Survey of baseline assessment and routine monitoring of patients with HIV

If you have any queries about how to complete the questionnaire, then please contact Hilary Curtis 020 7624 2148 hilary@regordane.net or click here to view a brief demonstration (1.9 Mb, requires Flash).

Please note that your answers are not saved until you click one of the buttons at the end of the page. However, you don't have to finish the questionnaire all in one go - you can save your progress and resume later.

Where is your clinical centre located?

- East Midlands Strategic Health Authority (SHA)
- South Central SHA
- Wales
- East of England SHA
- South East Coast SHA
- Scotland
- London SHA
- South West SHA
- Northern Ireland
- North East SHA
- West Midlands SHA
- Not sure
- North West SHA
- Yorkshire and the Humber SHA

How many patients are currently receiving care for HIV at your clinical centre?

- 1-50
- 51-100
- 101-200
- 201-500
- 501+
- Not sure

Please enter the actual number of HIV patients who have attended your centre for care at least once in the past six months. This enables us to estimate the proportion of the UK HIV population covered by the audit:

Number of HIV patients: 

Please estimate what proportion of HIV patients attending your centre are of black-African ethnicity:

Estimated percentage: 

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1
Baseline assessment of adult patients newly diagnosed with HIV:

What is your centre’s **policy** and **actual practice** as regards the following baseline tests in adult patients newly diagnosed with HIV? Please base your answers on the full post-diagnosis work-up, not necessarily just the initial consultation.

Please select option closest to your centre’s **policy**  If other specific group(s), please state:  Please tick if, in practice, it is difficult to get this test done in line with your policy

<table>
<thead>
<tr>
<th>Test</th>
<th>Select answer</th>
<th>If other specific group(s), please state</th>
<th>In practice, it is difficult to get this test done in line with your policy</th>
</tr>
</thead>
<tbody>
<tr>
<td>HIV resistance test</td>
<td>[Select answer]</td>
<td></td>
<td></td>
</tr>
<tr>
<td>HAV IgG antibody</td>
<td>[Select answer]</td>
<td></td>
<td></td>
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<tr>
<td>Hepatitis B: surface antigen</td>
<td>[Select answer]</td>
<td></td>
<td></td>
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<tr>
<td>Hepatitis B: core antibody</td>
<td>[Select answer]</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hepatitis B: surface antibody</td>
<td>[Select answer]</td>
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<td></td>
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<tr>
<td>Hepatitis B: DNA</td>
<td>[Select answer]</td>
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<tr>
<td>Hepatitis C: antibody</td>
<td>[Select answer]</td>
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<tr>
<td>Hepatitis C: RNA</td>
<td>[Select answer]</td>
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<tr>
<td>Toxoplasma antibody</td>
<td>[Select answer]</td>
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<tr>
<td>CMV: IgG antibody</td>
<td>[Select answer]</td>
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<tr>
<td>CMV: PCR or IgM</td>
<td>[Select answer]</td>
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<td></td>
</tr>
<tr>
<td>Syphilis serology</td>
<td>[Select answer]</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cryptococcal antigen</td>
<td>[Select answer]</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Chest radiograph</td>
<td>[Select answer]</td>
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<td></td>
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<tr>
<td>Dilated fundoscopy</td>
<td>[Select answer]</td>
<td></td>
<td></td>
</tr>
<tr>
<td>GUM screen</td>
<td>[Select answer]</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
NB: This is output from an online web-based questionnaire. The actual appearance will differ.

Cervical smear in women
[Select answer]

Anal smear in men
[Select answer]

Lipid profile: total cholesterol
[Select answer]

Lipid profile: HDL cholesterol
[Select answer]

Lipid profile: triglyceride
[Select answer]

Lipid profile: LDL cholesterol
[Select answer]

Urinalysis
[Select answer]

Blood pressure
[Select answer]

Random glucose
[Select answer]

HLA B57*01 allele
[Select answer]

Measles IgG antibody
[Select answer]

Height
[Select answer]

Weight
[Select answer]

If there are any other tests you do routinely or consider important for patients with newly diagnosed HIV infection, please write them here and then click the "Add a test" link. The page will reload and allow you to add further tests if you wish.

Add a test
Test: __________________________
Reason: _________________________

Please click one of the buttons below - this is essential to save your work!

Select "Next page" to carry on and finish the questionnaire. Or, if you would like to take a break, click "Save progress". Please keep a record of the resume code which then appears - you will need this to return to your answers and finish the questionnaire later.
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NB: the following questions in blue do not appear unless the relevant box has been ticked in the last column of the second to last question on page 3.

What are the main reasons why you cannot always test for HIV resistance in accordance with your policy for newly diagnosed patients (tick all that apply)?

- Availability of test
- Funding
- Patient's clinical condition at diagnosis
- Pressure on staff time
- Forgetting to do test
- Patient refusal of test
- Lack of clinic capacity
If there are other important reasons, please write them here:_________

What are the main reasons why you cannot always test for HAV IgG antibody in accordance with your policy for newly diagnosed patients (tick all that apply)?

