

GAIN Baseline Data Variables

\*Time will be reported in days

Public reporting burden of this collection of information is estimated to average 4 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to CDC/ATSDR Reports Clearance Officer; 1600 Clifton Road NE, MS D-74, Atlanta, Georgia 30333; Attn: OMB-PRA (0920-New)

Gay City PrEP Clients

1. Sex assigned at birth
2. Gender
3. Race
4. Ethnicity
5. Time from first contact to first PrEP visit
6. Time from first contact to first screening appointment
7. Time from first contact to first PrEP visit
8. Time from first contact to PrEP entry visit
9. HIV status at first visit
10. Time from first PrEP visit to HIV testing (linked to #9, expect this to be the same value as #7)
11. Source of HIV test from #9
12. Whether PrEP was prescribed at the first visit
13. Time from first PrEP visit to date PrEP was prescribed
14. Time from first PrEP visit to self-reported date PrEP was started
15. Time from first PrEP visit to date of connection to main health care provider
16. Time from first PrEP visit to Month 1 Visit
17. HIV status at Month 1
18. Whether connection to main health care provider was established at Month 1
19. Time from first PrEP visit to Month 3 Visit
20. HIV status at Month 3
21. Whether connection to main health care provider was established at Month 3
22. Time from first PrEP visit to Month 6 Visit
23. HIV status at Month 6
24. Whether connection to main health care provider was established at Month 6
25. Whether this is an instaPrEP client (from Sarah's records)
26. Client status (i.e., lost to follow-up, graduated to PCP, Active, PrEP re-start)
27. Time from first PrEP visit to Week 1 follow-up call
28. Was Week 1 follow-up call successful?
29. Time from first PrEP visit to Month 1 follow-up call

30. Was Month 1 follow-up call successful?
31. Time from first PrEP visit to Month 3 follow-up call
32. Was Month 3 follow-up call successful?
33. Time from first PrEP visit to Month 6 follow-up call
34. Was Month 6 follow-up call successful?

#### Gay City Clients Newly Diagnosed with HIV

1. Time from first positive/reactive test to Month 1 phone call
2. Whether or not a rapid HIV test was ordered
3. Result of rapid test
4. Whether or not a laboratory test was ordered
5. Result of laboratory test
6. Whether client was referred to HIV care
7. Time from first positive/reactive test to date of first HIV care referral
8. Did client attend HIV care visit? Asked 1 week, 2 weeks, then 1 month after first reactive
9. Time from first positive/reactive to self-reported ART start date
10. Does participant know if they are virally suppressed (self-reported) at Month 1
11. Virally suppressed (self-reported) at Month 1?
12. Time from first positive/reactive to self-reported date of last viral load test at Month 1.
13. Does participant know if they are virally suppressed (self-reported) at Month 3
14. Virally suppressed (self-reported) at Month 3?
15. Time from first positive/reactive to self-reported date of last viral load test at Month 3.
16. Does participant know if they are virally suppressed (self-reported) at Month 6
17. Virally suppressed (self-reported) at Month 6?
18. Time from first positive/reactive to self-reported date of last viral load test at Month 6.

#### Gay City Clients Living with HIV (established)

1. Confirmed HIV+ status
2. Whether client has HIV care provider
3. Whether client is currently on ART
4. Whether client is undetectable (self-reported)
5. Time from first positive/reactive to self-reported ART start date
6. Does participant know if they are virally suppressed (self-reported) at Month 1
7. Virally suppressed (self-reported) at Month 1?
8. Time from first positive/reactive to self-reported date of last viral load test at Month 1.
9. Does participant know if they are virally suppressed (self-reported) at Month 3
10. Virally suppressed (self-reported) at Month 3?
11. Time from first positive/reactive to self-reported date of last viral load test at Month 3.
12. Does participant know if they are virally suppressed (self-reported) at Month 6
13. Virally suppressed (self-reported) at Month 6?
14. Time from first positive/reactive to self-reported date of last viral load test at Month 6.

#### Gay City Clients

1. Was a syphilis RPR done?
2. Syphilis RPR result
3. New or old infection
4. RPR titer
5. GC rectal done

6. CT rectal done
7. GC rectal result
8. CT rectal result
9. GC throat done
10. CT throat done
11. GC throat result
12. CT throat result
13. GC vaginal done
14. CT vaginal done
15. GC vaginal result
16. CT vaginal result
17. GC urine done
18. CT urine done
19. GC urine result
20. CT urine result
21. Sex at birth
22. Gender
23. Shifted visit date (randomly shifted)
24. Calculated age at visit
25. Race
26. Ethnicity
27. Insurance status

#### Madison Clinic Patients

1. Shifted visit date
2. Time from first visit (Those with first positive, those with any detectable viral loads (200 copies/mL), PEP episodes (need to filter out women), HIV testing, anyone with PrEP visits) in time period to first prescription ordered
3. Time from first prescription ordered to prescription refill
4. Duration/refill amount of any medications for PrEP, ART, or PEP
5. Time from first visit to the collection date for any HIV POC or rapid test
6. Time from first visit to the collection date for any HIV-1 RNA/viral load test
7. Time from first visit to the collection date for any DNA/TNA results
8. Time from first visit to the collection date for any HIV EIA (4<sup>th</sup> gen) results including supplemental testing
9. For HIV-negative patients only:
  - a. CT or GC PCR/NAT result (three sites)
  - b. Time from first visit to collection date
  - c. CT or GC collection site
  - d. Syphilis EIA or RPR results
  - e. RPR titer
10. Insurance status
11. Sex based on license/ID
12. Gender (still figuring out whether this will include looking at prescription hormones and/or diagnosis codes since this is not properly recorded in EPIC)
13. Calculated age at visit
14. Race
15. Ethnicity