

Evaluation Toolkit:

Patient and Provider Perspectives about Routine HIV Screening in Health Care Settings



National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention
Division of HIV/AIDS Prevention



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Table of Contents

- Introduction 1**
 - Background 1
 - Purpose 1

- Overview of the Questionnaires 2**
 - Patient Questionnaire. 2

 - Questionnaire for Health care Providers
and Staff (Provider Questionnaire). 3

- Getting Started 3**
 - Identifying Staff and Fiscal Resources. 4

 - Timeline for Evaluation Activities 4

 - Obtaining Required Approvals from Administrators
and Institutional Review Boards (IRBs). 4

 - Garnering Staff Support 5

 - Adapting the Questionnaires 5

 - Determining Sampling Method and Sample Size 6

 - Recruitment Scripts 8

 - Consent and Confidentiality 8

- Administering the Questionnaire 8**

- Data Analysis and Developing Reports 9**
 - Report Templates. 10

- Disseminating Questionnaire Results 12**

Using Questionnaire Results for Quality Assurance and Continuous Quality Improvement (CQI)	13
Summary	15
References	16
Appendix A — Evaluation Plan Template.....	17
Appendix B1 — Patient Questionnaire (English)	21
Appendix B2 — Patient Questionnaire (Spanish).....	28
Appendix C — Provider Questionnaire.....	35
Appendix D — Summary of Topics and Items for Patient & Provider Questionnaires	39

Introduction

Background

In 2006, the Centers for Disease Control and Prevention (CDC) published the *Revised Recommendations for HIV Testing of Adults, Adolescents and Pregnant Women in Health Care Settings* (Branson, Handsfield, et al. 2006). CDC recommends routine HIV screening in health care settings using an opt-out approach in order to increase the number of patients being screened for HIV infection, detect HIV infection earlier and link patients with unrecognized HIV infection to clinical and prevention services.

To reduce barriers to HIV screening and make HIV tests similar to other types of health screenings, CDC recommends that separate written consent and prevention counseling should not be required with diagnostic testing or screening programs.

The implementation of routine HIV screening requires a change in practice for most health care settings and may involve new types of testing procedures, such as point-of-care rapid HIV tests as opposed to laboratory-based HIV testing procedures. As part of implementation, health care



CDC defines opt-out screening as: "Performing HIV screening after notifying the patient that 1) the test will be performed and 2) the patient may elect to decline or defer testing. Assent is inferred unless the patient declines testing" [Branson, Handsfield, et al. 2006]

settings may collect a range of statistics about their testing program, such as the number of patients screened, percentage of preliminary positive tests, proportion of those with preliminary positive results undergoing confirmatory testing, and percent of confirmed positives linked successfully to care. These statistics, while important, do not provide information on patient or provider perspectives about routine HIV screening in health care settings, including patient satisfaction with and acceptance of HIV screening.

Purpose

Understanding patient and provider perspectives is an integral component of evaluating clinical programs to improve clinical services. The purpose of this evaluation toolkit is to offer a package of evaluation materials that can be used to determine the effect that expanded HIV screening activities has on patient attitudes toward and accepting HIV testing. Health care organizations and providers can use the results from the evaluation toolkit for a number of different purposes:

- To evaluate patient experiences and satisfaction with routine HIV screening.
- To inform customer satisfaction and quality assurance initiatives related to the implementation of a new service.
- To examine progress with the implementation of routine HIV screening and identify areas for quality improvement by conducting periodic evaluations.
- To identify concerns of patients and providers that may pose barriers to acceptance of HIV screening or may hinder effective implementation.

Overview of the Questionnaires

The Evaluation Toolkit includes a patient questionnaire and a health care provider and staff questionnaire. This section provides information on each of the questionnaires and how and when to administer them to both patients and staff.

Patient Questionnaire

The patient questionnaire provides a mechanism to obtain patients' perspectives about routine HIV testing in various health care settings including, but not limited to, emergency departments and public or private clinics. This tool will help assess patient preferences and satisfaction with and attitudes towards CDC-recommended practice, including opt-out screening, pre-test information and different methods of receiving test results.

The patient questionnaire was developed through a review of the literature on patient acceptability of routine HIV testing, including evaluation of previously published patient satisfaction tools (Dietz, Ablah, et al. 2008; Steward, Herek, et al. 2008) and consultation with health care providers implementing routine HIV testing. The questionnaire underwent cognitive testing with 4 patients visiting a public clinic to assess clarity and comprehension of the questionnaire items. The questionnaire was then revised and pilot tested among 272 patients in three types of health care settings: a publicly funded health clinic, a private clinic providing reproductive health services and an emergency department. Data from the pilot testing were used to assess the instrument's validity, identify additional question revisions, and inform the content of the toolkit.

The patient questionnaire is designed to be offered to adolescent and adult patients receiving health care services at a time when routine HIV screening is available at the facility, irrespective of whether they received an HIV test. The questionnaire is available in English (Appendix B1) and Spanish (Appendix B2).

The anonymous, self-administered, 25-item patient questionnaire takes about 20 minutes to complete and includes a series of questions related to:

- Demographics
- Preferred HIV pre-test information, consent and testing procedures
- Experiences and satisfaction with HIV testing procedures
- Barriers and facilitators to testing
- HIV-related stigma and discrimination
- Perception of HIV risk behaviors

Questionnaire for Health care Providers and Staff (Provider Questionnaire)

The questionnaire for health care providers and staff (provider questionnaire) is designed to be offered in conjunction with the patient questionnaire. It should be completed by health care providers and staff who are directly involved in routine HIV testing as well as those who are working in the clinical unit or practice setting where routine testing is being implemented.

Information from providers is intended to supplement and provide insights about data collected using the patient questionnaire. It also allows comparisons between patient and provider perspectives about routine HIV testing. By assessing both patients and health care providers, comprehensive information can be generated to evaluate program progress and patient/customer satisfaction and identify areas of strength and those needing improvement.

The provider questionnaire was developed through review of the literature and was also informed by discussions with and presentations by health care providers involved in the implementation of routine HIV testing (Royce, Walter, et al. 2001; Brown 2007; Burke, Sepkowitz, et al. 2007; White 2007). Items were created to complement the key issues assessed in the patient questionnaire. The final provider questionnaire was field tested among nine providers in a public clinic and reviewed by health care providers from a variety of clinical settings.

The anonymous 26-item, self-administered provider questionnaire takes about 10–15 minutes to complete and asks providers for their perspectives on the following topics:

- Health care provider roles related to routine HIV testing
- Role of routine HIV testing in health care
- Voluntary testing and consent
- Adequacy of patient education
- Confidentiality
- HIV-related stigma
- Barriers and facilitators to routine HIV testing

Getting Started

The following sections describe how to plan for an evaluation and provide guidance and procedures for implementing questionnaires and data collection activities, analyzing the data, generating reports and using the evaluation results to improve clinical services. The appendices contain the tools necessary to complete evaluation activities, including an evaluation planning tool, the model patient and provider questionnaires and information on comparing similar items between the patient and provider questionnaires.

Before implementing an evaluation, it is helpful to first develop a simple evaluation plan that describes the purpose of the evaluation, establishes a time frame, and summarizes inclusion criteria and procedures for recruitment and consent to participate in the questionnaire. An evaluation plan template can be found in Appendix A.

When developing your evaluation plan, the following areas should be considered:

Identifying Staff and Fiscal Resources

Identify the key providers or staff who will help implement the evaluation. Although self-completed questionnaires and other components of the toolkit are designed to minimize staff time and resources required for the evaluation, personnel costs should be considered. Additionally, any direct costs (e.g. the cost of photocopying the questionnaires) should also be factored in to the total cost of the evaluation (HRSA 2011).

Timeline for Evaluation Activities

The timeline for the evaluation will depend upon several factors, including the time needed for Institutional Review Board (IRB) review and approvals (if applicable, see next section), as well as your target sample size and daily patient volume. Plan to budget 1–2 months to determine your target sample size, make any modifications to the model patient or provider questionnaires, meet with staff to discuss the evaluation, and submit any necessary paperwork to the IRB.

