHE to guard your medical and personal information. At no time will partners be given your name, diagnosis or other identifying details of your encounter.**

Check one:

* I have already contacted my partners

*Skip Logic Pop-Up: Great! Please remember that although you notified them, sometimes they still may need help finding a testing location or access to free testing/treatment - If you check the box below, we can help with that!*

* Yes, please help me confidentially and anonymously notify my partners.

Skip Logic: If they select Yes the following should pop up (refer to partner fields)

* I have not contact my partners yet, but prefer to do it on my own

Skip Logic Pop-Up: You can tell the person face-to-face, over the phone, or by using free and anonymous notification service! Check out these resources! <https://tellyourpartner.org> and <https://dontspreadit.com>

Please fill out as many of the fields below for current and past partners within the last 12 months. Partial names, previous phone numbers, social media accounts, and dating app screen names are all helpful information we can use to follow up with partners on your behalf. All information is confidential and will not be shared with your partners. “Add a Partner” (box will need to be clicked each time to add a new partner)

**Name:** [comment box]

**Phone Number:** [phone number box]

**DOB or Age:** [comment box]

**Location (city/state):** [comment box]

**Identifying Descriptors** (tattoos, race, piercings, etc): [comment box]

**Type of sex helps us to ensure that your partner receives the appropriate anatomical site testing.**  Check all that apply: [I performed oral, I received oral, Vaginal, I received anal sex, I was insertive for anal sex]

**Timeframe regarding your last sexual exposure helps us to identify if a partner needs testing and preventative treatment. If someone tests too soon after an exposure they may still be incubating and get a false result. Again, this information is NEVER disclosed to your partner.** [Sexual contact was less than 2 months ago, Sexual contact was more than 2 months, but less than 3 months ago , sexual contact was more than 3 months ago]

**How/Where did you meet this partner**: [comment box]

**Conclusion**

Thank you for taking the time to complete this interview. Please remember your answers will always remain confidential. If you consented to receive additional follow-up, how would you prefer to be contacted?

**Preferred Method of Contact:** [Call Only, Text Only, Call/Text, Email]

*Skip Logic: If they selected call only, text only or call/text drop titled phone number. If they select email, drop down titled email address*