

Taiwan CDC Free Anonymous HIV Testing and Counseling Consent Form

Part I. Information

The National Taiwan University Hospital (NTUH) is appointed by the Centers of Disease Control, R.O.C (Taiwan CDC) as one of the free, anonymous testing and counseling sites for syphilis and HIV infection. With anonymous testing, your name will not be collected or stored. Instead, you will be given a unique testing code which is associated with your results. As such, it is your responsibility to contact us to get your results using the code.

Please note that due to confidentiality reasons, we will only provide the results **once** upon your inquiry. If you would like to double check your results, please schedule another appointment for a retest. In addition, as this is an anonymous testing, no formal, written test report will be issued. If you need one, please visit near-by hospitals or other testing sites.

As this anonymous testing service is a part of the Taiwan CDC AIDS Control Program, all participants are required to fill out the attached 'Taiwan CDC Anonymous HIV Testing and Counseling Questionnaire' prior to receiving the tests. Same as your test results, the information you provided in the questionnaire is strictly anonymous, protected, and confidential. The information collected will be used solely for the purpose of individual risk assessment and for future evaluation on the outcome and effectiveness of this service provided by Taiwan CDC and NTUH. All procedures are and will be conducted in adherence to relevant ethical guidelines.

Sample collection:

Disease	Virus	Sample Type	Collection Method(s)
Human Immunodeficiency Virus (HIV) Infection	HIV	Blood	PA method ¹
Syphilis	<i>Treponema pallidum</i>	Blood	RPR ² ; if positive, confirm with TPHA ³

¹PA method, HIV-partical haemagglutination, ²RPR, rapid plasma regain, ³TPHA, Treponema pallidum haemagglutination

Part II. Certificate of Consent

I have read the information above, or it has been read to me. I have had the opportunity to ask questions and my questions have been answered to my satisfaction. By filling out the testing code below, I consent voluntarily to fill out the questionnaire and receive the service in the manner and for the purposes indicated above.

Date of Service: _____ — _____ — _____
Year Month Day

Testing Code: — — —

Please fill out the testing code as follows (from left to right):

- **Box 1:** choose an alphabet (A-Z).
- **Boxes 2-4:** choose any combination of three numerical numbers (0-9).
- **Box 5:** please identify your biological sex, M for male and F for female.
- **Boxes 6-7:** the last two digits of your birth year in Minguo calendar
(To convert your Gregorian birth year into Minguo year = A.D. – 1911. For example, if you were born in 1989, your Minguo birth year is 1989 – 1911 = 78.)

Part III. Taiwan CDC Risk Assessment Survey

	Yes	No
1. Have you been sexually active (vaginal/anal intercourse and/or oral sex) within the past year?		
2. Did you have alcohol before or during sexual activities?		
3. Did you use recreational drug(s) before or during sexual activities?		
4. Within the past year, did you use protective measures (e.g. condoms) every time during anal intercourse (if applicable)?		
5. Within the past year, did you use protective measures (e.g. condoms) every time during vaginal intercourse (if applicable)?		
6. Within the past year, did you use protective measures (e.g. condoms) every time during oral sex (if applicable)?		
7. Do you get tested for HIV infection routinely?		

Part IV. Taiwan CDC Free Anonymous HIV Testing and Counseling Questionnaire

There are five sections (A-E) in this questionnaire. Please answer the questions to the best of your ability. Thank you. ☺

A. General Information

1. Birth year : _____
2. Biological sex : Male Female Transgender
3. Are you a Taiwanese passport holder ? Yes No
4. Current residency (city) : _____
5. Highest level of education : Doctoral degree Masters degree Bachelor's degree
 Vocational or technical school Senior high school, secondary school diploma or equivalent
 Junior high school Elementary or grade school Illiterate
6. Current employment status : Full-time Part-time Student Unemployed
7. Current monthly income status (NTD): < 30,000 30,000 – 49,999 50,000 – 69,999 > 70,000

B. Accessing HIV Screening Services

1. How did you learn about this service ? (Check all that apply.)
 - Smartphone apps (Jack'd, Grindr and others) BBS
 - Online chat rooms or dating sites (UT, Club1069 and others) Search engines
 - On-campus events (orientation, sports event, block party, etc.) Bar, bathhouse, gym, etc
 - Public events (music festival, celebration, parade, etc.) Family/friends
 - Non-governmental organizations (NGOs) Healthcare provider(s)
 - Blood donation center Newspaper/magazine
 - Staff from CDC or Taiwan free HIV counseling hotline TV/broadcasts
 - Others, please specify : _____

