Integrate

Joint Action on integrating prevention, testing and linkage to care strategies across HIV, viral hepatitis, TB and STIs in Europe

Risk behaviour questionnaire

Italy

HIV: ……. HCV: ……	Identification Code: ……	Date | __ | __ || _____ | Place……

Sex **M** **F** **TRANS** **Age** | _ | _ |

For foreigners, country of origin _____ **in Italy from** | _ | _ |

Education	□ None □ Primary school □ Secondary school		□ High school □ University	
Marital status	□ Unmarried □ Married □ Cohabitant		□ Divorced □ Widower	
Profession	□ student □ teacher □ freelance	□ housewife □ worker □ retired	□ employee □ unemployed □ manager	□ other

CLINICAL HISTORY	No	Yes	Don't remember/ Don't know	Refusal
Have you been diagnosed with sexually transmitted diseases (STD's) like syphilis, gonorrhea, herpes, chlamydia, genital warts or any other sexually transmitted infections in the <u>past 12 months</u>?	□	□	□	□
Have you ever done an HIV test?	□	□	□	□
If yes, why?	□ surgery □ blood donation □ medical check-up		□ pregnancy □ transfusion □ other	
When did you last have a HIV test?	□ 1 month □ 3 months □ 6 months □ more than 1 year □ don't remember			
What was the result of your last test?	□ Positive □ Negative □ Don't know (I never got the result)			
Among people living with you, is there someone who has or has had hepatitis C?	**No** □	**Yes** □	**Don't remember/ Don't know** □	**Refusal** □
Have you ever done an HCV test?	□	□	□	□
If yes, why?	□ surgery □ blood donation □ medical check-up		□ pregnancy □ transfusion □ other	

When did you last have a HCV test?	□ 1 month □ 3 months □ 6 months □ more than 1 year □ don't remember			
What was the result of your last test?	□ Positive □ Negative □ Don't know (I never got the result)			
Have you ever done a tattoo and/or body piercing?	□	□	□	□
Have you ever had a transfusion?	□	□	□	□

DRUG ABUSE	**No** □	**Yes** □	**Don't remember/ Don't know** □	**Refusal** □
Have you used drugs in the last 6 months? If yes, in which way?	□ no □ injected □ smoked □ inhaled			
What drugs have you used?	□ cocaine □ alcohol □ heroin □ other (specify): ……..			

SEXUAL INTERCOURSES IN THE LAST 6 MONTHS	**No** □	**Yes** □	**Don't remember/ Don't know** □	**Refusal** □
Partner	□ stable □ with condom □ no condom □ occasional □ with condom □ no condom			
Typology of sexual intercourses	□ homosexual □ heterosexual □ bisexual			
Have you had any sexual intercourse with someone with HIV and/or HCV?	□ yes □ HIV □ HCV □ no			
Have you had any sexual intercourse with someone who use drugs? □ injected □ inhalated □ smoked □ pills	□ yes □ with condom □ no condom □ no			

RESULT OF HIV TEST	**□ Negative**	**□ Preliminary Positive**
RESULT OF HCV TEST	**□ Negative**	**□ Preliminary Positive**

TUBERCULOSIS (TB)	**No**	**Yes**	**Don't remember/ don't know**	**Refusal**
Were you screened for clinical symptoms or tested for TB upon arrival to Italy?	□	□	□	□

What was the result of the screening/test?	Negative □ Positive □ I don't know □ I never received a result □
Only complete if screening/test was positive: **Were you referred for further testing and/or treatment?** **Are you currently receiving treatment for TB?**	 Yes □ Hospital/clinic: _____ No □ I do not remember □ Yes □ Hospital/clinic: _____ No □
Have you been recently in contact with someone with TB or suspected to have TB?	No □ Yes □ I do not remember/don't know □