

RISK ASCERTAINMENT QUESTIONNAIRE FOR PERSONS WITH HIV ANTIBODIES (Ab) WITHOUT IDENTIFIED RISK FACTORS FOR EXPOSURE TO HUMAN IMMUNODEFICIENCY VIRUS

Details of case:

First name _____ (first two letters) Surname _____ (first two letters)

Date of Birth _____ / _____ / _____

Sex M / F

Postcode (current residence) _____

Country of birth (specify) _____

Language spoken at home (specify) _____

Marital status (circle correct response)
single / married / defacto relationship / divorced / separated / widowed

Highest level of education achieved (specify) _____

Person interviewed:

1. Case
2. Relative (specify) _____
3. Doctor (specify) _____
4. Other (specify) _____

Interview details:

Interviewer (name) _____
(signature) _____

Date of interview _____ / _____ / _____

Briefly describe the interview situation (i.e. health of the patient, where the interview took place, level of privacy, people present etc.)

1a. When did you first find out you were HIV Ab positive?

Date ____ / ____ / ____

1b. How did you first find out you were HIV Ab positive?

1c. HIV seroconversion illness is characterised by all or a combination of the following symptoms:

acute fever, myalgia, lethargy, malaise, generalised lymphadenopathy (especially axillary, anterior and posterior nodes), mucocutaneous ulceration of the mouth, an erythematous, maculopapular rash (non pruritic) on the face and trunk, may be present on other extremities, including the palms and soles of feet, headache, photophobia and retro-orbital pain.

Have you ever had any of these symptoms in combination lasting over a two week-one month period

- YES
- NO
- UNKNOWN

1d. If yes, please provide details.

2. HIV Ab testing history

2a. Have you undergone previous tests for HIV Ab?

- YES
- NO
- UNKNOWN

2b. If **yes**, please state for each test;

- ! date test performed,
- ! who arranged for the test to be performed,
- ! reason why test performed,
- ! and the result of the test.

(enter information into table below- emphasise need for most recent prior negative test)

Date of test	Test arranged by	Reason for test	Result of test	Comments

2c. Have you donated blood since 1980?

YES
NO

2d. If **yes**, please state for each donation;

- ! date blood donated,
- ! location blood donated,
(enter information into table next page)
- !

Date of blood donated	Location blood was donated	Comments

2e. Have you donated any body tissue or fluid eg sperm, ovum, kidney, bone marrow?

YES
NO

2f. If **yes**, please state details of donation

For cases without previous HIV Ab negative result, the period to which this questionnaire refers is from January, 1980 to date of first positive HIV Ab test.

For cases with previous HIV Ab negative result, the period to which this questionnaire refers is 2 years prior to the negative result to date of first positive HIV Ab test.

The period to which the following questions refer is from

____ / ____ / ____ to ____ / ____ / ____.

3. **Employment history (includes part-time jobs, voluntary work and time spent as a student)**

3a. Could you please list all the positions held during the period starting with the most recent. Please state occupation, business/type of work, suburb/town, and dates position held.

Occupation _____

Business/type of work _____

Dates From: _____

To: _____

Suburb/Town/Postcode _____

Occupation _____

Business/type of work _____

Dates From: _____

To: _____

Suburb/Town/Postcode _____

Occupation _____

Business/type of work _____

Dates From: _____

To: _____

Suburb/Town/Postcode _____

Occupation _____

Business/type of work _____

Dates From: _____

To: _____

Suburb/Town/Postcode _____

Occupation _____

Business/type of work _____

Dates From: _____

To: _____
Suburb/Town/Postcode _____

Occupation _____
Business/type of work _____

Dates From: _____
To: _____
Suburb/Town/Postcode _____

Occupation _____
Business/type of work _____

Dates From: _____
To: _____
Suburb/Town/Postcode _____

Occupation _____
Business/type of work _____

Dates From: _____
To: _____
Suburb/Town/Postcode _____

3b. During the period, did you work in any hospital, clinical laboratory or health care setting?

YES
NO

3c. During the period did any of the positions involve potential contact with human blood or body fluids, eg. beautician, hairdresser, work in a child care facility, performing ear piercing or tattooing, disposing of contaminated wastes, first-aid officer in occupational setting etc?

YES
NO

3d. If **yes**, please describe nature of contact with human blood or body fluids.

4a. Did you receive a blood transfusion or blood products such as clotting factors for any reason during the period?

YES
NO

4b. If **yes**, please indicate

- ! nature of blood product (eg whole blood, packed cells, platelets, fresh frozen plasma/factor 8),
- ! reason for receipt of blood product,
- ! date blood product administered,
- ! where blood product administered.