Data collection can range from a few days to a few weeks, depending on the goals of the evaluation and available staff time. For instance, a health care setting that is interested in recruiting patients across several providers and during different times of the month will need to estimate a longer timeframe for data collection than a health care setting that plans to gather a convenience sample of patients for a one week period. When the patient questionnaire tool was piloted using a convenience sample method in three busy health care settings, data collection took an average of 3 days, yielding a range of 65 to 112 completed surveys per location. More information on sampling can be found in the section “Determining Sampling Method and Sample Size”.

Once data collection is complete, anticipate another 2–3 weeks to conduct data analysis. Data analysis can be facilitated by using the Microsoft Office ACCESS® database that accompanies this toolkit. More information on this database can be found in the section ‘Data Analysis and Developing Reports’.

Obtaining Required Approvals from Administrators and Institutional Review Boards (IRBs)

Requirements for IRB review and approval may vary across health care settings and according to how the evaluation data will be used. Even if you intend to use data for internal evaluation or quality improvement, you are collecting data directly from patients and health care providers. It is best to check with your IRB to determine what type of review, if any, is required. Your IRB administrator will be able to provide you with an estimated timeline of how long IRB review will take for your evaluation.

Garnering Staff Support

Discuss the planned evaluation and questionnaires in staff meetings and other venues to be sure that physicians, nurses, nurse managers, counselors, and others with direct patient contact know about the project. Posters or informational fliers can also be used to encourage staff interest and keep them informed.

Adapting the Questionnaires

The patient and provider questionnaires have been designed to explore a number of topics pertinent to routine HIV screening programs. Some examples of how the patient questionnaire can be adapted to fit the context and needs of your particular health care setting are listed below:

- A clinic may modify the introductory paragraph in the questionnaire to fit with the purpose and design of their evaluation and local consent requirements.
- Questions are grouped so that specific parts of the questionnaire, such as sections on HIV risk behaviors or stigma and discrimination, can be edited easily or removed.
- Sites may also want to adapt items in the questionnaire to reflect local testing procedures by modifying certain items or sections, such as:
 - » Including the name or description of patient education materials referred to in items 5 and 6.
 - » Revising specific items in the questionnaire to fit with opt-in screening (see example below).



Examples of possible adaptations in settings that use opt-in screening

Item#	Patient Questionnaire	Possible Adaptation (shown in bold)
3a.	I have a chance to give my permission to be tested in writing	I am required to give my permission to be tested in writing
3d.	I don't have to ask for an HIV test because HIV testing is a regular part of health care	I am offered an HIV test as a regular part of health care
3e.	I am given a chance to say "no" to testing	I am given a chance to say " yes " to testing

The provider questionnaire should be reviewed so items can be modified as needed to fit with your health care setting as shown in the following examples:

Edit Item B12 to specify your health care setting:

B12. I am concerned that routine HIV testing will have a negative effect on patients' opinions about our [**health care facility/clinic/emergency department/practice**].

Edit item C7 to refer to follow-up procedures in your health care setting:

C7. Patients who test HIV positive receive appropriate referrals for follow up.

For sites that also provide HIV care, this question may be edited to replace "referrals" with "appointments".

Determining Sampling Method and Sample Size

Due to time and resource constraints, it is often necessary to conduct surveys among a subset, or sample, of a population, rather than the entire population. Before implementing the Patient Questionnaire, you'll need to decide how you want to sample your patient population and how many patients will be administered the questionnaire. For the Provider Questionnaire, it will most likely be feasible to survey all staff members involved in routine HIV testing.

There are two primary methods of sampling:

1. Convenience Sampling

The simplest method is a convenience sample. With this method, persons are approached to participate in the survey based upon opportunity (Adamchak, Bond, et al. 2000). For instance, a clinic may offer the survey to all patients seen at the clinic during a one week period. Although convenience sampling is relatively easy to implement, a key disadvantage is that the patients sampled may not be representative of your entire patient population (HRSA 2011). This will limit the ability to apply conclusions about patient satisfaction to your entire patient population.

2. Random Sampling

A more complex, but scientifically more rigorous, sampling method is random sampling. In random sampling, each patient has an equal chance of being selected to participate in the survey (HRSA 2011). This method requires creating a 'sampling frame' or a set of identifiers that represents every patient in the population. For a primary care clinic for example, the sampling frame might include all active patients in the clinic. For settings with less easily identified populations, a sampling frame might be constructed in multiple 'stages' or levels based on date and time of visits. For example, in a recent study of HIV testing in an emergency department, a sampling frame was created based on multiple stages:

Stage 1: Selecting dates in a month

Stage 2: Selecting a shift or shifts within the dates selected

Stage 3: Selecting persons within a shift.

A variation of random sampling, stratified sampling, can be used if you are interested in measuring a particular characteristic for each subpopulation (e.g., comparing patient satisfaction by race or ethnicity) (HRSA 2011). This is particularly helpful when the numbers of patients in some subpopulations are much smaller than others or the numbers of total participants will be relatively small. In stratified sampling, a population of interest is first divided into subgroups, and then a random sampling from each subgroup is taken. The advantage of random sampling is the ability to obtain data from a large enough number of participants in each subpopulation to make valid conclusions about your entire patient population based upon your sample. A disadvantage of this method is that it is more time consuming and complex to implement. If your setting is interested in using random sampling it may be important to consult with a statistician or sampling specialist to identify a sampling strategy that will work for your setting.

Sample Size

While the number of people you include in your survey — your sample size — may be largely a result of your situation (for example how many patients your clinic sees and how many people in the clinic are available to recruit patients to complete the survey), you may also wish to consider setting the number of patients you wish to sample based on an estimate you wish to obtain. In general, the larger your sample, the more precisely you will be able to estimate a characteristic of your clinic population. For example, if 75% of the people you survey answer that they have had an HIV test, and you interview 100 people, your confidence limits around that estimate will be 65% to 83%. If you had interviewed 200 people with the same percent of people responding that they had had an HIV test your confidence limits would be from 68% to 81%.

If you also wish to compare a characteristic or questionnaire response between groups of patients in your clinic, you will need to make sure that you have enough patients in each group to estimate the characteristic you are interested in comparing. The smaller the difference you wish to find, the more people you will need to interview to find a statistically significant difference. For example, if you think that one group in your clinic has a testing rate of 75% and another has a testing rate of only 50%, you would need to interview at least 66 people from each group. If you think that one group in your clinic has a testing rate of 75% and the other has a testing rate of 60%, you would need to interview 165 people from each group.



For more information on determining sampling methods and sample size, see HRSA's Health Center Patient Satisfaction Survey website:

<http://bphc.hrsa.gov/policiesregulations/performanceasures/patientsurvey/satisfactionsurvey.html>

You will also want to consider which patients to approach for the survey. For instance, you may want to offer the survey to patients 18 years of age or older, or only those patients who can fill out the questionnaire in English or Spanish. You may also want to exclude patients based on the nature of their visit or the severity of their medical condition at the time they are seen by the provider.

Recruitment Scripts

Develop a standard script that can be used to explain the survey both to patients and health care providers/staff. The script should describe the purpose of the survey, emphasize that the questionnaire is voluntary and anonymous, explain that participants can skip questions they don't want to answer, and explain how questionnaire results will be used to improve clinical services (HRSA 2011). Posters or informational fliers can be used to publicize the survey to patients and facilitate recruitment.

Consent and Confidentiality

Information about consent and confidentiality is included at the beginning of each questionnaire. Patients and health care providers indicate their consent by completing and returning the questionnaire. Additional consent procedures may be required depending on local IRB regulations, particularly if you are including patients under 18 years of age.

When preparing questionnaires, consent and confidentiality statements should be reviewed and modified to meet the requirements of your practice setting or institution.



