





# Assessment of patient report of exposure to HIV

## Part A

### Verification of the available information on the patient with newly diagnosed HIV infection

Would you verify that the information on the patient indicated in Question A1 is complete and correct, or complete/correct each question on the form as appropriate, and then answer the questions in Part B, if applicable.

#### A1. Available information on your patient with newly diagnosed HIV infection.

i. Patient's identification

Family name (First two letters only)

Given name (First two letters only)

ii. Sex  Male  Female  Transgender  Not Reported

iii. Date of birth \_\_\_\_\_ / \_\_\_\_ / \_\_\_\_  
(DD/MM/YYYY)

iv. What is your patient's country of birth?

Australia  Other  
(Specify) \_\_\_\_\_

If your patient was born in a country other than Australia, approximately when did your patient arrive in Australia?

\_\_\_\_ / \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
(Month) (Year)

v. Does your patient identify as Aboriginal or Torres Strait Islander?

Yes  No  Not known

vi. Postcode of residence

vii. Date of specimen collection for the first diagnosis of HIV infection in Australia \_\_\_\_\_ / \_\_\_\_ / \_\_\_\_  
(DD/MM/YYYY)

viii. CD4+ cell count closest to the date of specimen collection above

\_\_\_\_ / \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
(cells/ $\mu$ l)

ix. Has your patient had a negative or indeterminate HIV antibody test result in Australia prior to the diagnosis of HIV infection?

Yes  No  Not known

If your patient had a **negative** test result, when was the last negative test? \_\_\_\_\_ / \_\_\_\_ / \_\_\_\_  
(DD/MM/YYYY)

If your patient had an **indeterminate** test result, when was the last indeterminate test? \_\_\_\_\_ / \_\_\_\_ / \_\_\_\_  
(DD/MM/YYYY)

x. Was your patient diagnosed with an HIV seroconversion illness?

Yes  No  Not known

If **YES**, what was the date of onset of symptoms of HIV seroconversion illness? \_\_\_\_\_ / \_\_\_\_ / \_\_\_\_  
(DD/MM/YYYY)

xi. Current status of your patient

Patient is alive

Date of most recent contact \_\_\_\_\_ / \_\_\_\_ / \_\_\_\_  
(DD/MM/YYYY)

Patient has died

Date of death \_\_\_\_\_ / \_\_\_\_ / \_\_\_\_  
(DD/MM/YYYY)

xii. HIV exposure category (Tick as many boxes as appropriate)

Sexual contact with person(s) of same sex

*If your patient reports a history of male homosexual contact, you have completed the form. **Thank you.***

Sexual contact only with person(s) of opposite sex

From a high prevalence country  
(Specify country) \_\_\_\_\_

Injecting drug use

Receipt of blood/tissue

Other exposure  
(Specify) \_\_\_\_\_

Exposure category has remained unclear or undetermined

xiii. If your patient reports a history of heterosexual contact only, what was the HIV exposure category of your patient's sexual partner(s)? (Tick as many boxes as appropriate)

Injecting drug use

Man who has sex with men

Recipient of blood/tissue

Person with haemophilia/coagulation disorder

Person from a high prevalence country  
(Specify country) \_\_\_\_\_

Person with known HIV infection whose exposure to HIV was other than those above  
(Specify exposure) \_\_\_\_\_

Person with known HIV infection whose exposure was not specified

Heterosexual contact, not further specified

*If your patient reports an HIV exposure history **other than male homosexual contact**, please answer the questions in Part B (Pages 3 and 4).*



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## Part B

**PART B should be completed only if the patient reports an exposure to HIV other than male homosexual/bisexual contact, or if exposure to HIV has remained either unclear or undetermined.**

### B1. Why was the patient tested for HIV antibody?

(Tick as many boxes as appropriate)

- Investigation of clinical symptoms of HIV infection
- Reported high risk behaviour
- Patient reported heterosexual contact with a person with known HIV infection
- Patient reported heterosexual contact overseas within the last twelve months
- Screening for sexually transmissible infections
- Legal requirement (visa, immigration, insurance)
- Screening associated with pregnancy
- Blood donor
- Other (Detail) \_\_\_\_\_

### B2. Was exposure to HIV discussed with your patient following diagnosis of HIV infection?

- Exposure to HIV was discussed in depth
- Exposure to HIV was discussed to a certain extent  
(Comment) \_\_\_\_\_
- Exposure to HIV has not been discussed
  - Patient's medical condition limits discussion
  - Patient has not returned
  - Patient has been referred elsewhere
  - Other reason (Comment) \_\_\_\_\_

### B3. Does your patient report sexual contact with person(s) of the opposite sex?

- Yes     No

If YES, answer Question B3 i to B3 vi.