Nature of blood product	Reason for receipt of blood product	Date blood product administered	Where blood product administered

5a. Did you receive an organ transplant (such as a kidney or heart) or transplant of other human tissue (for example cornea or bone graft), or hormone/product derived from a human source (eg. growth hormone, reproductive hormone) during the period?

YES
NO

5b. If **yes**,

- ! what tissue, organ or hormone/product was transplanted,
- ! when did you receive the transplant,
- ! in which health facility was the transplant performed.

Tissue/product transplanted	Date of receipt of transplant	Health facility performing transplant

6a. Were you hospitalised during the period?

YES
NO

6b. If **yes**, please provide the following details for each hospitalisation.
(table next page)

Reason for hospitalisation	Year of hospitalisation	Name of hospital	Suburb/Town & State

6c. Did you attend a dental practice during the period?

- YES
- NO

6d. If **yes**, please provide the name of the dentist or dental practice, date(s) of visit(s), location of dental practice and nature of visit.

Date of visit	Name of dentist or dental practice	Suburb/Town of dental practice	Nature of visit

6e. During the period did you visit a general practitioner(s), medical centre, sexual health clinic, specialist doctor, hospital outpatient clinic or family planning centre?

- YES
- NO

6f. If **yes**, please specify

Name of health care provider or facility	Location of health care provider (Suburb/Town)

8a. Have you received renal dialysis during the period?

- YES
- NO

8b. If **yes**, please specify type of dialysis (haemodialysis, peritoneal dialysis), the dates of dialysis, where dialysis was performed and the reason for dialysis.

9a. Females: Did you receive artificial insemination to become pregnant at any time during the period?

YES
NO

9b. If **yes**, please specify date/s of insemination, where insemination was performed and the healthcare provider who arranged for the insemination

10a. Did you have acupuncture at any time during the period?
YES
NO

10b. If **yes**, please specify following details.

Name of acupuncturist	Date of acupuncture	Suburb/Town & State	Description of procedure

11a. Did you receive an injection with a needle from a non-health care professional at any time during the period?
YES
NO

11b. If **yes**, please specify purpose, date, suburb/city, and describe the setting in which the injection from a non-health care professional was performed.

12a. Did you have tattooing or ear piecing performed during the period?

- YES
- NO

12b. If **yes**, please specify date, location, suburb/city, and describe the setting in which the tattooing or ear piercing was performed.

13a. Did you play any body contact sport during the period?

- YES
- NO

13b. If yes, can you recall being exposed to another persons blood or body fluids on broken or cut skin.

13c. Did you engage in activities during the period where a needle, or other sharp object that may have been contaminated with blood pierced your skin (for example, electrolysis, scarring or religious activities).

- YES
- NO

13d. If **yes**, please specify the activity, date and setting in which the activity was performed.

14a. Did you have any medical condition which required injections during the period?

- YES
- NO

14b. If **yes**, please describe the condition and the circumstances.

15a. Did you receive or self-inject any medication with an un-sterile or previously-used needle during the period?

- YES
- NO

15b. If **yes**, please specify date, medication (drug), and setting in which injection occurred?

16a. Did you have an accident involving a needle or other sharp object that could have been contaminated with blood or body fluids (eg. stepping on a needle/syringe on the beach)?

- YES
- NO
- UNKNOWN

16b. If **yes**, please specify date, nature of object, nature of accident, and details of medical care(if sought).

OCCUPATIONAL:

OTHER:

17a. Did you have any of the following illnesses during the period?

ILLNESS	YES/NO/UNKNOWN (circle correct response)	DATE(S)	COMMENTS (eg. number of episodes)
Hepatitis A	Y / N / UK		
Hepatitis B	Y / N / UK		

Hepatitis C	Y / N / UK		
Hepatitis D	Y / N / UK		
Hepatitis (other) (specify type in comments)	Y / N / UK		
Gonorrhoea (including oral/pharyngeal/rectal)	Y / N / UK		
Nonspecific urethritis	Y / N / UK		
Syphilis	Y / N / UK		
Genital herpes	Y / N / UK		
Rectal herpes	Y / N / UK		
Venereal warts	Y / N / UK		
Chlamydia	Y / N / UK		
Proctitis	Y / N / UK		

17b. Any other sexually transmissible diseases (such as genital ulcers, pelvic inflammatory disease, chancroid, lymphogranuloma venereum, trichomonas etc.)

- YES
- NO
- UNKNOWN

17c. If **yes**, specify disease, dates and number of episodes

18a. Did you receive hepatitis B vaccine during the period?