For more information on evaluation planning, see the CDC's Framework for Program Evaluation in Public Health:
<http://www.cdc.gov/mmwr/preview/mmwrhtml/rr4811a1.htm>

Administering the Questionnaire

The patient questionnaire includes sensitive questions about a number of topics, including HIV testing and HIV risk behaviors. Staff responsible for administering the questionnaire should receive training so that they can answer patient questions appropriately and address patient concerns. The following section provides guidance on administering the Patient and Provider questionnaires.

1. Make sure that the participant is comfortably seated in a location that assures privacy and confidentiality.
2. Do not collect identifying information about the participant; the questionnaires are meant to be anonymous.
3. Give the participant time to read the introductory script explaining the questionnaire and consent. If s/he agrees to participate, let him/her know how s/he can reach a staff member if questions or problems are encountered with the questionnaire.

Although staff members should be available to assist participants with the questionnaire, they should not provide assistance by 'interpreting' any questions for the participant; instruct the individual to answer as s/he understands a question.

4. Each questionnaire should be labeled with a unique identifier (ID):
 - » Do not re-use any IDs.
 - » Once the participant has received the questionnaire, the questionnaire form and ID number should not be reused if the participant decides not to complete it or only completes some of the items. Do not reassign the ID to another participant.
5. After the participant completes the questionnaire, store it in a secure place until it can be processed for data entry and analysis. Questionnaires that are returned blank or partially completed should also be stored, to keep record of the number of persons who were approached to take the survey and consented to participate, but did not complete the survey for whatever reason.

Data Analysis and Developing Reports

To help make it easy to analyze patient questionnaire data, a Microsoft Office ACCESS® database has been developed that can be used for data entry and to generate automatic reports. A copy of the database and a corresponding Evaluation Toolkit Database User’s Manual can be obtained by sending an e-mail to the AIDS Education and Training Centers’ National Evaluation Center at : aetcnec@ucsf.edu

Data from the patient questionnaire are input into the database using a data entry module (Figure 1). Please see the Evaluation Toolkit Database User’s Manual for more information on how to input data into the database.

Figure 1: Data Entry Screen Sample

The screenshot shows the 'Evaluation Toolkit' data entry interface. The main window is titled 'Adult Assessment - Finished'. At the top, there are fields for 'Survey Entry' (11/29/2010), 'Site' (Site Name), 'Clinic' (Clinic 1), and 'Survey ID' (8). Below this, there are tabs for 'Testing Part 1', 'About HIV Generally', 'About Your Healthcare Providers', 'Overall Experience to Experience Today', and 'Demographics'. The 'Testing Part 1' tab is active, showing a form with the following sections:

Testing

1. Were you tested for HIV today? Yes No Unknown/Declined to Answer

If you DID NOT GET an HIV test today, why not? Check all that apply.

- No one asked me about it
- I don't think I am at risk for HIV infection
- I was recently tested for HIV
- I am already HIV positive [If selected, skip question 9]
- I'm worried about confidentiality
- I don't want to be tested at this center
- I'm afraid of finding out that I am HIV positive
- I'm afraid of the finger prick and/or needles
- Other

If other, specify reason: _____

If you DID GET an HIV test today, what was the result of your test today? Unknown / Declined to Answer

If your test result is negative, do you think you will take another HIV test in the future?

Testing

	Not at all	A little	A moderate amount	Quite a lot	A great deal	Unknown
	1	2	3	4	5	6
2. How much did the following affect your decision to get an HIV test today?						
a. I was worried about learning the result of my HIV test.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. I was worried someone else might learn about my test result.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. I felt like I SHOULD take an HIV test.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. I was worried about getting health insurance or life insurance if I learned I had HIV.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. I did not know how long it would take to get an HIV test.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. I did not know how long it would take to get my HIV test results back.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. I was more worried about my other health issues today.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

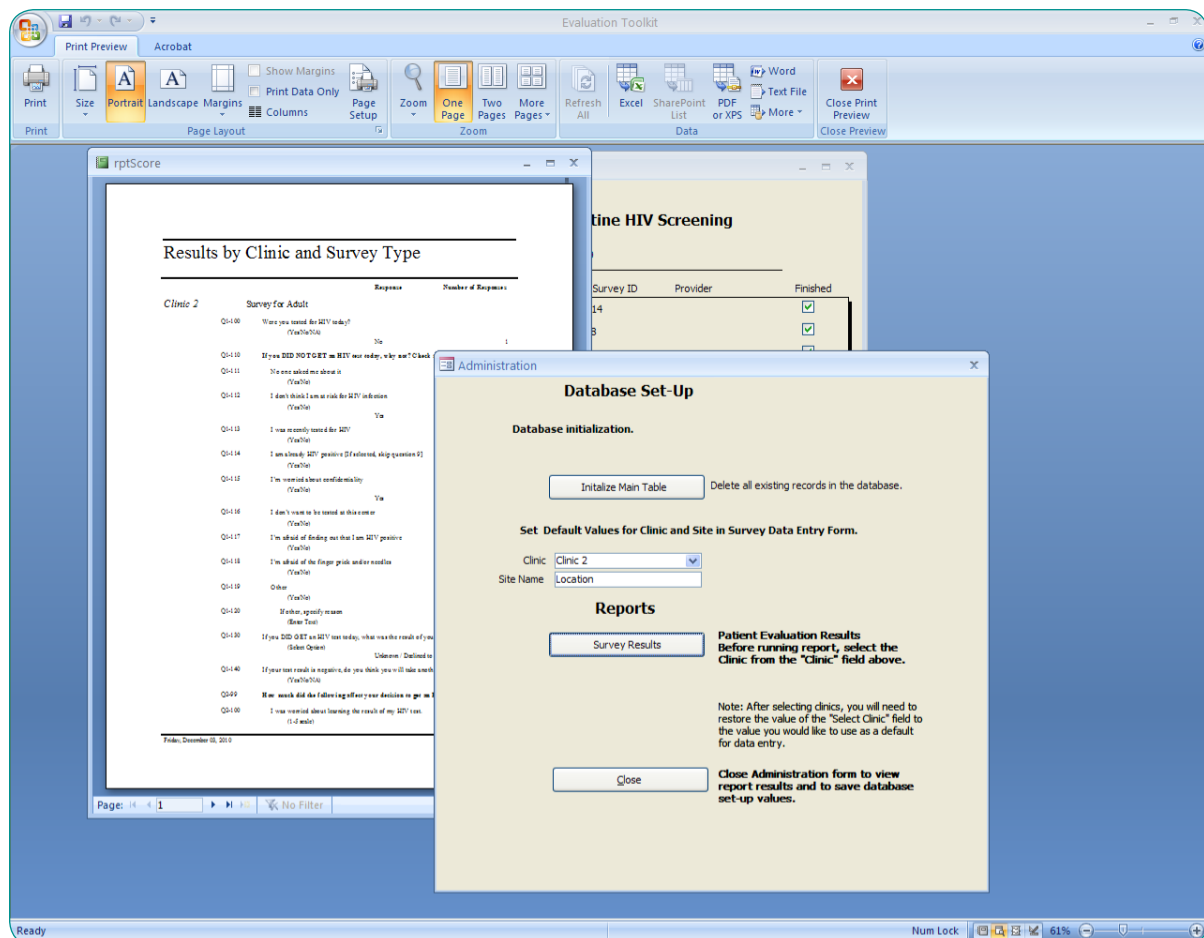
At the bottom right of the form, there are 'Finished' and 'Close' buttons. The status bar at the bottom of the window shows 'Date of Chart Review (Q1-1)', 'Num Lock', and 'Filtered'.

Report Templates

Reporting resources and templates provided in the toolkit can be tailored to meet site-specific needs. Users may be interested in responses to the entire questionnaire but also may want to focus on individual items or groups of items related to a specific topic.

Figure 2 provides an example of the reporting function of the Evaluation Toolkit Database. Please see the Evaluation Toolkit Database User's Manual for more information on how to run a report from the database.

