

HIDES Questionnaire

Center ID:

 ((XXXX-XX))

This questionnaire is to be filled in before starting the surveys.

Please tick the condition you will be doing a survey in and answer the related questions:

- Malignant lymphoma (irrespective of type)
- Cervical dysplasia/cancer (CIN II and above)
- Anal dysplasia/cancer
- Hepatitis B (acute or chronic - and irrespective of time of diagnosis relative to time of survey)
- Hepatitis C (acute or chronic - and irrespective of time of diagnosis relative to time of survey)
- Hepatitis B+C (acute or chronic - and irrespective of time of diagnosis relative to time of survey)
- Ongoing mononucleosis-like illness
- Unexplained leukocytopenia or thrombocytopenia lasting at least 4 weeks
- Seborrheic dermatitis/exanthema
- Pneumonia (admitted to hospital at least 24h)
- Unexplained lymphadenopathy
- Peripheral neuropathy of unknown cause (diagnosed by neurologist)
- Primary lung cancer
- Severe or recalcitrant psoriasis (newly diagnosed)

Malignant lymphoma (irrespective of type): Basic demographics of prior patient visits to the clinic/department (if data is not available please leave the field blank)

What was the total number of patients visiting with malignant lymphoma (irrespective of type) in the last 12 months:

Percentage female:

 ((%))

Percentage homosexuals:

 ((%))

Median age:

Percentage white:

 ((%))

Estimated number of HIV positive tests pr. year within patients presenting with malignant lymphoma (irrespective of type):

Local HIV prevalence (per 1000):

Is the local HIV prevalence:

- Estimated
- Diagnosed

General practice and policy

What is general practice as regards HIV testing within malignant lymphoma (irrespective of type) in your service/clinic/department:

- Recommended routinely
- Recommended selectively
- Do not test
- Other
- Do not know

Are there plans to introduce routine HIV testing in your service/clinic/department:

- Yes
- No

Is there a national policy regarding testing of malignant lymphoma (irrespective of type):

- Yes
- No

If yes, please specify:

What kind of test will be used:

- HIV antibody/antigen test
- Rapid test
- Don't know

Is setting testing carried out in: (please check all that apply)

- Hospital out-patient department/clinic
- Hospital in-patient/ward
- Primary care

Staff doing the HIV testing: (please check all that apply)

- Local clinic staff i.e. staff routinely looking after the indicator condition
- STI/HIV clinic staff go and do the testing
- Other

If other, please specify:

Will there be training for the local staff?

- Yes
- No
- Not applicable

Will there be backup or referral available if local staff need it?

- Yes
- No
- Not applicable

What do you foresee as possible problems in relation to the implementation of screening for HIV related to indicator diseases:

Other comments:

Cervical dysplasia/cancer (CIN II and above): Basic demographics of prior patient visits to the clinic/department (if data is not available please leave the field blank)

What was the total number of patients visiting with cervical dysplasia/cancer (CIN II and above) in the last 12 months:

Percentage female:

((%))

Percentage homosexuals:

((%))

Median age:

Percentage white:

((%))

Estimated number of HIV positive tests pr. year within patients presenting with cervical dysplasia/cancer (CIN II and above):

Local HIV prevalence (per 1000):

Is the local HIV prevalence:

- Estimated
- Diagnosed

General practice and policy

What is general practice as regards HIV testing within cervical dysplasia/cancer (CIN II and above) in your service/clinic/department:

- Recommended routinely
- Recommended selectively
- Do not test
- Other
- Do not know

Are there plans to introduce routine HIV testing in your service/clinic/department:

- Yes
- No

Is there a national policy regarding testing of cervical dysplasia/cancer (CIN II and above):

- Yes
- No

If yes, please specify:

What kind of test will be used:

- HIV antibody/antigen test
- Rapid test
- Don't know

Is setting testing carried out in: (please check all that apply)

- Hospital out-patient department/clinic
- Hospital in-patient/ward
- Primary care

Staff doing the HIV testing: (please check all that apply)

- Local clinic staff i.e. staff routinely looking after the indicator condition
- STI/HIV clinic staff go and do the testing
- Other

If other, please specify:

Will there be training for the local staff?

