

NB: This is output from an online web-based questionnaire. The actual appearance will differ.

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?

- | | | |
|---|---|---|
| <input type="checkbox"/> East Midlands Strategic Health Authority (SHA) | <input type="checkbox"/> South Central SHA | <input type="checkbox"/> Wales |
| <input type="checkbox"/> East of England SHA | <input type="checkbox"/> South East Coast SHA | <input type="checkbox"/> Scotland |
| <input type="checkbox"/> London SHA | <input type="checkbox"/> South West SHA | <input type="checkbox"/> Northern Ireland |
| <input type="checkbox"/> North East SHA | <input type="checkbox"/> West Midlands SHA | <input type="checkbox"/> Not sure |
| <input type="checkbox"/> North West SHA | <input type="checkbox"/> 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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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
HIV resistance test	[Select answer]		<input type="checkbox"/>
HAV IgG antibody	[Select answer]		<input type="checkbox"/>
Hepatitis B: surface antigen	[Select answer]		<input type="checkbox"/>
Hepatitis B: core antibody	[Select answer]		<input type="checkbox"/>
Hepatitis B: surface antibody	[Select answer]		<input type="checkbox"/>
Hepatitis B: DNA	[Select answer]		<input type="checkbox"/>
Hepatitis C: antibody	[Select answer]		<input type="checkbox"/>
Hepatitis C: RNA	[Select answer]		<input type="checkbox"/>
Toxoplasma antibody	[Select answer]		<input type="checkbox"/>
CMV: IgG antibody	[Select answer]		<input type="checkbox"/>
CMV: PCR or IgM	[Select answer]		<input type="checkbox"/>
Syphilis serology	[Select answer]		<input type="checkbox"/>
Cryptococcal antigen	[Select answer]		<input type="checkbox"/>
Chest radiograph	[Select answer]		<input type="checkbox"/>
Dilated funduscopy	[Select answer]		<input type="checkbox"/>
GUM screen	[Select answer]		<input type="checkbox"/>

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Cervical smear in women	[Select answer]		<input type="checkbox"/>
Anal smear in men	[Select answer]		<input type="checkbox"/>
Lipid profile: total cholesterol	[Select answer]		<input type="checkbox"/>
Lipid profile: HDL cholesterol	[Select answer]		<input type="checkbox"/>
Lipid profile: triglyceride	[Select answer]		<input type="checkbox"/>
Lipid profile: LDL cholesterol	[Select answer]		<input type="checkbox"/>
Urinalysis	[Select answer]		<input type="checkbox"/>
Blood pressure	[Select answer]		<input type="checkbox"/>
Random glucose	[Select answer]		<input type="checkbox"/>
HLA B57*01 allele	[Select answer]		<input type="checkbox"/>
Measles IgG antibody	[Select answer]		<input type="checkbox"/>
Height	[Select answer]		<input type="checkbox"/>
Weight	[Select answer]		<input type="checkbox"/>

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.

Next page >>	Resume progress	Save progress	Restore previous answers
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50%

NB: This is output from an online web-based questionnaire. The actual appearance will differ.

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

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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 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)?

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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 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:

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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

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Patient refusal of test

Lack of clinic capacity

Difficulty in getting appointments

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

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

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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:

NB: This is output from an online web-based questionnaire. The actual appearance will differ.

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

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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 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?

	Routinely to all patients	Only those who are immunocompetent	Other specific groups	Not offered	Not known
Hepatitis A vaccine (if non-immune)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hepatitis B vaccine (if non-immune)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Pneumovax	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Influenza vaccine (yearly)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

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

	Routinely with all patients	Only those who are immunocompromised	Other specific groups	Not discussed	Not known
Cryptosporidial risk	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Toxoplasma risk	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

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Live vaccines and travel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Consent to inform GP of HIV diagnosis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Correct use of condoms	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Disclosure of status to current and future sexual partners	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Post-exposure prophylaxis for sexual partners	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Plans for pregnancy/contraception	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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?

	Routinely at each visit	At least yearly (may be more for some patients)	Only if specifically indicated	Other or not known
Blood pressure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Weight	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Urinalysis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lipid profile	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Syphilis serology	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hepatitis B markers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hepatitis C antibody	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cervical smear	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sexual health screen	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

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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?

	Routinely at each visit	At least yearly (may be more for some patients)	Only if specifically indicated	Other or not known
Blood pressure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Weight	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Urinalysis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lipid profile	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Syphilis serology	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hepatitis B markers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hepatitis C antibody	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cervical smear	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sexual health screen	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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.

100%