Figure 2: Report Template Screen Sample



Reviewing Results from the Patient and Provider Questionnaires

The patient and provider questionnaires each address common issues related to the implementation of routine HIV screening. A table has been created to help you identify questions that correspond to specific issues, such as consent or confidentiality, and link questions on the patient questionnaire with those on the provider questionnaire (See Appendix D, Summary of Topics and Questionnaire Items).

When examining results, it can be helpful to look at agreement and discrepancies between patients' and providers' responses to specific questions or groups of questions. The following table illustrates complementary questions on the Patient and Provider questionnaires:

Patient Questionnaire	Questionnaire for Health care Providers and Staff
2c. I felt like I <i>should</i> take an HIV test.	B6. Patients often feel like they have to accept routine HIV testing.
4a. I had a choice to take the test.	B10. Routine HIV testing is voluntary; patients are able to decline screening.

If results indicate that patients are not concerned about feeling pressured to take the test, but providers agree with the statement that “patients often feel like they have to accept routine HIV testing”, the questionnaire results have identified a discrepancy in attitudes.

If the majority of patients report the statement “I had a choice to take the test” is *definitely true* or *mostly true* and the majority of providers *strongly agree* or *agree* that “routine HIV testing is voluntary; patients are able to decline screening”, the findings demonstrate agreement between patients' and providers' opinions about the voluntary nature of routine HIV testing in your health care setting.

Scoring and analysis of scales:

After the questionnaire is completed, each item may be analyzed separately or in some cases, individual responses that are considered part of a set or scale may be summed or summarized in some way to create a score for a group of items. Scale development and use is a large and much debated area of research. What follows is a discussion of some of the most common approaches used.

Analysis of individual items in a scale:

Although scale items are ordinal (ordered from one end of a spectrum of response to another), one cannot assume that each level is equidistant. An example of this is a 5-point scale of agreement (*totally agree, somewhat agree, neither agree or disagree, somewhat disagree, totally disagree*). In this example, the difference between *strongly agree* and *agree* is probably not the same difference as the difference between *agree* and *neither agree or disagree*. For this reason descriptive analyses often summarize the frequency of each category of response for each item.

If used as a predictor variable in statistical modeling, item responses may be treated as a categorical variable (i.e., no underlying numerical meaning). However, if there are multiple items of this type, or if the item will be used as an outcome variable, responses may be summarized by the median or mean of responses to an item or set of related items.

Another approach often used in analysis is to choose a cut point based either on theory or on the raw distribution of scores and create a dichotomous variable, that is, a variable with only two responses (e.g., *agree/disagree*), for use in analysis. For example, one might choose to create a variable that takes on a value of 1 if any category of *agree* is chosen and 0 otherwise.

Analysis of scales:

Responses to several scale items may be summed to form a scale, providing that all questions use the same responses and each of the questions measure aspects of the same underlying construct. Use of a scale assumes that the scale approximates an interval scale (all levels are equidistant). This assumption is defensible for multiple items (e.g., 5 or more) under the Central Limit Theorem.

The appropriateness of combining scale items can be assessed by conducting factor analyses to assess whether items represent one or more underlying constructs (called latent variables). The internal consistency or reliability of the scale can be measured by calculating a Cronbach's alpha. This statistic represents the degree to which items within the scale vary together.

Disseminating Questionnaire Results

The purpose of the evaluation will guide the use and dissemination of results from the patient and provider questionnaires. Insights about experiences, opinions, and acceptance of routine HIV testing may address questions and concerns about routine testing initiatives. In this way, results of the patient and provider questionnaires can be used to support practice change — including scale-up of testing services to other units or settings within a health care organization.

Results may also point out areas needing additional follow-up through quality assurance initiatives or continuous quality improvement. If problems are identified, it can be helpful to develop possible strategies to address them and include these with the dissemination of results. There are a number of available resources clinical sites can use to address issues that are identified through the questionnaire, such as patient education brochures and implementation checklists (see information box, below). Findings from Patient and Provider Questionnaires can also be used in conjunction with other data (number screened, acceptance rates, etc.) to evaluate implementation goals and outcomes of routine HIV screening.



Patient education materials and clinical support tools can be found at the following organizations' websites:

AIDS Education and Training Centers National Resource Center
www.aidsetc.org (click on "Testing" in the "Topics" drop down menu)

National Association of Community Health Centers
<http://www.nachc.com/hivmodel.cfm>

Evaluation findings should be shared in an appropriate and timely manner to the staff and the rest of the clinical setting or organizations providing routine HIV testing services. This may be done in very simple ways, such as presentations at staff meetings and distribution of an evaluation summary to patients.



To learn more about strategies for disseminating evaluation results see:
<http://aetcnec.ucsf.edu/nec?page=eval-00-00>

Using Questionnaire Results for Quality Assurance and Continuous Quality Improvement (CQI)

Routine HIV testing programs use test-related and outcome indicators to periodically monitor and evaluate the implementation and quality of their program part of customer satisfaction or quality assurance/continuous quality improvement (CQI) programs.

Quality indicators may include the number of patients offered and accepting a routine HIV test, the number of tests performed, test results and patient referrals. The questionnaires in the evaluation toolkit offer an opportunity to supplement these objective indicators with measures reflecting patient and provider feedback. A number of items in the Patient Questionnaire directly ask clients about their experiences with routine HIV testing in the context of health care. These items are particularly useful as quality indicators because they can be analyzed and reported as part of CQI activities.

Quality indicator items in the Patient Questionnaire assess patients' experiences with routine HIV testing with regard to whether testing was voluntary and private; the time required for testing and giving information about HIV; receipt of information; and overall satisfaction. Periodic quality assessments can be useful when trying to address issues or problems identified through a comprehensive evaluation or to assess the stability of quality over time, particularly if there have been changes in the staff involved in routine HIV testing. Note that when using a subset of items for periodic quality assessment, it may be important to conduct a small pilot test of the abbreviated questionnaire to confirm that the abbreviated questionnaire is understandable and to ensure the questionnaire doesn't interrupt clinical flow.

In the context of quality assurance, sites may want to set targets for specific items. For example, sites may set a quality goal of having at least 95% of patients indicate that testing was voluntary. This would be met by having 95%–100% of the respondents who were tested for HIV respond that the following item was *definitely true* or *mostly true*:

4a. I had a choice to take the test

The following section lists patient-centered quality indicators and describes how to calculate them. It is important to consider how routine HIV screening procedures at your site may influence the outcomes for certain indicators, such as the number and proportion of patients offered testing or given materials to read.

Patient-Centered Quality Indicators for Routine HIV Testing

General patient-centered quality assurance (QA) indicators for performance of routine HIV testing

1. Number and proportion of patients tested/not tested for HIV [Item 1]
2. Number and proportion of patients who reported that they were not offered routine HIV testing [Item 1]
3. Number and proportion of patients who reported that they received material to read about HIV or HIV testing [Item 5]

Denominators to be used in calculating proportion (percentages) for general quality assurance indicators:

- Number of patients who responded to the item

Patient-centered quality assurance indicators for patients who indicated they were tested for HIV [Item 1=yes]

The number and proportion of patients who:

1. Didn't know their result or how they would receive it [Item 1]
2. Agreed (*definitely true* or *mostly true*) that they had a choice to take the test [Item 4a]
3. Agreed (*definitely true* or *mostly true*) that their HIV test was done in private [Item 4b]
4. Were satisfied (*definitely true* or *mostly true*) with the time it took to receive their test results [Item 4c]
5. Received material to read about HIV or HIV testing [Item 5]
6. Agreed (*definitely true* or *mostly true*) they could understand the material they were given about taking an HIV test [Item 6a]
7. Agreed (*definitely true* or *mostly true*) that the materials they received explained how to get or give HIV [Item 6b]
8. Agreed (*definitely true* or *mostly true*) that they had a chance to ask questions about the materials they received [Item 6c]
9. Rated their experience with HIV testing today as Excellent or Very Good [Item 8].

Denominators to be used in calculating QA percentages for patients who were tested for HIV:

- Number of patients who indicated they were tested [Item 1=Yes] and who responded to the item for the indicator.