- Yes
- No
- Not applicable

Will there be backup or referral available if local staff need it?

- Yes
- No
- Not applicable

What do you foresee as possible problems in relation to the implementation of screening for HIV related to indicator diseases:

Other comments:

Anal dysplasia/cancer: Basic demographics of prior patient visits to the clinic/department (if data is not available please leave the field blank)

What was the total number of patients visiting with anal dysplasia/cancer in the last 12 months:

Percentage female:

((%))

Percentage homosexuals:

((%))

Median age:

Percentage white:

((%))

Estimated number of HIV positive tests pr. year within patients presenting with anal dysplasia/cancer:

Local HIV prevalence (per 1000):

Is the local HIV prevalence:

- Estimated
- Diagnosed

General practice and policy

What is general practice as regards HIV testing within anal dysplasia/cancer in your service/clinic/department:

- Recommended routinely
- Recommended selectively
- Do not test
- Other
- Do not know

Are there plans to introduce routine HIV testing in your service/clinic/department:

- Yes
- No

Is there a national policy regarding testing of anal dysplasia/cancer:

- Yes
- No

If yes, please specify:

What kind of test will be used:

- HIV antibody/antigen test
- Rapid test
- Don't know

Is setting testing carried out in: (please check all that apply)

- Hospital out-patient department/clinic
- Hospital in-patient/ward
- Primary care

Staff doing the HIV testing: (please check all that apply)

- Local clinic staff i.e. staff routinely looking after the indicator condition
- STI/HIV clinic staff go and do the testing
- Other

If other, please specify:

Will there be training for the local staff?

- Yes
- No
- Not applicable

Will there be backup or referral available if local staff need it?

- Yes
- No
- Not applicable

What do you foresee as possible problems in relation to the implementation of screening for HIV related to indicator diseases:

Other comments:

Hepatitis B (acute or chronic - and irrespective of time of diagnosis relative to time of survey): Basic demographics of prior patient visits to the clinic/department (if data is not available please leave the field blank)

What was the total number of patients visiting with hepatitis B (acute or chronic - and irrespective of time of diagnosis relative to time of survey) in the last 12 months:

Percentage female:

_____ ((%))

Percentage homosexuals:

_____ ((%))

Median age:

Percentage white:

_____ ((%))

Estimated number of HIV positive tests pr. year within patients presenting with hepatitis B (acute or chronic - and irrespective of time of diagnosis relative to time of survey):

Local HIV prevalence (per 1000): _____

Is the local HIV prevalence: Estimated
 Diagnosed

General practice and policy

What is general practice as regards HIV testing within hepatitis B (acute or chronic - and irrespective of time of diagnosis relative to time of survey) in your service/clinic/department: Recommended routinely
 Recommended selectively
 Do not test
 Other
 Do not know

Are there plans to introduce routine HIV testing in your service/clinic/department: Yes
 No

Is there a national policy regarding testing of hepatitis B (acute or chronic - and irrespective of time of diagnosis relative to time of survey): Yes
 No

If yes, please specify: _____

What kind of test will be used: HIV antibody/antigen test
 Rapid test
 Don't know

Is setting testing carried out in: (please check all that apply) Hospital out-patient department/clinic
 Hospital in-patient/ward
 Primary care

Staff doing the HIV testing: (please check all that apply) Local clinic staff i.e. staff routinely looking after the indicator condition
 STI/HIV clinic staff go and do the testing
 Other

If other, please specify: _____

Will there be training for the local staff? Yes
 No
 Not applicable

Will there be backup or referral available if local staff need it? Yes
 No
 Not applicable

What do you foresee as possible problems in relation to the implementation of screening for HIV related to indicator diseases: _____

Other comments: _____

Hepatitis C (acute or chronic - and irrespective of time of diagnosis relative to time of survey): Basic demographics of prior patient visits to the clinic/department (if data is not available please leave the field blank)

What was the total number of patients visiting with hepatitis C (acute or chronic - and irrespective of time of diagnosis relative to time of survey) in the last 12 months: _____

Percentage female: _____
((%))

Percentage homosexuals: _____
((%))

Median age: _____

Percentage white:

((%))

Estimated number of HIV positive tests pr. year within patients presenting with hepatitis C (acute or chronic - and irrespective of time of diagnosis relative to time of survey):

