

Form Approved
OMB No. 0920-1357
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**The Greater Access and Impact with NAT (GAIN) Study: Improving HIV Diagnosis,
Linkage to Care, and Prevention Services with HIV Point-of-Care Nucleic Acid
Tests (NATs)**

**Attachment 4e
Follow Up Phone Call Survey**

Public reporting burden of this collection of information is estimated to average 5 minutes 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 (0920-1357)

ollow-up Calls

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Research ID

What aim was this participant in?

- ☐
☐
☐
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Gay City Aim
1 (Testing,
PEP, PrEP)
Gay City Aim
3 (HIV+)
Madison Clinic Aim 1
(Testing, PEP, PrEP)
Madison Clinic Aim 3
(Randomized Trial)
Madison Clinic Aim 5
(POC NAT Comparison)

Was the participant newly diagnosed with HIV at their
GAIN study visit? (a true positive, not a
false

- ☒
☐

Yes
No positive)

Month 1 Follow-up Call

Date of the 1st Attempt at the Month 1 Call

Were you able to successfully contact the participant
on the 1st call attempt?

- ☒
☐

Yes
No

Team member initials

- ☐
☐
☐

MM
C
C

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Date of the 2nd Attempt at the Month 1 call

Were you able to successfully contact the participant
on the 2nd call attempt?

- ☒
☐

Yes
No

Team member initials

MM

☐
☐
☐

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Date of the 3rd Attempt at the Month 1 call

Were you able to successfully contact the participant
on the 3rd call attempt?

☐
☐

Yes
No

Team member initials

☐
☐
☐

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PrEP Follow-up

Did the participant start using PrEP since their GAIN study visit?

☐ Yes
☐ No
☐ Not able to reach participant after 3 tries
☐ Participant was already on PrEP at their GAIN visit (include PrEP start in the notes)

When did the participant start PrEP?
Please enter a date in MM/DD/YYYY format.

(Format: MM/DD/YYYY)

If the day portion ("DD") is unknown, please enter "99" in its place.

New Diagnoses Follow-up

Is this participant engaged in HIV care?

☐
☐
☐ Yes
☐ No
☐ Not able to reach participant after 3 tries

Is this participant taking antiretroviral therapy (ART)?

☐ Yes
☐ No

Does the participant know their viral load?

☐
☐ Yes
☐ No

Is the participant's viral load undetectable?

☐ Yes
☐ No
☐ Does not know

Participant said they did not know their viral load but know they are undetectable. Please confirm these responses.

Does the participant know when their viral load first became undetectable?

☐ Yes
☐ No

When did the participant first become undetectable? Please enter a date in MM/DD/YYYY format.

(Format: MM/DD/YYYY)

If the day portion ("DD") is unknown, please enter "99" in its place.

Established Case Follow-up

Is this participant currently engaged in HIV care?

☐
☐
☐ Yes
☐ No
☐ Not able to reach participant after 3 tries

Please link this participant to HIV care.

Is this participant taking antiretroviral therapy (ART)?

- ☐ Yes
- ☐ No

Does the participant know their viral load?

- ☐
- ☐
- Yes
- s
- No

Is the participant's viral load undetectable?

- ☐
☐
☐ Yes
s
☐ No
Does not know

Participant said they did not know their viral load but know they are undetectable. Please confirm these responses.

Does the participant know when their viral load first became undetectable?

- ☐ Yes
☐ No

When did the participant first become undetectable?
Please enter a date in MM/DD/YYYY format.

(Format: MM/DD/YYYY)

If the day portion ("DD") is unknown,
please enter "99" in its place.

Month 3 Follow-up Call

Date of the 1st Attempt at the Month 3 Call

Were you able to successfully contact the participant on the 1st call attempt?

- ☐ Yes
☐ No

Team member initials

- ☐ MM
☐ CC
☐ ACH

Date of the 2nd Attempt at the Month 3 call

Were you able to successfully contact the participant on the 2nd call attempt?

- ☐ Yes
☐ No

Team member initials

- ☐ MM
☐ CC
☐ ACH

Date of the 3rd Attempt at the Month 3 call

Were you able to successfully contact the participant on the 3rd call attempt?

- ☐ Yes
☐ No

Team member initials

- ☐ MM
☐ CC
☐ ACH

PrEP Follow-up

Did the participant start using PrEP since their GAIN study visit?

☐ Yes
☐ No
☐ Not able to reach participant after 3 tries
☐ Participant was already on PrEP at their GAIN visit (include PrEP start in the notes)

When did the participant start PrEP?
Please enter a date in MM/DD/YYYY format.

