

Red Ribbon Registry

Screening Intake Survey

Please note:

- This document contains programming notes defined below that show skip patterns for conditional questions, and instructions for translation.
- Every question is required unless it says otherwise
- The business logic is in square brackets [] with a gray highlight (this text will not be displayed to users and should not be translated)

Adding a New Participant to the System

Consent Form (presented as first page)

Your Details

- First Name
- Last Name
- Email address
- Contact Phone Number
- Postal Code

My Details (Step 1 of 5)

- What is your date of birth?
 - Select Date
- What is your sex assigned at birth? [id = birth-sex]
 - Female
 - Male
 - Intersex
 - Decline to answer
- What is your current gender identity?
 - Female
 - Male
 - Transgender Woman
 - Transgender Man
 - Another term not listed here: _____
- What is your height (feet/inches)?
- What is your weight (pounds)?
- What is your race/ethnicity? (select all that apply)

- American Indian or Alaskan Native
- Asian
- Black or African American
- Hispanic or Latino
- Native Hawaiian or Other Pacific Islander
- White
- Another identity (please specify): _____
- If you were provided a site name or code when you learned about this registry, please enter it here (not required) _____
- Are you an active-duty member of the military?
 - Yes
 - No

HIV-Related Details (Step 2 of 5)

- When were you most recently tested for HIV? [id = when-tested-for-hiv]
 - Within the last year
 - Within the last 1-2 years
 - More than 2 years ago
 - I have not been tested for HIV
- What was your most recent HIV test result? [id = most-recent-hiv-test-result; show if when-tested-for-hiv in (Within the last year, Within the last 1-2 years, More than 2 years ago)]
 - HIV-Positive
 - HIV-Negative
 - Inconclusive
 - Awaiting Results
- What was your CD4 (T helper cells) count from the most recent HIV test result? [show if most-recent-hiv-test-result = HIV-Positive]
 - <200
 - 200-500
 - >500
 - Unknown

PrEP Questions (Step 3 of 5) [show if most-recent-hiv-test-result in (HIV-Negative, Inconclusive, Awaiting Results)]

- Are you currently on PrEP (pre-exposure prophylaxis)? [id = currently-on-prep]
 - Yes
 - No

- What PrEP medication do you use? (select all that apply) [show if currently-on-prep = Yes]
 - Descovy (Tenofovir alafenamide + emtricitabine)
 - Truvada (Tenofovir disoproxil fumarate + emtricitabine)
 - Apretude (cabotegravir or CAB-LA)
 - Other _____
 - I don't know
- What PrEP regimen do you most commonly use? [show if currently-on-prep = Yes]
 - Daily dose
 - 2-1-1 dosing
 - Long-acting injection
 - None of the above

Follow-up and Care Questions (Step 4 of 5) [show if most-recent-hiv-test-result = HIV-Positive]

- Since you received your HIV-positive results, have you taken antiretroviral (HIV) medications? [id = taken-antiretroviral-meds]
 - No, I have never taken antiretroviral (HIV) medications
 - Yes, I have taken antiretroviral (HIV) medications in the past but NOT currently
 - Yes, I am currently taking antiretroviral (HIV) medications
- How long have you been taking antiretroviral (HIV) medications? [show if taken-antiretroviral-meds in (Yes, I have taken antiretroviral (HIV) medications in the past but NOT currently, Yes, I am currently taking antiretroviral (HIV) medications)]
 - <5 years
 - 5-10 years
 - >10 years
- What HIV-related medications are you taking? (select all that apply)
 - Aptivus (Tipranavir)
 - Atripla (Efavirenz + tenofovir disoproxil fumarate + emtricitabine)
 - Bictegravir
 - Biktarvy (Bictegravir + tenofovir alafenamide + emtricitabine)
 - Cabenuva (Cabotegravir/rilpivirine)
 - Cimduo (Tenofovir disoproxil fumarate + lamivudine)
 - Combivir (Zidovudine + Lamivudine)
 - Complera (Rilpivirine + tenofovir disoproxil fumarate + emtricitabine)
 - Crixivan (Indinavir)
 - Delstrigo (Doravirine + tenofovir disoproxil fumarate + lamivudine)
 - Descovy (Tenofovir alafenamide + emtricitabine)
 - Dovato (Dolutegravir + lamivudine)
 - Edurant (Rilpivirine)