- Availability of test
- Funding
- Patient's clinical condition at diagnosis
- Pressure on staff time
- Forgetting to do test
- Patient refusal of test
- Lack of clinic capacity
If there are other important reasons, please write them here:_________

What are the main reasons why you cannot always test for hepatitis B markers in accordance with your policy for newly diagnosed patients (tick all that apply)?

- Availability of test
- Funding
- Patient's clinical condition at diagnosis
What are the main reasons why you cannot always test for hepatitis C markers in accordance with your policy for newly diagnosed patients (tick all that apply)?

- Availability of test
- Funding
- Patient's clinical condition at diagnosis
- Pressure on staff time
- Forgetting to do test
- Patient refusal of test
- Lack of clinic capacity

If there are other important reasons, please write them here:

What are the main reasons why you cannot always test for toxoplasma antibody in accordance with your policy for newly diagnosed patients (tick all that apply)?

- Availability of test
- Funding
- Patient's clinical condition at diagnosis
- Pressure on staff time
- Forgetting to do test
- Patient refusal of test
- Lack of clinic capacity

If there are other important reasons, please write them here:

What are the main reasons why you cannot always test for CMV markers in accordance with your policy for newly diagnosed patients (tick all that apply)?
What are the main reasons why you cannot always test for syphilis in accordance with your policy for newly diagnosed patients (tick all that apply)?

- Availability of test
- Funding
- Patient's clinical condition at diagnosis
- Pressure on staff time
- Forgetting to do test
- Patient refusal of test
- Lack of clinic capacity

If there are other important reasons, please write them here: 

What are the main reasons why you cannot always test for cryptococcal antigen in accordance with your policy for newly diagnosed patients (tick all that apply)?

- Availability of test
- Funding
- Patient's clinical condition at diagnosis
- Pressure on staff time
- Forgetting to do test
- Patient refusal of test
- Lack of clinic capacity

If there are other important reasons, please write them here: 

NB: This is output from an online web-based questionnaire. The actual appearance will differ.
What are the main reasons why you cannot always use chest radiography in accordance with your policy for newly diagnosed patients (tick all that apply)?

- Availability of test
- Funding
- Patient’s clinical condition at diagnosis
- Pressure on staff time
- Forgetting to do test
- Patient refusal of test
- Lack of clinic capacity

If there are other important reasons, please write them here: ______________________________________________________

What are the main reasons why you cannot always perform dilated fundoscopy in accordance with your policy for newly diagnosed patients (tick all that apply)?

- Availability of test
- Funding
- Patient’s clinical condition at diagnosis
- Pressure on staff time
- Forgetting to do test
- Patient refusal of test
- Lack of clinic capacity

If there are other important reasons, please write them here: ______________________________________________________

What are the main reasons why you cannot always perform GUM screening in accordance with your policy for newly diagnosed patients (tick all that apply)?

- Availability of test
- Funding
- Patient’s clinical condition at diagnosis
- Pressure on staff time
- Forgetting to do test
What are the main reasons why you cannot always perform cervical smear testing in accordance with your policy for newly diagnosed women (tick all that apply)?

- Availability of test
- Funding
- Patient's clinical condition at diagnosis
- Pressure on staff time
- Forgetting to do test
- Patient refusal of test
- Lack of clinic capacity

If there are other important reasons, please write them here:

What are the main reasons why you cannot always perform anal smear testing in accordance with your policy for newly diagnosed men (tick all that apply)?

- Availability of test
- Funding
- Patient's clinical condition at diagnosis
- Pressure on staff time
- Forgetting to do test
- Patient refusal of test
- Lack of clinic capacity

If there are other important reasons, please write them here:

What are the main reasons why you cannot always measure lipid profiles in accordance with your policy for newly diagnosed patients (tick all that apply)?

- Availability of test
Funding

Patient's clinical condition at diagnosis

Pressure on staff time

Forgetting to do test

Patient refusal of test

Lack of clinic capacity

If there are other important reasons, please write them here:

What are the main reasons why you cannot always perform urinalysis in accordance with your policy for newly diagnosed patients (tick all that apply)?

Availability of test

Funding

Patient's clinical condition at diagnosis

Pressure on staff time

Forgetting to do test

Patient refusal of test

Lack of clinic capacity

If there are other important reasons, please write them here:

What are the main reasons why you cannot always measure blood pressure in accordance with your policy for newly diagnosed patients (tick all that apply)?

Availability of test

Funding

Patient's clinical condition at diagnosis

Pressure on staff time

Forgetting to do test

Patient refusal of test

Lack of clinic capacity

If there are other important reasons, please write them here:
What are the main reasons why you cannot always measure random glucose in accordance with your policy for newly diagnosed patients (tick all that apply)?

- Availability of test
- Funding
- Patient's clinical condition at diagnosis
- Pressure on staff time
- Forgetting to do test
- Patient refusal of test
- Lack of clinic capacity

If there are other important reasons, please write them here:

What are the main reasons why you cannot always test for the HLA B57*01 allele in accordance with your policy for newly diagnosed patients (tick all that apply)?