Using CQI/QA Results

When sites are not meeting designated targets for quality indicators, clinical observations and input from health care providers can be useful in defining and addressing specific problems. In addition to staff meetings, the provider questionnaire may be useful in obtaining feedback from all staff.



The following websites offer information and resources about quality assurance and CQI for health care services:

National Association for Healthcare Quality (NAHQ): <http://www.nahq.org/>

The Institute for Healthcare Improvement (IHI):
<http://www.ihl.org/ihl#Institute%20for%20Health%20Care%20improvement>

Agency for Healthcare Research and Quality: <http://www.ahrq.gov/>

National Quality Center (NQC): <http://nationalqualitycenter.org/>

Summary

This guide was designed to provide health care settings with evaluation tools to determine the effect that expanded HIV screening activities has on patient attitudes toward and accepting HIV testing. These tools include step-by-step instructions on how to conduct an evaluation, model patient and provider questionnaires, and administrative tools to assist with data analysis and reporting. Materials have been developed so they can be used in their present form, or easily adapted to meet the needs of your specific health care setting. Through the use of these tools, it is hoped your health care setting can obtain information that can be used for a variety of purposes to improve and enhance clinical services for routine HIV screening.

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Appendix A — Evaluation Plan Template

(Adapted from Writing an Evaluation Plan by the AIDS Education and Training Centers National Evaluation Center, available at <http://aetcnec.ucsf.edu/>)

Introduction/Purpose: An introduction provides background information important to the evaluation, identifies the purpose and the goal of the evaluation, and provides a roadmap of the evaluation plan.

- Evaluation Goal:
 - » What does the evaluation strive to achieve?
 - » What is the purpose of the evaluation?
 - » How will the findings be used?
- Evaluation Team
 - » Who is your evaluation coordinator?
 - » Who are the members of your evaluation team?
- Evaluation Advisory Group (optional)

Background and Description of the Program and Program Logic Model: The program description ensures that stakeholders have a shared understanding of the program and identifies any unfounded assumptions and gaps.

- Need
 - » What problem does your program address?
 - » What are the causes and consequences of the problem?
 - » What is the magnitude of the problem?
 - » What changes or trends impact the problem?
- Context
 - » What are the political, social and structural factors that affect your program or initiative?
- Target Population
 - » What are the characteristics of the population served by your program?
- Program Objectives
 - » What objectives have been set for your program?
- Stage of Program Development
 - » Is this a new program or initiative, or is it well-established?
- Resources
 - » What resources are available to conduct the program activities?
- Activities
 - » What are program staff doing to accomplish program objectives?

- Outputs
 - » What are the direct and immediate results of program activities (materials produced, services delivered, etc.)?
- Outcomes
 - » What are the intended effects of the program activities?

Program Logic Model: A logic model is a graphic depiction of the program description

- Arrows describe the links between resources, activities, outputs and outcomes
- A logic model
 - » Provides a sense of scope of your program
 - » Ensures that systematic decisions are made about what is to be measured
 - » Helps to identify and organize indicators

For an example of a logic model, please see: <http://www.uwex.edu/ces/pdande/evaluation/evallogicmodel.html>

Defining Evaluation Questions

- Evaluation questions should:
 - » Be based on the needs of your setting
 - » Be tied to program objectives and/or include program targets or standards
 - » Address process or outcome measures
 - » Be feasible to answer
 - » Provide accurate results

Methods for Conducting the Evaluation

- Key Issues in Evaluation Design
 - » Who is your target population?
 - » When will you collect data?
 - » What resources are available for conducting this evaluation?
 - » What data do you already have or are collecting for another purpose that will be useful in this evaluation?
- Once you have evaluation questions, indicators and standards can be identified, and data collected.
- Indicators should:
 - » Be visible, measurable signs of program performance
 - » Be relevant, understandable and useful
 - » Reflect program objectives, logic model and evaluation questions

- Program Standards and Targets from the workplan:
 - » Reasonable expectations of program performance
 - » Defines success
 - » Benchmarks against which to measure performance
- Data collection:
 - » What methods will be used to collect data?
 - » How often will the data be collected?
 - » Who will collect the data?
- Tips for Data Collection
 - » Collect only the information you need
 - » Make questionnaire easy to administer and use
 - » Pilot test the tools before using them in the evaluation
- Human Subjects Considerations
- Evaluation Timeline
 - » Ensures that all stakeholders are aware of what activities are occurring at any time
 - » Helps to determine if your evaluation resources will be strained by too many activities happening at once
- Data Management and Storage
 - » Ensures confidentiality and data quality

Plan for Analysis

- Once the data are collected, analysis and interpretation will help you understand what the findings mean for your program.
- Anticipate your analysis
- What analytic techniques will you use for each data collection method?
- Who is responsible for analysis and interpretation of the data?
- What conclusions will you be able to draw from your findings?
- How will you involve stakeholders in the analysis?

Plan for Reporting and Dissemination:

- Dissemination
 - » What medium/ia will you use to disseminate findings?
 - » Who is responsible for dissemination?
- Use
 - » How, where, and when will findings be used?
 - » Who will act on the findings?

Overall Tips

- Start small — focus on one initiative or program component and limit the number of evaluation questions.
- The more you plan your evaluation in advance, the easier it will be to write your report.
- Be realistic in your assessment of resources; be realistic in your timeline.
- Get feedback from others in the evaluation community.

Turning a Plan into a Report

- Add a results section:
 - » How many participants did you survey?
 - » What were their characteristics (table)?
 - » What were the results of the questionnaires?
- Add a discussion section:
 - » Are there alternative explanations for the results?
 - » Are the results generalizable?
 - » Are certain parts of the program better received by certain groups?
 - » Are any results related to certain attitudes or other characteristics?
 - » Were there unexpected results?

Appendix B1 — Patient Questionnaire (English)

Questionnaire ID Number _____

Patient Questionnaire about HIV Testing (Flesch-Kincaid Grade Level: 4.9)

This survey is completely anonymous (your name will not be used) and your participation is voluntary. You don't have to answer any questions that you don't want to answer and can just skip these questions. Thank you for your time.

1. Were you tested for HIV today?

- Yes
- No

If you DID NOT GET an HIV test today, why not? Check all that apply.

- No one asked me about it
- I don't think I am at risk for HIV infection
- I was recently tested for HIV
- I am already HIV positive
- I'm worried about confidentiality
- I don't want to be tested at this center
- I'm afraid of finding out that I am HIV positive
- I'm afraid of the finger prick and/or needles
- Other (describe): _____

If you DID GET an HIV test today, what was the result of your test?

- Negative
- Positive
- Preliminary Positive
- Invalid or indeterminate
- I will come back for the results at another visit.
- Someone is going to call me with the results.
- I don't know

If your test result is negative, do you think you will take another HIV test in the future?

- Yes
- No
- I don't know

2. How much did the following affect your decision to get an HIV test today?

	Not at all	A little	A moderate amount	Quite a lot	A great deal
A. I was worried about learning the result of my HIV test.	1	2	3	4	5
B. I was worried someone else might learn about my test result.	1	2	3	4	5
C. I felt like I should take an HIV test.	1	2	3	4	5
D. I was worried about getting health insurance or life insurance if I learned I had HIV.	1	2	3	4	5
E. I did not know how long it would take to get an HIV test.	1	2	3	4	5
F. I did not know how long it would take to get my HIV test results back.	1	2	3	4	5
G. I was more worried about my other health issues today.	1	2	3	4	5

ABOUT HIV TESTING GENERALLY:

3. For you, how important are the following procedures in HIV testing?

	Not at all important	A little bit important	Moderately important	Quite important	Extremely important
A. I have a chance to give my permission to be tested in writing.	1	2	3	4	5
B. My HIV test is completely private.	1	2	3	4	5
C. My HIV test is free of charge.	1	2	3	4	5
D. I don't have to ask for an HIV test because HIV testing is a regular part of health care.	1	2	3	4	5
E. I am given a chance to say "no" to testing.	1	2	3	4	5
F. I am able to receive my results the same day (today).	1	2	3	4	5

ABOUT YOUR TEST TODAY:

4. The following questions are about your experience with HIV testing today. How true or false are the following statements?