2. Have you ever been tested for HIV?
 - Yes (please answer the following)
 - How often do you get tested ? once every 3 months once every 3-6 months once every 6-12 months once every 12+ months not tested routinely
 - The last test was done _____ month(s) ago. Was it anonymous ? Yes No. The HIV result yielded was (select only one) positive negative unknown.
 - No (please proceed to question 3.)
3. From the following activities, please select all that you have engaged in.
 - sex work (provider) having sex with someone you met online or from apps.
 - sex work (consumer) having sex with someone you met at places like a pub, bathhouse, or gym.
 - attending a sex party attending a party involving recreational drug use
 - one-night stand sharing needles, syringes, filters, or containers
 - The last time you engaged in the any of the above was _____ month(s) ago.

C. Risk Assessment

1. Do you currently have (or previously have had) sex with male, female, or both?
 - male female both
2. How old were you when you had your first sexual experience ? I was _____ years of age, and my first sexual partner(s) was(were) male female both.
3. How many sexual partners have you had in the past 3 months ? 0 1-5 6-10 11-20 21-30 >30

Is any of your previous or current sexual partner infected with HIV or other sexually transmitted diseases (STDs) ? Yes No.
4. Which of the following unprotected sex did you engage in during your last sexual activity ? (Please select all that apply.)
 - Did not engage in any unprotected sex (please proceed to the next question)
 - oral sex anal intercourse vaginal intercourse.

When was it ? < 1 month ago 1-3 months ago 3-6 months ago 6-12 months ago.
5. Please indicate the biological sex of your partner(s) : male female both
6. In the past 3 months, did you have a partner whom you regularly engaged in sexual activities with (i.e. a committed sex partner)? Yes No (If no, please proceed to question 6.)
 - In the past 3 months, how often did you use protective measures (e.g. condoms) during anal intercourse with your committed sex partner(s)?
 - 100% ≥75% 50% 25% 0% Did not engaged in anal intercourse.
 - In the past 3 months, how often did you use protective measure (e.g. condoms) during oral sex with your committed sex partner(s)?
 - 100% ≥75% 50% 25% 0% Did not engaged in oral sex.
 - In the past 3 months, how often did you use protective measures (e.g. condoms) during vaginal intercourse with your committed sex partner(s)?
 - 100% ≥75% 50% 25% 0% Did not engaged in vaginal intercourse.

7. In the past three months, did you have one or more partners whom you did not regularly engage in sexual activities with (i.e. a casual sex partner)? Yes No (If not, please proceed to question 7.)
- In the past 3 months, how often did you use protective measures (e.g. condoms) during anal intercourse with your casual sex partner(s)?
 - 100% ≥75% 50% 25% 0% Did not engaged in anal intercourse.
 - In the past 3 months, how often did you use protective measure (e.g. condoms) during oral sex with your casual sex partner(s)?
 - 100% ≥75% 50% 25% 0% Did not engaged in oral sex.
 - In the past 3 months, how often did you use protective measures (e.g. condoms) during vaginal intercourse with your casual sex partner(s)?
 - 100% ≥75% 50% 25% 0% Did not engaged in vaginal intercourse.
8. Have you ever had experience with anilingus, or kissing/licking your partner's anus ? Yes No
9. In the past year, which of the following have you used ? (Please select all that apply.)
- ketamine RUSH MDMA/ecstasy amphetamine/methamphptamine marijuana
- cocaine morphine heroine other(s), please specify : _____
- None of the above (please proceed to section D.)
- Are you still using any of these drugs (if applicable) ? Yes No

D. Symptoms and Diagnoses

1. In the past 6 months, which of the following symptoms have you experienced? (Select all that apply.)
- Painful or burning sensation during urination
 - Rashes all over the body
 - Yellow discharge from the urethra
 - Diarrhea of unknown cause
 - Cauliflower-like bumps in the anal or genital area
 - Intermittent fever of unknown origin
 - Vaginal itching, white patches in the vagina
 - Inexplicable weight loss
 - Ulcer in the genital or anal area
 - None of the above.
 - Rosy 'copper penny' rash on the palms of the hands and soles of the feet