Local HIV prevalence (per 1000):

Is the local HIV prevalence:

- Estimated
 Diagnosed

General practice and policy

What is general practice as regards HIV testing within hepatitis C (acute or chronic - and irrespective of time of diagnosis relative to time of survey) in your service/clinic/department:

- Recommended routinely
 Recommended selectively
 Do not test
 Other
 Do not know

Are there plans to introduce routine HIV testing in your service/clinic/department:

- Yes
 No

Is there a national policy regarding testing of hepatitis C (acute or chronic - and irrespective of time of diagnosis relative to time of survey):

- Yes
 No

If yes, please specify:

What kind of test will be used:

- HIV antibody/antigen test
 Rapid test
 Don't know

Is setting testing carried out in: (please check all that apply)

- Hospital out-patient department/clinic
 Hospital in-patient/ward
 Primary care

Staff doing the HIV testing: (please check all that apply)

- Local clinic staff i.e. staff routinely looking after the indicator condition
 STI/HIV clinic staff go and do the testing
 Other

If other, please specify:

Will there be training for the local staff?

- Yes
 No
 Not applicable

Will there be backup or referral available if local staff need it?

- Yes
 No
 Not applicable

What do you foresee as possible problems in relation to the implementation of screening for HIV related to indicator diseases:

Other comments:

Hepatitis B+C (acute or chronic - and irrespective of time of diagnosis relative to time of survey): Basic demographics of prior patient visits to the clinic/department (if data is not available please leave the field blank)

What was the total number of patients visiting with hepatitis B+C (acute or chronic - and irrespective of time of diagnosis relative to time of survey) in the last 12 months:

Percentage female: _____
((%))

Percentage homosexuals: _____
((%))

Median age: _____

Percentage white: _____
((%))

Estimated number of HIV positive tests pr. year within patients presenting with hepatitis B+C (acute or chronic - and irrespective of time of diagnosis relative to time of survey): _____

Local HIV prevalence (per 1000): _____

Is the local HIV prevalence: Estimated
 Diagnosed

General practice and policy

What is general practice as regards HIV testing within hepatitis B+C (acute or chronic - and irrespective of time of diagnosis relative to time of survey) in your service/clinic/department: Recommended routinely
 Recommended selectively
 Do not test
 Other
 Do not know

Are there plans to introduce routine HIV testing in your service/clinic/department: Yes
 No

Is there a national policy regarding testing of hepatitis B+C (acute or chronic - and irrespective of time of diagnosis relative to time of survey): Yes
 No

If yes, please specify: _____

What kind of test will be used: HIV antibody/antigen test
 Rapid test
 Don't know

Is setting testing carried out in: (please check all that apply) Hospital out-patient department/clinic
 Hospital in-patient/ward
 Primary care

Staff doing the HIV testing: (please check all that apply) Local clinic staff i.e. staff routinely looking after the indicator condition
 STI/HIV clinic staff go and do the testing
 Other

If other, please specify: _____

Will there be training for the local staff? Yes
 No
 Not applicable

Will there be backup or referral available if local staff need it? Yes
 No
 Not applicable

What do you foresee as possible problems in relation to the implementation of screening for HIV related to indicator diseases: _____

Other comments: _____

Ongoing mononucleosis-like illness: Basic demographics of prior patient visits to the clinic/department (if data is not available please leave the field blank)

What was the total number of patients visiting with ongoing mononucleosis-like illness in the last 12 months:

Percentage female:

((%))

Percentage homosexuals:

((%))

Median age:

Percentage white:

((%))

Estimated number of HIV positive tests pr. year within patients presenting with ongoing mononucleosis-like illness:

Local HIV prevalence (per 1000):

Is the local HIV prevalence:

- Estimated
 Diagnosed

General practice and policy

What is general practice as regards HIV testing within ongoing mononucleosis-like illness in your service/clinic/department:

- Recommended routinely
 Recommended selectively
 Do not test
 Other
 Do not know

Are there plans to introduce routine HIV testing in your service/clinic/department:

- Yes
 No

Is there a national policy regarding testing of ongoing mononucleosis-like illness:

- Yes
 No

If yes, please specify:

What kind of test will be used:

- HIV antibody/antigen test
 Rapid test
 Don't know

Is setting testing carried out in: (please check all that apply)

- Hospital out-patient department/clinic
 Hospital in-patient/ward
 Primary care

Staff doing the HIV testing: (please check all that apply)

- Local clinic staff i.e. staff routinely looking after the indicator condition
 STI/HIV clinic staff go and do the testing
 Other

If other, please specify:

Will there be training for the local staff?