- YES
- NO
- UNKNOWN

18b. If **yes**, specify reason for injection and date of last injection.

19a. Did you receive immunoglobulin (eg hepatitis, normal) during the period?

- YES
- NO
- UNKNOWN

19b. If **yes**, specify reason for immunoglobulin and date of last injection.

20a. Did you receive steroid injections (including anabolic steroids) during the period?

- YES
- NO
- UNKNOWN

20b. If **yes**, specify reason for steroid injection, date of injection and circumstances of injections.

21a. Did you travel overseas during this period?

- YES
- NO

21b. If **yes**, for each country visited indicate if

- ! you had sexual contact with anyone from the area, including prostitutes
- ! you received any medical care in the country.

Country	Date	Sexual contact with anyone from	Received medical care	Specify nature of medical care received
---------	------	---------------------------------	-----------------------	---

		area, including prostitutes		
		Y / N	Y / N	
		Y / N	Y / N	
		Y / N	Y / N	
		Y / N	Y / N	

21c. Did you receive an injection or have any other contact with needles while in any of these countries?

YES
NO

21d. If **yes**, specify country, date and describe the circumstances surrounding the injection?

21e. Did you receive a blood transfusion or blood products while in any of these countries?

YES
NO

21f. If **yes**, specify country, date and describe the circumstances surrounding the receipt of the blood product?

22a. Have you ever administered drugs into your veins, into your muscle, or into or under your skin during the period?

YES
NO

22b. If **yes**, specify drug type, date and location and describe the circumstances surrounding the administration of the drugs?

23. I am going to read a list of drugs. After each drug, please tell me whether you have used the drug during the period and whether it was injected or not.

Drug name	Used drug (YES / NO)	If yes , was it injected? (YES / NO)
Cocaine		
Heroin		
Speed (uppers, amphetamine)		
Pills (downers) (barbiturates)		

The following questions relate to your sexual activities. Sexual contact refers to vaginal, anal, or oral sex with either a man or a woman.

24. How old were you when you first had sexual contact(including sexual abuse and rape)?
____ ____ years

25. During the period did you have any sexual contact?

YES
NO

26. How many female partners did you have contact with during the period? ____ ____
27. How many male partners did you have contact with during the period? ____ ____
28. For the period, please state the first name of each sexual partner, the nature of the sexual contact, the frequency of the sexual contact and type of contraception used.
(table next page)

First Name	Nature of Sexual Contact	Frequency of Sexual Contact	Type of Contraception/Safe Sex

29. Did you have sexual contact with a person during the period who injected drugs?
- YES
 NO
 UNKNOWN
30. Did you have sexual contact with a person during the period with haemophilia or another clotting disorder?
- YES

NO
UNKNOWN

31. Did you have sexual contact during the period with a male or female prostitute (someone who exchanges sex for drugs or money)?

YES
NO
UNKNOWN

32a. Did you have sexual contact during the period with a person known to or suspected to have HIV?

YES
NO
UNKNOWN

32b. If **yes**, please provide details of contact

33a. During the period did you ever provide first-aid/medical care to any person known or suspected to have HIV?

YES
NO
UNKNOWN

33b. If **provided medical/first aid**, please describe the nature of the care

34a. Did you share a razor with anyone during the period?

YES
NO

34b. If **yes**, please provide details

35a. Did you share a toothbrush with anyone during the period?

- YES
- NO

35b. If **yes**, please provide details

36a. Were you ever in the Army, Navy or Airforce during the period?

- YES
- NO.....go to question 37a

36b. If **yes**, please specify dates and where stationed.

36c. Sometimes people have experiences in the military which are different from their usual experiences. Thinking back to your/case's time in the military, did you ever inject drugs which you may not have reported during my earlier questions?

- YES
- NO
- UNKNOWN

36d. If **yes**, specify drugs used and method(s) and date(s) of administration.

36e. Did you have sexual contact with a person/s you may not have reported during my earlier questions?

- YES
- NO
- UNKNOWN

36f. If **yes**, please specify first name, nature and frequency of sexual contact and method of contraception/safe sex.

37a. During the period were you ever in prison?

- YES
- NO

37b. If **in prison**, did you have sexual contact with anyone whilst in prison (including rape)?

YES (please specify)

NO

37c. If **in prison**, did you use IV drugs that you have not reported during my earlier questions?

YES (please specify)

NO

37d. If **in prison**, did you receive any tatto or have any part of your body peirced?

YES (please specify)

NO

38. How do you think you were exposed to HIV?

39. Additional comments