- Availability of test
- Funding
- Patient's clinical condition at diagnosis
- Pressure on staff time
- Forgetting to do test
- Patient refusal of test
- Lack of clinic capacity

If there are other important reasons, please write them here:

What are the main reasons why you cannot always test for measles IgG antibody in accordance with your policy for newly diagnosed patients (tick all that apply)?

- Availability of test
- Funding
- Patient's clinical condition at diagnosis
- Pressure on staff time
- Forgetting to do test
What are the main reasons why you cannot always measure height/weight in accordance with your policy for newly diagnosed patients (tick all that apply)?

- Availability of test
- Funding
- Patient's clinical condition at diagnosis
- Pressure on staff time
- Forgetting to do test
- Patient refusal of test
- Lack of clinic capacity

If there are other important reasons, please write them here:

What is your policy as regards arranging the following immunisations for newly diagnosed patients with HIV infection?

<table>
<thead>
<tr>
<th></th>
<th>Routinely to all patients</th>
<th>Only those who are immunocompetent</th>
<th>Other specific groups</th>
<th>Not offered</th>
<th>Not known</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hepatitis A vaccine (if non-immune)</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Hepatitis B vaccine (if non-immune)</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
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</tr>
<tr>
<td>Pneumovax</td>
<td>☐</td>
<td>☐</td>
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<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Influenza vaccine (yearly)</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
</tbody>
</table>

Which of the following do you routinely discuss with patients newly diagnosed with HIV?

<table>
<thead>
<tr>
<th></th>
<th>Routinely with all patients</th>
<th>Only those who are immunocompromised</th>
<th>Other specific groups</th>
<th>Not discussed</th>
<th>Not known</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cryptosporidial risk</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Toxoplasma risk</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
</tbody>
</table>
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Live vaccines and travel ☐ ☐ ☐ ☐ ☐ ☐
Consent to inform GP of HIV diagnosis ☐ ☐ ☐ ☐ ☐ ☐
Correct use of condoms ☐ ☐ ☐ ☐ ☐ ☐
Disclosure of status to current and future sexual partners ☐ ☐ ☐ ☐ ☐ ☐
Post-exposure prophylaxis for sexual partners ☐ ☐ ☐ ☐ ☐ ☐
Plans for pregnancy/contraception ☐ ☐ ☐ ☐ ☐ ☐

Follow up of adult patients with diagnosed HIV infection:

What is your centre's policy as regards monitoring the following in adult HIV patients for whom antiretroviral therapy is not recommended?

<table>
<thead>
<tr>
<th>Test</th>
<th>Routinely at each visit</th>
<th>At least yearly (may be more for some patients)</th>
<th>Only if specifically indicated</th>
<th>Other or not known</th>
</tr>
</thead>
<tbody>
<tr>
<td>Blood pressure</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Weight</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Urinalysis</td>
<td>☐</td>
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<tr>
<td>Lipid profile</td>
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<tr>
<td>Syphilis serology</td>
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<tr>
<td>Hepatitis B markers</td>
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<tr>
<td>Hepatitis C antibody</td>
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<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Cervical smear</td>
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<td>☐</td>
</tr>
<tr>
<td>Sexual health screen</td>
<td>☐</td>
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<td>☐</td>
<td>☐</td>
</tr>
</tbody>
</table>

How frequently would a well adult HIV patient with a stable, high CD4 cell count not on treatment be reviewed at your centre?

☐ Every 3 months ☐ Every 4 months ☐ Every 6 months
☐ Every 12 months or less frequently ☐ No clear policy ☐ Not sure
What is your centre's policy as regards monitoring the following in adult HIV patients who are stable, adherent and well-established on anti-retroviral therapy with a good CD4 cell count?

<table>
<thead>
<tr>
<th>Test</th>
<th>Routinely at each visit</th>
<th>At least yearly (may be more for some patients)</th>
<th>Only if specifically indicated</th>
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<tbody>
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<td>Blood pressure</td>
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<td>Weight</td>
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<tr>
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<tr>
<td>Hepatitis C antibody</td>
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<td></td>
</tr>
<tr>
<td>Cervical smear</td>
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<td></td>
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<td></td>
</tr>
<tr>
<td>Sexual health screen</td>
<td></td>
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<td></td>
</tr>
</tbody>
</table>

How frequently would an adult HIV patient who is stable, adherent and well-established on anti-retroviral therapy with a good CD4 cell count be reviewed at your centre?

- Every 3 months
- Every 4 months
- Every 6 months
- Every 12 months or less frequently
- No clear policy
- Not sure

Please click one of the buttons below - this is essential to save your work!

If you have finished and are satisfied with your answers, click "Submit form". Or, if you would like to take a break, click "Save progress". Please keep a record of the resume code which then appears - you will need this to return to your answers and finish the questionnaire later.