- Yes
 No
 Not applicable

Will there be backup or referral available if local staff need it?

- Yes
 No
 Not applicable

What do you foresee as possible problems in relation to the implementation of screening for HIV related to indicator diseases:

Other comments:

Unexplained leukocytopenia or thrombocytopenia lasting at least 4 weeks: Basic demographics of prior patient visits to the clinic/department (if data is not available please leave the field blank)

What was the total number of patients visiting with unexplained leukocytopenia or thrombocytopenia lasting at least 4 weeks in the last 12 months:

Percentage female:

((%))

Percentage homosexuals:

((%))

Median age:

Percentage white:

((%))

Estimated number of HIV positive tests pr. year within patients presenting with unexplained leukocytopenia or thrombocytopenia lasting at least 4 weeks in the last 12 months:

Local HIV prevalence (per 1000):

Is the local HIV prevalence:

- Estimated
 Diagnosed

General practice and policy

What is general practice as regards HIV testing within unexplained leukocytopenia or thrombocytopenia lasting at least 4 weeks in the last 12 months in your service/clinic/department:

- Recommended routinely
 Recommended selectively
 Do not test
 Other
 Do not know

Are there plans to introduce routine HIV testing in your service/clinic/department:

- Yes
 No

Is there a national policy regarding testing of unexplained leukocytopenia or thrombocytopenia lasting at least 4 weeks in the last 12 months:

- Yes
 No

If yes, please specify:

What kind of test will be used:

- HIV antibody/antigen test
 Rapid test
 Don't know

Is setting testing carried out in: (please check all that apply)

- Hospital out-patient department/clinic
 Hospital in-patient/ward
 Primary care

Staff doing the HIV testing: (please check all that apply)

- Local clinic staff i.e. staff routinely looking after the indicator condition
 STI/HIV clinic staff go and do the testing
 Other

If other, please specify

Will there be training for the local staff?

- Yes
 No
 Not applicable

Will there be backup or referral available if local staff need it?

- Yes
 No
 Not applicable

What do you foresee as possible problems in relation to the implementation of screening for HIV related to indicator diseases:

Other comments:

Seborrheic dermatitis/exanthema: Basic demographics of prior patient visits to the clinic/department (if data is not available please leave the field blank)

What was the total number of patients visiting with seborrheic dermatitis/exanthema in the last 12 months:

Percentage female:

((%))

Percentage homosexuals:

((%))

Median age:

Percentage white:

((%))

Estimated number of HIV positive tests pr. year within patients presenting with seborrheic dermatitis/exanthema:

Local HIV prevalence (per 1000):

Is the local HIV prevalence:

- Estimated
 Diagnosed

General practice and policy

What is general practice as regards HIV testing within seborrheic dermatitis/exanthema in your service/clinic/department:

- Recommended routinely
 Recommended selectively
 Do not test
 Other
 Do not know

Are there plans to introduce routine HIV testing in your service/clinic/department:

- Yes
 No

Is there a national policy regarding testing of seborrheic dermatitis/exanthema:

- Yes
 No

If yes, please specify:

What kind of test will be used:

- HIV antibody/antigen test
 Rapid test
 Don't know

Is setting testing carried out in: (please check all that apply)

- Hospital out-patient department/clinic
 Hospital in-patient/ward
 Primary care

Staff doing the HIV testing: (please check all that apply)

- Local clinic staff i.e. staff routinely looking after the indicator condition
 STI/HIV clinic staff go and do the testing
 Other

If other, please specify:

Will there be training for the local staff?

- Yes
 No
 Not applicable

Will there be backup or referral available if local staff need it?