(Format: MM/DD/YYYY)

If the day portion ("DD") is unknown, please enter "99" in its place.

New Diagnoses Follow-up

Is this participant engaged in HIV care?

☐
☐
☐ Yes
☐ No
☐ Not able to reach participant after 3 tries

Is this participant taking antiretroviral therapy (ART)?

☐ Yes
☐ No

Does the participant know their viral load?

☐
☐ Yes
☐ No

Is the participant's viral load undetectable?

☐ Yes
☐ No
☐ Does not know

Participant said they did not know their viral load but know they are undetectable. Please confirm these responses.

Does the participant know when their viral load first became undetectable?

☐ Yes
☐ No

When did the participant first become undetectable? Please enter a date in MM/DD/YYYY format.

(Format: MM/DD/YYYY)

If the day portion ("DD") is unknown, please enter "99" in its place.

Established Case Follow-up

Is this participant currently engaged in HIV care?

☐
☐
☐ Yes
☐ No
☐ Not able to reach participant after 3 tries

Please link this participant to HIV care.

Is this participant taking antiretroviral therapy (ART)?

- ☐ Yes
- ☐ No

Does the participant know their viral load?

- ☐
- ☐
- Ye
- s
- No

Is the participant's viral load undetectable?

- ☐
☐
☐ Yes
s
☐ No
Does not know

Participant said they did not know their viral load but know they are undetectable. Please confirm these responses.

Does the participant know when their viral load first became undetectable?

- ☐ Yes
☐ No

When did the participant first become undetectable?
Please enter a date in MM/DD/YYYY format.

(Format: MM/DD/YYYY)

If the day portion ("DD") is unknown,
please enter "99" in its place.

Month 6 Follow-up Call

Date of the 1st Attempt at the Month 6 Call

Were you able to successfully contact the participant on the 1st call attempt?

- ☐ Yes
☐ No

Team member initials

- ☐ MM
☐ CC
☐ ACH

Date of the 2nd Attempt at the Month 6 call

Were you able to successfully contact the participant on the 2nd call attempt?

- ☐ Yes
☐ No

Team member initials

- ☐ MM
☐ CC
☐ ACH

Date of the 3rd Attempt at the Month 6 call

Were you able to successfully contact the participant on the 3rd call attempt?

- ☐ Yes
☐ No

Team member initials

- ☐ MM
☐ CC
☐ ACH

PrEP Follow-up

Did the participant start using PrEP since their GAIN study visit?

☐ Yes
☐ No
☐ Not able to reach participant after 3 tries
☐ Participant was already on PrEP at their GAIN visit (include PrEP start in the notes)

When did the participant start PrEP?
Please enter a date in MM/DD/YYYY format.

(Format: MM/DD/YYYY)

If the day portion ("DD") is unknown, please enter "99" in its place.

New Diagnoses Follow-up

Is this participant engaged in HIV care?

☐
☐
☐ Yes
☐ No
☐ Not able to reach participant after 3 tries

Is this participant taking antiretroviral therapy (ART)?

☐ Yes
☐ No

Does the participant know their viral load?

☐
☐ Yes
☐ No

Is the participant's viral load undetectable?

☐ Yes
☐ No
☐ Does not know

Participant said they did not know their viral load but know they are undetectable. Please confirm these responses.

Does the participant know when their viral load first became undetectable?

☐ Yes
☐ No

When did the participant first become undetectable? Please enter a date in MM/DD/YYYY format.

(Format: MM/DD/YYYY)

If the day portion ("DD") is unknown, please enter "99" in its place.

Established Case Follow-up

Is this participant currently engaged in HIV care?

☐
☐
☐ Yes
☐ No
☐ Not able to reach participant after 3 tries

Please link this participant to HIV care.

Is this participant taking antiretroviral therapy (ART)?

- ☐ Yes
- ☐ No

Does the participant know their viral load?

- ☐
- ☐
- Yes
- s
- No

Is the participant's viral load undetectable?

- ☐
☐
☐ Yes
s
No
Does not know

Participant said they did not know their viral load but know they are undetectable. Please confirm these responses.

Does the participant know when their viral load first became undetectable? ☐ Yes
☐ No

When did the participant first become undetectable?
Please enter a date in MM/DD/YYYY format.

(Format: MM/DD/YYYY)

If the day portion ("DD") is unknown,
please enter "99" in its place.

General Notes (use for any of the calls - Month 1, 3, and/or 6)

Notes