

HIV Index Case Form

**Index Patient Info**

**Date of Session:**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Month Day Year

**MIDIS Index Patient ID:**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Index Patient Name: \***

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

First Name Last Name

**Index Patient Date of Birth \***

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Month Day Year

**Index Patient Enrollment & Disposition**

**Attempt to Locate Index Patient:**

 Located  Unable to Locate

**Partner Services:**

The patient consents to an interview to provide details about their partners, who can then be discreetly informed about their potential exposure or risk. Additional partner services might include prevention counseling, testing for other STIs, hepatitis screening and vaccination, connection to medical care, and referrals to other necessary services, such as mental health care, substance use treatment, social support, housing assistance, and legal services.

Partner services must remain confidential, voluntary, non-coercive, and free of charge.

**Was enrollment in partner services accepted?**

 Accepted  Declined

**Why was the attempt to locate the index patient unsuccessful?**

 Out of Jurisdiction  Deceased  Other (please specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Medical History**

**New or Previous HIV-Diagnosis:**

* New Diagnosis (Verified)
* New Diagnosis (Not Verified)
* Previous Diagnosis
* Unable to Determine

**Stage of HIV Infection:**

* HIV Stage 0
* HIV Stage 1
* HIV Stage 2
* HIV Stage 3
* HIV Stage Unknown

**What was the reason the index patient decided to get tested for HIV? - Please ask this as an open-ended question and select all that apply. You may prompt as needed.**

* The patient was told they were a contact to an HIV case
* The patient was told they were a contact to an STD case
* Screening for PrEP
* Routine medical screening
* Concerned about symptoms
* The patient was diagnosed with an STD and was referred for testing
* Screened as part of prenatal care
* The patient was concerned about high-risk behaviors
* Declined to answer
* Other (please specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**What high risk behaviors was the patient concerned about? Please specify. (For example, anonymous partners, unprotected sexual contact, injecting drug use, etc.)**

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**Prior to diagnosis, did the index patient have difficulty getting tested for HIV?**

 Yes  No  Declined to answer  Other (please specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**What barriers did the index patient face in accessing HIV testing? - Please ask this as an open-ended question and select all that apply. You may prompt as needed.**

* The patient didn't know where to get tested
* The location of the testing facility was too far away
* Transportation barriers
* The testing hours were not convenient
* The patient had other health priorities
* Mental health barriers (e.g, depression and anxiety)
* Personal substance use
* The patient could not take time off work or school
* The patient did not have anyone to support them (ex: family or friends)
* Fear of positive test result
* Stigma or discrimination concerns
* Fear of testing procedures
* Confidentiality concerns
* Language and/or cultural barriers
* Not feeling at risk for HIV infection
* Concerns about what the test was like
* Declined to answer
* Other (please specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Index Patient Care Status at Interview**

* Pending
* In Care

Care Agency \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Care Site \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* Not In Care
* Declined to Answer

**Index Patient Risk**

**Did the index patient report the following behaviors in the last 12 months?**

**Yes No Not Asked Declined to Answer**

**Injection Drug Use**

**Vaginal or Anal Sex with a Male Vaginal or Anal Sex with a Female**

**Vaginal or Anal Sex with a Transgender Person Vaginal or Anal Sex without a Condom**

**Index Patient Pregnancy Status:**

* Pregnant
* Not Pregnant

**Index Patient Housing Status**

* Unstably Housed and At-Risk of Losing Housing
* Unhoused
* Stably Housed
* Not Asked
* Declined to Answer

**HIV PrEP (HIV Pre-Exposure Prophylaxis)**

HIV PrEP is a medication an individual can take to prevent being infected with HIV through sexual contact.

**Has the index patient heard of PrEP (Pre- Exposure Prophylaxis) before?**

* Yes
* No
* Declined to answer
* Other (please specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Has the index patient ever been on PrEP?**

* Yes
* No
* Declined to answer
* Other (please specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Did the index patient have challenges obtaining PrEP?**

* Yes
* No
* Declined to answer
* Other (please specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**What barriers or challenges did the index patient encounter? - Please ask this as an open ended question and select all that apply. You may prompt as needed.**

* Lack of information about PrEP
* Limited availability of PrEP
* Difficulty finding a provider who prescribes PrEP
* Extended wait times for an appointment with a provider who can prescribe PrEP
* Attitudes and behaviors of healthcare workers
* Financial barriers
* PrEP related stigma
* Pill burden/fatigue
* Doubting PrEP effectiveness
* Concerns about the side effects of PrEP
* Mode of administration (taking a pill, injection, implant, drinking a syrup) Confidentiality concerns
* Absence of sexual partners
* Declined to answer
* Other (please specify):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Partner Elicitation**

**Total number of CLAIMED Sex and/or Needle-Sharing partners within the last 12 months:**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Total number of NAMED Sex and/or Needle-Sharing partners within the last 12 months:**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Done