There are 11 questions in this survey

Patient assessment

1 [] Does your proforma or standard procedure for annual clinician review of adults with HIV include asking about:							
Please choose the appropriate response for each item:							
	Yes, for all adults with HIV	Yes, for some groups of adults with HIV	Not as routine	Not sure			
Mental health or psychological well- being?	0	0	0	0			
Alcohol?	0	0	0	0			
Other recreational drugs?	0	0	0	0			
Chemsex?	0	0	0	0			
"Chemsex" describes sex that occurs under the influence of drugs, which are taken immediately preceding and/or during a sexual session. The drugs most commonly associated with chemsex are crystal methamphetamine, GHB/GBL, mephedrone and, to a lesser extent, cocaine and ketamine. 2 [] Does your routine assessment of mental health or psychological well-being involve the use of a standardised tool or questionnaire?							
Please choose all that apply:							
Yes, for all patients	;						
Yes, for patients for whom a possible problem is suspected							
Yes, for specific group(s) of patients							
No, we do not use a standard toolNot sure							
This might include, for example, a self-completion questionnaire for the patient to fill in while waiting to be seen.							

3 [] Which tool(s) do you use for routine psychological screening? (Do not include diagnostic tools which may be used in further assessment of individuals for whom screening has already identified a possible problem.)
Please choose all that apply:
 CES-D (Center for Epidemiologic Studies – Depression Scale) GAD2 (Generalised Anxiety Disorder Questionnaire) GAD7 HADS (Hospital Anxiety and Depression Scale) PHQ2 (Patient Health Questionnaire)
□ PHQ4 □ PHQ9 □ WHO-5 (Well-being Index) □ Other:
4 [] Does your routine assessment of alcohol use involve the use of a standardised tool or questionnaire?
Please choose all that apply:
 Yes, for all patients Yes, for patients for whom a possible problem is suspected Yes, for specific group(s) of patients
■ No, we do not use a standard tool■ Not sure
This might include, for example, a self-completion questionnaire for the patient to fill in while waiting to be seen.

5 []Which tool(s) do you use for routine alcohol screening in patients in whom no problem is suspected? (Do not include diagnostic tools which may be used in further assessment of individuals for whom screening suggests a possible problem.)				
Please choose all that apply:				
 AUDIT (Alcohol Use Disorders Identification Test) CAGE (Concern/Cut-down, Anger, Guilt, Eye-opener) CRAFFT (Car, Relax, Alone, Forget, Friends, Trouble) 				
□ FAST (Fast Alcohol Screening Tool)□ PAT (Paddington Alcohol Test)□ Other:				

Care pathways

6 []Please tick and briefly describe if you offer specialised support within the HIV clinical service for problems associated with:							
Comment only when you choose an answer.							
Please choose all that apply and provide a comment:							
☐ Mental health or psychological well-							
being							
☐ Alcohol use							
Recreational drug use							
7 []Does this include specialist swith chemsex or "club" drugs? Please choose only one of the following: Yes No Not sure	support for indiv	iduals with problems associated					
8 []Does your service have documented care pathways in place for adults with HIV and problems associated with:							
Please choose the appropriate response for each	ch item:						
Mental health or	Yes	No					
psychological well- being:	0	0					
Alcohol use:	0	•					
Recreational drug use:	0	•					

9 [] What types of recreational drugs does this pathway address? Please choose all that apply:							
Ketamine/amphetaminesCocaineEcstasy							
CannabisOpiatesInhalants							
Legal highs Steroids Chems							
10 []Are you able to refer adults with HIV directly to specialist services for problems associated with:							
Please choose the appro	opriate response for each item:						
	Yes, we can refer directly	No, we can only refer via the patient's GP	Not sure				
Mental health or psychological well- being:	0	0	0				
Alcohol use:	0	0	0				
Recreational drug use:	0	0	0				
If this varies by area of residence, please choose the answer that best fits most of your service's patients.							
11 []Please click on "Submit" to record your data. After doing so you will be able							

11 []Please click on "Submit" to record your data. After doing so you will be able save the completed form for your own records before following other options, including entering data for the accompanying case note review audit.

Submit your survey.
Thank you for completing this survey.