	Definitely true	Mostly true	Neither true nor untrue	Mostly false	Definitely false
A. I had a choice to take the test.	1	2	3	4	5
B. My HIV test was done in private.	1	2	3	4	5
IF YOU WERE TESTED TODAY:					
C. I was satisfied with the amount of time it took to receive my results.	1	2	3	4	5

ABOUT WRITTEN MATERIALS YOU MAY HAVE RECEIVED:

5. Did you receive materials to read about HIV or HIV testing today?

Yes

No

6. How true or false are the following statements about the materials you received, if any?

	Definitely true	Mostly true	Neither true nor untrue	Mostly false	Definitely false
A. I could understand the information I was given about taking an HIV test	1	2	3	4	5
B. The materials I received explained how to get or give HIV.	1	2	3	4	5
C. I had had a chance to ask questions about the materials I received.	1	2	3	4	5

ABOUT YOUR HEALTH CARE PROVIDERS:

The following questions are about your health care providers.

7. Rate your level of agreement with the following statements about your health care providers.

	Totally Disagree	Somewhat Disagree	Neither Agree nor Disagree	Somewhat Agree	Totally Agree
A. My healthcare providers think people with HIV sleep with a lot of different people.	1	2	3	4	5
B. My health care providers avoid caring for patients with HIV.	1	2	3	4	5
C. My health care providers think people with HIV are gay.	1	2	3	4	5
D. My health care providers don't want to treat people with HIV.	1	2	3	4	5
E. My health care providers are uncomfortable caring for patients with HIV.	1	2	3	4	5
F. My health care providers think people with HIV use drugs.	1	2	3	4	5
G. My health care providers treat people with HIV like they are not as good as other people.	1	2	3	4	5

OVERALL EXPERIENCE:

8. Overall, how would you rate your experience with HIV testing today?

- Poor
- Fair
- Good
- Very Good
- Excellent
- Don't know

ABOUT YOUR HIV RISK

The next questions are about whether you think you are at risk or may be at risk of getting HIV. If you are HIV positive, please skip this section and go to Question 16. We are asking these questions to learn about risks for HIV in our community. Your answers are completely anonymous and will never be linked to you.

9. Do you feel that you are at risk for HIV?

- Yes
- No

10. Approximately how many different sexual partners (vaginal or anal sex) have you had in the past year? ____ (If '0', please skip to Question 12)

11. In the last year, have you had either vaginal or anal sex with: (Check all that apply)

- Men
- Women
- Transgender (Male-to-Female)
- Transgender (Female-to-Male)

12. Have you ever been in jail?

- Yes
- No

13. Have you ever used a needle to inject street drugs?

- Yes
- No

14. Have you ever exchanged sex for money or drugs?

- Yes
- No

15. Have you ever had a sexually transmitted disease (STD) such as syphilis, chlamydia, gonorrhea, herpes, or genital warts?

- Yes
- No

ABOUT YOUR EXPERIENCE WITH HIV TESTING:

These next two questions are about your past experience with HIV testing.

16. Before today, when was the last time you had an HIV test?

- Within the past 12 months
- More than 12 months ago
- I have never had an HIV test before today

17. Before today, how many times have you been tested for HIV? _____

17a. What was the result of your last test?

- Negative
- Positive ('reactive' test)
- I never received the results
- Invalid and/or Indeterminate

DEMOGRAPHICS:

Now we would like to ask you some things that will help us know more about you.

18. How old are you? _____

19. Are you:

- Male
- Female
- Transgender (Male-to-Female)
- Transgender (Female-to-Male)

20. Do you consider yourself Hispanic or Latino/a?

- Yes
- No

21. What is your race? (Check all that apply)

- American Indian/Alaskan Native
- Asian
- Black/African American
- Native Hawaiian/Pacific Islander
- White, not of Hispanic origin
- Another race
- Don't know

22. What is the highest education level you have completed?

- Did not complete high school
- High school graduate, GED, or equivalent
- Some college
- College degree or higher
- Don't know

23. What kind/s of health insurance do you have now? (Check all that apply.)

- Medicaid
- Medicare
- Veteran's administration
- Private insurance or HMO (i.e. Blue Cross, Kaiser, etc.)
- None
- Other (describe): _____

24. Describe your current relationship status (Check one)

- Single / Never married
- In a committed relationship, but not married
- Married
- Separated
- Divorced
- Widowed
- Other (describe): _____
- Don't know

25. Describe your sexual orientation: (Choose one)

- Straight/Heterosexual
- Gay/Homosexual
- Bisexual
- Not sure
- Other (describe): _____

You have completed the questionnaire. Thank you for your time!

Appendix B2 — Patient Questionnaire (Spanish)

Evaluación No _____

Evaluación para pacientes sobre la prueba del VIH

Esta evaluación es completamente anónima (o sea que no se usará su nombre) y su participación es voluntaria. Usted puede dejar de contestar cualquier pre-gunta y puede saltar se esas preguntas que no desee contestar. Gracias por su tiempo.

1. ¿Se hizo hoy la prueba del VIH?

- Sí
- No

Si NO SE HIZO hoy la prueba del VIH, ¿Por qué no se la hizo? Marque todo lo que se aplique

- Nadie me preguntó sobre eso
- No creo estar en riesgo de estar infectado/a con el VIH
- Me hice la prueba del VIH recientemente
- Ya soy VIH positivo/a (if selected, skip out of question 9)
- Me preocupa la confidencialidad
- No quiero que se me haga la prueba en esta clínica
- Tengo miedo de averiguar que soy VIH positivo/a
- Tengo miedo de que me pinchen el dedo/ o de las agujas
- Otro (describa): _____

Si usted SE HIZO hoy la prueba del VIH, ¿Cuál fue el resultado de su prueba?

- Negativo
- Positivo
- Preliminar positivo
- Inválido o indeterminado.
- Regresaré a buscar los resultados en otra visita
- Alguien me llamará con los resultados
- No sé

Si el resultado de la prueba fue negativo, ¿Piensa que se hará otra prueba en el futuro?

- Si
- No
- No sé

2. ¿Qué tanto afectó lo siguiente su decisión de hacerse hoy la prueba del VIH?

	Nada	Un poco	Una cantidad moderada	Bastante	Mucho
A. Me preocupaba averiguar el resultado de mi prueba del VIH.	1	2	3	4	5
B. Me preocupaba que alguien más se enterara de mi estatus del VIH.	1	2	3	4	5
C. Sentí que debía hacerme la prueba del VIH.	1	2	3	4	5
D. Me preocupaba poder conseguir aseguranza médica o seguro de vida si averiguaba que tenía VIH.	1	2	3	4	5
E. No sabía cuánto tiempo llevaría hacerme la prueba.	1	2	3	4	5
F. No sabía cuánto tiempo llevaría recibir los resultados de mi prueba.	1	2	3	4	5
G. Me preocupaban más otras cuestiones relacionadas con mi salud.	1	2	3	4	5

SOBRE LA PRUEBA DEL VIH EN GENERAL

3. Para usted, ¿Qué tan importantes son los siguientes procedimientos relacionados con la prueba del VIH?

	Para nada importantes	Un poco importantes	Moderadamente importantes	Muy importantes	Extremadamente importantes
A. Tener la oportunidad de dar permiso por escrito para hacerme la prueba.	1	2	3	4	5
B. La prueba del VIH es completamente privada.	1	2	3	4	5
C. La prueba del VIH se provee gratis.	1	2	3	4	5
D. No tengo que pedir hacerme la prueba del VIH porque la prueba del VIH es parte regular de la atención médica.	1	2	3	4	5
E. Se me dio la oportunidad de decir "no" en relación con hacerme la prueba.	1	2	3	4	5
F. Puedo recibir los resultados de mi prueba hoy mismo.	1	2	3	4	5

SOBRE SU PRUEBA DEL DÍA DE HOY

4. Las siguientes preguntas son acerca de su experiencia con la prueba del VIH en el día de hoy, ¿Qué tan verdaderas o falsas son las frases siguientes?