- Yes
 No
 Not applicable

What do you foresee as possible problems in relation to the implementation of screening for HIV related to indicator diseases:

Other comments:

Pneumonia (admitted to hospital at least 24h): Basic demographics of prior patient visits to the clinic/department (if data is not available please leave the field blank)

What was the total number of patients visiting with pneumonia (admitted to hospital at least 24h) in the last 12 months:

Percentage female:

((%))

Percentage homosexuals:

((%))

Median age:

Percentage white:

((%))

Estimated number of HIV positive tests pr. year within patients presenting with pneumonia (admitted to hospital at least 24h):

Local HIV prevalence (per 1000):

Is the local HIV prevalence:

- Estimated
 Diagnosed

General practice and policy

What is general practice as regards HIV testing within pneumonia (admitted to hospital at least 24h) in your service/clinic/department:

- Recommended routinely
 Recommended selectively
 Do not test
 Other
 Do not know

Are there plans to introduce routine HIV testing in your service/clinic/department:

- Yes
 No

Is there a national policy regarding testing of pneumonia (admitted to hospital at least 24h):

- Yes
 No

If yes, please specify:

What kind of test will be used:

- HIV antibody/antigen test
 Rapid test
 Don't know

Is setting testing carried out in: (please check all that apply)

- Hospital out-patient department/clinic
 Hospital in-patient/ward
 Primary care

Staff doing the HIV testing: (please check all that apply)

- Local clinic staff i.e. staff routinely looking after the indicator condition
- STI/HIV clinic staff go and do the testing
- Other

If other, please specify:

Will there be training for the local staff?

- Yes
- No
- Not applicable

Will there be backup or referral available if local staff need it?

- Yes
- No
- Not applicable

What do you foresee as possible problems in relation to the implementation of screening for HIV related to indicator diseases:

Other comments:

Unexplained lymphadenopathy: Basic demographics of prior patient visits to the clinic/department (if data is not available please leave the field blank)

What was the total number of patients visiting with unexplained lymphadenopathy in the last 12 months:

Percentage female:

((%))

Percentage homosexuals:

((%))

Median age:

Percentage white:

((%))

Estimated number of HIV positive tests pr. year within patients presenting with unexplained lymphadenopathy:

Local HIV prevalence (per 1000):

Is the local HIV prevalence:

- Estimated
- Diagnosed

General practice and policy

What is general practice as regards HIV testing within unexplained lymphadenopathy in your service/clinic/department:

- Recommended routinely
- Recommended selectively
- Do not test
- Other
- Do not know

Are there plans to introduce routine HIV testing in your service/clinic/department:

- Yes
- No

Is there a national policy regarding testing of unexplained lymphadenopathy:

- Yes
- No

If yes, please specify:

What kind of test will be used:

- HIV antibody/antigen test
- Rapid test
- Don't know

Is setting testing carried out in: (please check all that apply)

- Hospital out-patient department/clinic
- Hospital in-patient/ward
- Primary care

Staff doing the HIV testing: (please check all that apply)

- Local clinic staff i.e. staff routinely looking after the indicator condition
- STI/HIV clinic staff go and do the testing
- Other

If other, please specify:

Will there be training for the local staff?

- Yes
- No
- Not applicable

Will there be backup or referral available if local staff need it?

- Yes
- No
- Not applicable

What do you foresee as possible problems in relation to the implementation of screening for HIV related to indicator diseases:

Other comments:

Peripheral neuropathy of unknown cause (diagnosed by neurologist): Basic demographics of prior patient visits to the clinic/department (if data is not available please leave the field blank)

What was the total number of patients visiting with peripheral neuropathy of unknown cause (diagnosed by neurologist) in the last 12 months:

Percentage female:

((%))

Percentage homosexuals:

((%))

Median age:

Percentage white:

((%))

Estimated number of HIV positive tests pr. year within patients presenting with peripheral neuropathy of unknown cause (diagnosed by neurologist):

Local HIV prevalence (per 1000):

Is the local HIV prevalence:

- Estimated
- Diagnosed

General practice and policy

What is general practice as regards HIV testing within peripheral neuropathy of unknown cause (diagnosed by neurologist) in your service/clinic/department:

- Recommended routinely
- Recommended selectively
- Do not test
- Other
- Do not know

Are there plans to introduce routine HIV testing in your service/clinic/department:

- Yes
- No

Is there a national policy regarding testing of peripheral neuropathy of unknown cause (diagnosed by neurologist):

- Yes
- No

If yes, please specify:

What kind of test will be used:

- HIV antibody/antigen test
 Rapid test
 Don't know

Is setting testing carried out in: (please check all that apply)

- Hospital out-patient department/clinic
 Hospital in-patient/ward
 Primary care

Staff doing the HIV testing: (please check all that apply)

- Local clinic staff i.e. staff routinely looking after the indicator condition
 STI/HIV clinic staff go and do the testing
 Other

If other, please specify:

Will there be training for the local staff?