2. In the past 6 months, were you diagnosed with any of the following? (Select all that apply.)

	If yes, about how many months ago ? Leave it blank if no.
<input type="checkbox"/> Syphilis	
<input type="checkbox"/> Gonorrhea	
<input type="checkbox"/> Genital warts	
<input type="checkbox"/> Chlamydia	
<input type="checkbox"/> Genital herpes	
<input type="checkbox"/> Accuate hepatitis A (HAV) infection	
<input type="checkbox"/> Shigellosis (bacillary dysentery)	
<input type="checkbox"/> Amoebic dysentery	
<input type="checkbox"/> None of the above.	NA

E. Knowledge on Prevention

1. Have you ever heard of or learned about the 'HIV Post-Exposure Prophylaxis (PEP)'? Yes No
2. Do you know within how many hours after a possible recent exposure to HIV should you start PEP? _____ hr. If you are prescribed PEP, how long do you have to take it? _____ days.
3. Have you ever heard of or learned about the 'HIV Pre-Exposure Prophylaxis (PrEP)'? Yes No
4. According to previous research studies, PrEP is effective (86%) in preventing HIV when administered correctly. Taiwan CDC and the Taiwan AIDS Society have published an official guideline for PrEP use, which will soon be implemented in appointed hospitals. Using National Taiwan University Hospital (NTUH) as an example, there are two options:
 - a. Take 1 tablet of Truvada daily, with an approx. out-of-pocket cost of \$ 13,500 NT per month, OR
 - b. Take 2 tablets of Truvada 2-24 hours prior to engaging in sexual activity, and take another 2 afterwards, one at 24-hour and the other at 48-hour post activity, with an approx. out-of-pocket cost of \$2,300 NT.

Based on the above information, would you considering taking PrEP when you expect to engage in sexual activities? Yes No

- **If yes**, which one would you prefer? a. Once daily b. Prior to engaging in sexual activities
What factors contribute to your preference? (Please select all that apply.)
 - I think the location of the dispensing pharmacy is inconvenient.
 - I think the cost of the medication is unreasonable.
\$ _____/month or \$ _____/time would be reasonable.
 - I'm worried about any potential side effects of the medication.
 - I do not frequently engage in unsafe sex.
 - I think PrEP might encourage unsafe sex.
 - Others, please specify : _____
 - **If no**, what are your reasons or concerns? (Please select all that apply).
 - I do not engage in sexual activities with casual partners.
 - I always use protective measures during sexual activities.
 - I think the location of the dispensing pharmacy is inconvenient.
 - I think the cost of the medication is unreasonable.
\$ _____/month or \$ _____/time would be reasonable.
 - I'm worried about any potential side effects of the medication.
 - I do not frequently engage in unsafe sex.
 - I do not want to use PrEP as a mean to avoid HIV infection.
 - There is no need for me to take this medication.
 - I dislike taking medication of any sort.
 - I think PrEP might encourage unsafe sex.
 - Others, please specify : _____
5. Did you know that there is a vaccine for genital warts (HPV vaccine)? Yes No
 6. Did you know that other than contaminated food and water, unprotected sex is also a transmission route for acute hepatitis A, bacillary dysentery, and amoebic dysentery ? Yes No

7. Did you know that there is a vaccine for acute hepatitis A (HAV) ? Yes No
8. Have you heard of any resource centers in Taiwan that focus on LGBT health?
 No Yes, I've heard of some, but never visited. Yes, I've heard of some, but have only used their web resources. Yes, I've heard of some, and I've participated in some or all of their activities (workshops, outings, parade, etc).
9. Do you have any additional suggestions or comments on how we can improve our services ?

-End of Questionnaire. Thank you! 😊 -

After Receiving Your Test Results...

A) If you were tested negative,

- a. In order to protect your and your partner(s) from being infected with HIV, please always use protective measures when engaging in sexual activities.
- b. When a person is in his or her window period (9 days – 3 months) for HIV infection, the blood sample collected may yield a negative result even though the person is infected. We recommend you to do a re-test after the window period, and avoid donating blood or engaging in unprotected sex.

B) If you were tested positive,

- a. You will need to visit a Taiwan CDC appointed hospital to do a confirmation blood test. If you choose to get the confirmation test here at NTUH, we will directly refer you to an infectious diseases specialist. Please rest assured that being diagnosed with HIV is not a death sentence. There are medications available to combat the disease, increase life expectancy by 10-20+ years, and enhance the quality of life. We recommend you to talk to an infectious diseases specialist to learn more about the condition and to develop a treatment plan.
- b. If you were tested positive for syphilis, we will refer you to an infectious diseases specialist.

If you would like to get routine screening for HIV at our site, and would like a reminder from us when the next test is due, please fill out your contact number: _____.