- Emtriva (Emtricitabine)
- Epivir (Lamivudine)
- Epzicom (Abacavir + lamivudine)
- Evotaz (Atazanavir + cobicistat)
- Fortovase (Saquinavir)
- Fuzeon (Enfuvirtide)
- Genvoya (Elvitegravir + cobicistat + tenofovir alafenamide + emtricitabine)
- Intelence (Etravirine)
- Invirase (Saquinavir)
- Isentress (Raltegravir)
- Juluca (Dolutegravir + rilpivirine)
- Kaletra (Lopinavir and ritonavir)
- Lexiva (Fosamprenavir)
- Norvir (Ritonavir)
- Odefsey (Rilpivirine + tenofovir alafenamide + emtricitabine)
- Pifeltro (Doravirine)
- Prezcobix (Darunavir + cobicistat)
- Prezista (Darunavir)
- Rescriptor (Delavirdine)
- Retrovir (Zidovudine)
- Reyataz (Atazanavir)
- Rukobia (Fostemsavir)
- Selzentry (Maraviroc)
- Stribild (Elvitegravir + cobicistat + tenofovir disoproxil fumarate + emtricitabine)
- Sustiva (Efavirenz)
- Symtuza (Darunavir + cobicistat + tenofovir alafenamide + emtricitabine)
- Tivicay (Dolutegravir)
- Triumeq (Dolutegravir + abacavir + lamivudine)
- Trizivir (Abacavir + lamivudine + zidovudine)
- Trogarzo (Ibalizumab-uiyk)
- Truvada (Tenofovir disoproxil fumarate + emtricitabine)
- Vemlidy (Tenofovir alafenamide)
- Videx (Didanosine)
- Viracept (Nelfinavir)
- Viramune (Nevirapine)
- Viread (Tenofovir disoproxil fumarate)
- Vitekta (Elvitegravir)
- Vocabria (Cabotegravir)
- Zerit (Stavudine)
- Ziagen (Abacavir)
- Other _____
- I don't know

- Have you participated in studies for an HIV vaccine, antibody, or medication for HIV treatment or prevention in the past? (select all that apply) [id = participated-in-hiv-study]
 - Vaccine
 - Antibody
 - PrEP
 - HIV Treatment
 - No
 - Other _____
 - I don't know

- Which vaccine study(s) did you participate in? [show if participated-in-hiv-study includes Vaccine]
 - _____

- Which antibody study(s) did you participate in? [show if participated-in-hiv-study includes Antibody]
 - _____

- Which PrEP study(s) did you participate in? [show if participated-in-hiv-study includes PrEP]
 - _____

- Which HIV Treatment study(s) did you participate in? [show if participated-in-hiv-study includes HIV Treatment]
 - _____

Current Health Status (Step 5 of 5)

- Are you sexually active? [id = sexually-active]
 - Yes
 - No
 - Decline to answer

- How many sexual partners have you had within the last year? [show if sexually-active in (Yes, Decline to answer)]
 - One
 - Multiple
 - None
 - Decline to answer

- What was the HIV status of your partner(s) within the last year? (select all that apply) [show if sexually-active in (Yes, Decline to answer)]

- Living with HIV
- HIV-Negative
- Inconclusive
- It varies by partner
- Unknown

- Within the last year, who did you have sex with? (*select all that apply*) [show if sexually-active in (Yes, Decline to answer)]
 - Women
 - Men
 - Transgender women
 - Transgender men
 - Decline to answer

- Do you have or have you had any of the following medical conditions? (*select all that apply*)
 - Hospitalized in the last 6 months
 - COVID-19
 - Asthma
 - COPD (Emphysema)
 - Pulmonary fibrosis
 - Respiratory infection (such as influenza, pneumonia, whooping cough) in last 2 years
 - Cardiovascular Disease
 - Hypertension (high blood pressure)
 - Stroke, TIA, or Cerebrovascular Disease
 - Neurologic conditions (including dementia)
 - Cancer – completed treatment
 - Cancer – undergoing treatment
 - Diabetes (Type 1, typically begins in childhood but may begin in adulthood)
 - Diabetes (Type 2, typically begins as an adult, but may also occur in younger people)
 - Immunocompromising or immunosuppressive condition (other than HIV)
 - History of allergic reaction to any vaccine (including rash, hives or trouble breathing)
 - Autoimmune disease
 - Kidney disease
 - Liver disease (including viral hepatitis)
 - Sickle Cell Anemia
 - Other serious chronic illnesses:
 - _____ [text area for multiple illnesses]
 - None of the above

- Are you pregnant? [id = pregnant; show if birth-sex in (Female, Intersex)]

- Yes
- No
- What is your approximate due date? [show if pregnant = Yes]
 - Select Date