- Yes
 No
 Not applicable

Will there be backup or referral available if local staff need it?

- Yes
 No
 Not applicable

What do you foresee as possible problems in relation to the implementation of screening for HIV related to indicator diseases:

Other comments:

Primary lung cancer: Basic demographics of prior patient visits to the clinic/department (if data is not available please leave the field blank)

What was the total number of patients visiting with primary lung cancer in the last 12 months:

Percentage female:

_____ ((%))

Percentage homosexuals:

_____ ((%))

Median age:

Percentage white:

_____ ((%))

Estimated number of HIV positive tests pr. year within patients presenting with primary lung cancer:

Local HIV prevalence (per 1000):

Is the local HIV prevalence:

- Estimated
 Diagnosed

General practice and policy

What is general practice as regards HIV testing within primary lung cancer in your service/clinic/department:

- Recommended routinely
 Recommended selectively
 Do not test
 Other
 Do not know

Are there plans to introduce routine HIV testing in your service/clinic/department:

- Yes
 No

Is there a national policy regarding testing of primary lung cancer:

- Yes
 No

If yes, please specify:

What kind of test will be used:

- HIV antibody/antigen test
 Rapid test
 Don't know

Is setting testing carried out in: (please check all that apply)

- Hospital out-patient department/clinic
 Hospital in-patient/ward
 Primary care

Staff doing the HIV testing: (please check all that apply)

- Local clinic staff i.e. staff routinely looking after the indicator condition
 STI/HIV clinic staff go and do the testing
 Other

If other, please specify:

Will there be training for the local staff?

- Yes
 No
 Not applicable

Will there be backup or referral available if local staff need it?

- Yes
 No
 Not applicable

What do you foresee as possible problems in relation to the implementation of screening for HIV related to indicator diseases:

Other comments:

Severe or recalcitrant psoriasis (newly diagnosed): Basic demographics of prior patient visits to the clinic/department (if data is not available please leave the field blank)

What was the total number of patients visiting with severe or recalcitrant psoriasis (newly diagnosed) in the last 12 months:

Percentage female:

((%))

Percentage homosexuals:

((%))

Median age:

Percentage white:

((%))

Estimated number of HIV positive tests pr. year within patients presenting with severe or recalcitrant psoriasis (newly diagnosed):

Local HIV prevalence (per 1000):

Is the local HIV prevalence:

- Estimated
 Diagnosed

General practice and policy

What is general practice as regards HIV testing within severe or recalcitrant psoriasis (newly diagnosed) in your service/clinic/department:

- Recommended routinely
 Recommended selectively
 Do not test
 Other
 Do not know

Are there plans to introduce routine HIV testing in your service/clinic/department:

- Yes
 No

Is there a national policy regarding testing of severe or recalcitrant psoriasis (newly diagnosed):

- Yes
- No

If yes, please specify:

What kind of test will be used:

- HIV antibody/antigen test
- Rapid test
- Don't know

Is setting testing carried out in: (please check all that apply)

- Hospital out-patient department/clinic
- Hospital in-patient/ward
- Primary care

Staff doing the HIV testing: (please check all that apply)

- Local clinic staff i.e. staff routinely looking after the indicator condition
- STI/HIV clinic staff go and do the testing
- Other

If other, please specify:

Will there be training for the local staff?

- Yes
- No
- Not applicable

Will there be backup or referral available if local staff need it?

- Yes
- No
- Not applicable

What do you foresee as possible problems in relation to the implementation of screening for HIV related to indicator diseases:

Other comments:

Completed by and date

Completed by:

((investigator's initials))

Date completed:

((DD-MM-YYYY))