If NO, go to Question B4.

- i. How many opposite sex sexual partners in the six months prior to HIV diagnosis does your patient report?
  - None
  - One
  - Between 2 and 10
  - More than 10
  - Not known
- ii. How many opposite sex sexual partners ever prior to HIV diagnosis does your patient report?
  - One
  - Between 2 and 10
  - Between 11 and 50
  - More than 50
  - Not known

### B4. If your patient is FEMALE, has she had any children?

- Yes     No     Not known

If YES, was it possible that the woman already had HIV infection when the children were born or breast fed?

- Yes     No     Not known

### B5. Does your patient report sexual contact with person(s) of the opposite sex from another country?

- Yes     No

If YES, answer Questions B5 i to B5 ii, then go to Question B6. If NO, go to Question B6.

- i. From which country did your patient's sexual partner(s) originate?  
\_\_\_\_\_
- ii. When did your patient have heterosexual contact (intercourse) with a person from another country?

#### First contact

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
(Month)		(Year)			

#### Most recent contact

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
(Month)		(Year)			

### B6. Does your patient report sexual contact with person(s) of the opposite sex in Australia?

- Yes     No

If YES, answer Questions B6 i, then go to Question B7.

If NO, go to Question B7.

- i. With which sexual partner(s) at risk of HIV infection does your patient report heterosexual contact since 1980 or since the last negative HIV antibody test (which ever date was the most recent)? (Tick as many boxes as appropriate)

What was HIV antibody status of the sexual partner?

(Tick the appropriate box)

Heterosexual contact with:	Antibody status		Not tested /NK
	Ab+	Ab-	
<input type="radio"/> Man who has had sex with men	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/> Injecting drug user	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/> Person from another country (Specify country) _____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/> Person with medically acquired HIV infection	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/> Person with known HIV infection whose exposure was other than those above (Specify) _____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/> Person with known HIV infection whose exposure could not be established	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/> Heterosexual contact not further specified	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



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## Part B

(continued)

### B7. Does your patient report injecting drug use since 1980?

- Yes  No

If **YES**, answer Questions B7 i to B7 vi, and then go to Question B8.

If **NO**, go to Question B8.

- i. Did your patient inject any drugs in the month prior to HIV diagnosis?

- Yes  No  Not known

- ii. How often does/did your patient inject drugs?

- Less than once per week  
 More than once per week  
 Not known

- iii. Did your patient ever use injecting equipment previously used by someone else, including his/her sexual partner(s)?

- Yes  No  Not known

- iv. If your patient reports sharing injecting equipment, in which year did he/she first share injecting equipment? (YYYY)

- v. If your patient no longer shares injecting equipment, in which year did he/she last share injecting equipment? (YYYY)

- vi. Has your patient attended a drug treatment service since 1985?

- Yes  No  Not known

### B8. Does your patient report receipt of blood, blood products or tissue?

- Yes  No  Not known

If **YES**, answer Questions B8 i to B8 iii, then go to Question B9.

If **NO**, go to Question B9.

- i. In which year was the blood, blood products or tissue received? (YYYY)

   

- ii. Which component(s) did your patient receive?

- Blood  
 Blood products  
 Tissue  
 Other

(Specify)

- iii. Have the blood, blood products or tissue received by your patient been confirmed to have HIV infection?

- Blood, blood products or tissue received have been confirmed to have HIV infection  
 Blood, blood products or tissue received have been confirmed not to have HIV infection  
 HIV infection status of blood, blood products or tissue received is not known

### B9. Had your patient donated blood or other body fluid/tissue prior to HIV diagnosis?

- Yes  No

If **YES**, has the Red Cross Blood Service been notified of your patient with HIV infection?

- Yes  No

### B10. Does your patient suggest other sources of exposure to HIV?

- Yes  No

If **YES**, does your patient request further investigation of exposure to HIV?

- Yes  No

If **YES**, the Health Department will contact you with respect to this case.

### B11. Do you (the doctor) think that the patient's report accurately describes his/her exposure to HIV?

- Generally satisfied that exposure to HIV has been accurately described  
 Not satisfied that exposure to HIV has been accurately described  
 Please indicate why you are not satisfied with the information that was provided.

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You have completed the form. *Thank you.*