	Definitivamente verdadera	Verdadera en su mayoría	Ni verdadera ni falsa	Falsa en su mayoría	Definitivamente falsa
A. Pude elegir si hacerme la prueba o no.	1	2	3	4	5
B. La prueba del VIH se me hizo en privado.	1	2	3	4	5
SI SE HIZO LA PRUEBA HOY					
C. Estuve satisfecho/a con la cantidad de tiempo que llevé recibir mis resultados	1	2	3	4	5

SOBRE LOS MATERIALES ESCRITOS QUE PUEDE HABER RECIBIDO

5. ¿Recibió hoy algún material para leer acerca del VIH o sobre la prueba del VIH?

- Sí
 No

6. ¿Qué tan verdaderas o falsas son las frases siguientes sobre los materiales que recibió, si es que los recibió?

	Definitivamente verdadera	Verdadera en su mayoría	Ni verdadera ni falsa	Falsa en su mayoría	Definitivamente falsa
A. Pude entender la información que se me dio sobre hacerme la prueba del VIH.	1	2	3	4	5
B. Los materiales que recibí explicaban cómo contagiarse el VIH o cómo transmitir el VIH a otras personas.	1	2	3	4	5
C. Tuve la oportunidad de hacer preguntas acerca de los materiales que recibí.	1	2	3	4	5

SOBRE SUS PROVEEDORES DE LA SALUD:

Las siguientes frases son acerca de sus proveedores de atención de la salud.

7. Califique su nivel de acuerdo con las siguientes frases acerca de sus proveedores de atención de la salud.

	Totalmente en desacuerdo	Algo en desacuerdo	Ni de acuerdo ni en desacuerdo	Algo de acuerdo	Totalmente de acuerdo
A. Mis proveedores de la salud piensan que las personas con VIH se acuestan con muchas personas distintas.	1	2	3	4	5
B. Mis proveedores de la salud evitan atender a pacientes con VIH.	1	2	3	4	5
C. Mis proveedores de la salud piensan que las personas con VIH son gay.	1	2	3	4	5
D. Mis proveedores de la salud no quieren atender a personas con VIH.	1	2	3	4	5
E. Mis proveedores de la salud no se sienten cómodos atendiendo a pacientes con VIH.	1	2	3	4	5
F. Mis proveedores de la salud piensan que las personas con VIH usan drogas.	1	2	3	4	5
G. Mis proveedores de la salud tratan a las personas con VIH como si fueran menos que otras personas.	1	2	3	4	5

EXPERIENCIA EN GENERAL:

8. En general ¿Cómo calificaría su experiencia de hoy relacionada con la prueba del VIH?

- Pobre
- Regular
- Buena
- Muy buena
- Excelente
- No sé

SOBRE SU RIESGO PARA EL VIH

Las próximas preguntas son acerca de si usted está en riesgo para el VIH o podría estar en riesgo del VIH. Le hacemos estas preguntas para conocer más acerca de los riesgos para el VIH en nuestra comunidad. Sus respuestas son completamente anónimas y nunca podrán ser vinculadas con usted.

9. ¿Siente usted que está a riesgo de contraer VIH?

- Sí
- No

10. ¿Aproximadamente cuántas parejas sexuales (sexo vaginal o anal) tuvo usted en el último año? _____ (Si '0', por favor pase a la pregunta 12)

11. Durante el último año, ¿Ha tenido sexo vaginal o anal con? (Marque todo lo que se aplique)

- Hombres
- Mujeres
- Personas transgénero (de hombre a mujer)
- Personas transgénero (de mujer a hombre)

12. ¿Alguna vez ha estado usted en la cárcel?

- Sí
- No

13. ¿Alguna vez ha usado usted una aguja para inyectarse drogas que se consiguen en la calle?

- Sí
- No

14. ¿Alguna vez ha intercambiado usted sexo por dinero o drogas?

- Sí
- No

15. ¿Ha tenido una enfermedad transmitida sexualmente (ETS) como sífilis, clamidia, gonorrea, herpes, o verrugas genitales?

- Sí
- No

SOBRE SU EXPERIENCIA CON LA PRUEBA DEL VIH

Las próximas dos preguntas son acerca de su experiencia anterior con la prueba del VIH.

16. Antes de hoy ¿Cuándo fue la última vez que se hizo la prueba del VIH?

- En los últimos 12 meses
- Más de 12 meses atrás
- Nunca me había hecho la prueba del VIH antes de hoy

17. Antes de hoy ¿Cuántas veces se había hecho la prueba del VIH? _____

17a. ¿Cuál fue el resultado de su última prueba?

- Negativo
- Positivo
- Preliminar positivo
- Nunca recibí los resultados
- Inválido y/o indeterminado

DATOS DEMOGRÁFICOS:

Ahora nos gustaría preguntarle algunas cosas que nos ayudarán a saber más sobre usted.

18. ¿Qué edad tiene usted? _____

19. ¿Es usted?

- Hombre
- Mujer
- Persona transgénero (de hombre a mujer)
- Persona transgénero (de mujer a hombre)

20. ¿Se considera usted Hispano(a) o Latino(a)?

- Sí
- No

21. ¿Cuál es su raza? (marque todo lo que se aplique)

- Indígena Americano(a)/Nativo(a) de Alaska
- Asiático(a)
- Negro(a)/Africano Americano(a)
- Nativo(a) de Hawai/de las islas del Pacífico
- Blanco(a), no Hispano(a)
- Otro grupo étnico
- No sé

22. ¿Cuál es el nivel de educación más alto que ha completado?

- Escuela secundaria no completa
- Título de escuela secundaria, GED, o equivalente
- Algo de universidad
- Título universitario o nivel más alto
- No sé

23. ¿Qué tipo(s) de seguro médico tiene actualmente? (Marque todo lo que se aplique)

- Medicaid
- Medicare
- Administración para Veteranos
- Seguro Médico Privado o HMO (ejemplo: Blue Cross, Kaiser)
- Ninguno
- Otro (describa): _____

24. Describa su estado civil (Elija uno)

- Soltero(a), no casado(a)
- En una relación estable, pero no casado(a)
- Casado(a)
- Separado(a)
- Divorciado(a)
- Viudo(a)
- Otro (describa): _____

25. Describa su orientación sexual: (Elija una)

- Heterosexual
- Gay/Homosexual
- Bisexual
- No está seguro(a)
- Otro(describa): _____

Usted ha completado el cuestionario. ¡Gracias por su tiempo!

Appendix C — Provider Assessment

Questionnaire ID Number _____

Questionnaire for Health Care Providers and Staff

Instructions:

This survey is being done to obtain the perspectives of health care providers and staff about routine HIV testing and patients' satisfaction with the testing process. This is being done in conjunction with a Patient Questionnaire. We would like to know what you think about the implementation of routine HIV testing in your health care setting to help us know whether we are meeting patients' needs and to help us improve these services. This survey is completely anonymous (your name will not be used) and your participation is voluntary. You can skip any questions that you don't want to answer. The questionnaire will take about 10 minutes to complete. Thank you for your time.

Section A.

Please complete the following questions.

1. What is your primary profession or role? (Check one response)

- | | |
|--|--|
| <input type="checkbox"/> Case Manager | <input type="checkbox"/> Phlebotomist |
| <input type="checkbox"/> Manager/Administrator | <input type="checkbox"/> Physician |
| <input type="checkbox"/> Front Desk Clerk/Receptionist | <input type="checkbox"/> Resident Physician |
| <input type="checkbox"/> HIV Counselor | <input type="checkbox"/> Physician Assistant |
| <input type="checkbox"/> Lab Technician | <input type="checkbox"/> Psychologist |
| <input type="checkbox"/> Nurse | <input type="checkbox"/> Social Worker |
| <input type="checkbox"/> Nurse Practitioner | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Nursing Assistant | |

2. What is your role in routine HIV testing? (Check all that apply)

- Management or administrative role in routine HIV testing
- Supervise staff conducting HIV testing
- Conduct HIV testing
- Provide health care services for patients who have received routine HIV testing/screening
- Teach other health care providers or students about routine HIV testing
- No role in routine HIV testing
- Other (Specify) _____

Section B.

Circle one response for each of the following items that best describes your personal perspectives about routine HIV testing in your work setting.

	Strongly Disagree	Disagree	Neither Agree or Disagree	Agree	Strongly Agree	Don't Know	Not Applicable (NA)
1. I think routine HIV testing is an important part of regular health care.	1	2	3	4	5	Don't Know	NA
2. I am concerned about cost and reimbursement for HIV testing.	1	2	3	4	5	Don't Know	NA
3. I am concerned that patients will be offended by being offered routine HIV testing.	1	2	3	4	5	Don't Know	NA
4. I am comfortable discussing routine HIV testing with patients.	1	2	3	4	5	Don't Know	NA
5. Language barriers prevent some patients from receiving routine HIV testing.	1	2	3	4	5	Don't Know	NA
6. Patients often feel like they have to accept routine HIV testing.	1	2	3	4	5	Don't Know	NA
7. Patients receive adequate pre-test information for routine HIV testing.	1	2	3	4	5	Don't Know	NA
8. Patients receive adequate post-test information for routine HIV testing.	1	2	3	4	5	Don't Know	NA
9. Patients are concerned about the confidentiality of routine HIV testing.	1	2	3	4	5	Don't Know	NA
10. Routine HIV testing is voluntary; patients are able to decline screening.	1	2	3	4	5	Don't Know	NA
11. Patients do not expect to be offered routine HIV testing.	1	2	3	4	5	Don't Know	NA

12. I am concerned that routine HIV testing will have a negative effect on patients' opinions about our [health care facility/ clinic/emergency department/practice].	1	2	3	4	5	Don't Know	NA
13. We have the resources needed to implement routine HIV testing.	1	2	3	4	5	Don't Know	NA
14. It is difficult to provide the privacy needed for routine HIV testing.	1	2	3	4	5	Don't Know	NA

Section C.

Circle one response for each of the following items that best describes your personal perspectives about routine HIV testing in your work setting. Please note that the response scale has changed.

	Never	Rarely	About half the time	Most of the time	Almost always or Always	Don't Know	Not Applicable (NA)
1. Routine HIV testing interferes with providing other health care services.	1	2	3	4	5	Don't Know	NA
2. Patients are given HIV test results in a confidential, appropriate manner.	1	2	3	4	5	Don't Know	NA
3. Results of routine HIV testing are documented and available to health care providers taking care of the patient.	1	2	3	4	5	Don't Know	NA
4. Patients are concerned or upset by routine HIV testing.	1	2	3	4	5	Don't Know	NA
5. The presence of family members and visitors makes it difficult to discuss routine HIV testing with patients.	1	2	3	4	5	Don't Know	NA
6. Patients understand the information they receive about routine HIV testing.	1	2	3	4	5	Don't Know	NA
7. Patients who test HIV positive receive appropriate referrals for follow up	1	2	3	4	5	Don't Know	NA

Section D.

1. List any benefits or positive outcomes that have resulted from the implementation of routine HIV testing in your work setting.

2. List any problems or negative outcomes that have resulted from the implementation of routine HIV testing in your work setting.

3. Share any other comments about this questionnaire or about the implementation of routine HIV testing in your work setting.

Appendix D — Summary of Topics and Items for Patient & Provider Questionnaires

Topics	Patient Questionnaire Items	Provider Questionnaire Items
Role of routine HIV testing in health care	3d. I don't have to ask for an HIV test because HIV testing is a regular part of health care.	B1. I think routine HIV testing is an important part of regular health care
Routine HIV testing and the process of care	2a. I was worried about learning the result of my HIV test.	B3. I am concerned that patients will be offended by being offered routine HIV testing.
	2e. I did not know how long it would take to get an HIV test.	B13. We have the resources needed to implement routine HIV testing.
	2f. I did not know how long it would take to get my HIV test results back.	C1. Routine HIV testing interferes with providing other health care services.
	3e. I am able to receive my results on the same day (today).	C3. Results of routine HIV testing are documented and available to health care providers taking care of the patient
	4c. I was satisfied with the amount of time it took to receive my results.	C4. Patients are concerned or upset by routine HIV testing.
	2g. I was more worried about my other health issues today.	C7. Patients who test HIV positive receive appropriate referrals for follow-up.
	8. Overall, how would you rate your experience with HIV testing today?	
	Voluntary testing and consent	2c. I felt like I should take an HIV test.
3a. I have a chance to give my permission to be tested in writing.		B10. Routine HIV testing is voluntary; patients are able to decline screening.
3e. I am given a chance to say "no" to testing.		
4a. I had a choice to take the test.		

Topics	Patient Questionnaire Items	Provider Questionnaire Items
Adequacy of patient information testing today?	<p>5. Did you receive materials to read about HIV or HIV?</p> <p>6a. I could understand the information I was given about taking an HIV test.</p> <p>6b. The materials I received explained how to get or give HIV.</p> <p>6c. I had a chance to ask questions about the materials I received.</p>	<p>B7. Patients receive adequate pre-test information for routine HIV testing.</p> <p>B8. Patients receive adequate post-test information for routine HIV testing.</p> <p>C6. Patients understand the information they receive about routine HIV testing.</p>
Confidentiality	<p>2b. I was worried someone else might learn about my test result.</p> <p>3b. My HIV test is completely private.</p> <p>4b. My HIV test was done in private.</p>	<p>B9. Patients are concerned about the confidentiality of routine HIV testing.</p> <p>B14. It is difficult to provide the privacy needed for routine HIV testing.</p> <p>C2. Patients are given HIV test results in a confidential, appropriate manner.</p> <p>C5. The presence of family members and visitors makes it difficult to discuss routine HIV testing with patients.</p>
HIV-related stigma	<p>7a. My health care providers think people with HIV sleep with a lot of different people.</p> <p>7b. My health care providers avoid caring for patients with HIV.</p> <p>7c. My health care providers think people with HIV are gay.</p> <p>7d. My health care providers don't want to treat people with HIV.</p> <p>7e. My health care providers are uncomfortable caring for patients with HIV.</p> <p>7f. My health care providers think people with HIV use drugs.</p> <p>7g. My health care providers treat people with HIV like they are not as good as other people.</p>	<p>B3. I am concerned that patients will be offended by being offered routine HIV testing.</p> <p>C4. Patients are concerned or upset by routine HIV testing.</p>

Topics	Patient Questionnaire Items	Provider Questionnaire Items
<p>Barriers/Facilitators of routine HIV testing</p>	<p>1. Were you tested for HIV today? » If you DID NOT GET an HIV test today, why not? » If your DID GET and HIV test today, what was the result of your test? » If your test result is negative, do you think you will take another HIV test in the future?</p> <p>2d. I was worried about getting health insurance or life insurance if I learned I had HIV.</p> <p>3c. My HIV test is free of charge.</p> <p>9. Do you feel that you are at risk for HIV?</p> <p>Items 10–15 about patient risk factors</p> <p>16. Before today, when was the last time you had an HIV test?</p> <p>17. Before today, how many times have you been tested for HIV?</p>	<p>B2. I am concerned about cost and reimbursement for HIV testing.</p> <p>B4. I am comfortable discussing routine HIV testing with patients.</p> <p>B5. Language barriers prevent some patients from receiving routine HIV testing.</p> <p>B11. Patients do not expect to be offered routine HIV testing.</p> <p>B12. I am concerned that routine HIV testing will have a negative effect on patients' opinions about our health care facility/clinic/emergency department/practice.</p> <p>C5. The presence of family members and visitors makes it difficult to discuss routine HIV testing with patients.</p>

