

Data Checklist – Evaluation Framework

Evaluation Topic	Field Name	Express	Clinician	Additional Comparison Group	Field Name	Express	Clinician	Additional Comparison Group
Core Variables					Optional Variables			
Patient Characteristics	Unique Identifier				Sexual identity/orientation			
	Age/DOB				Gender at birth			
	Zip Code				Health insurance			
	Gender Identity				Income (billing data)			
	Sexual History (last 12 months)				Census tract or other geographic data			
	Extragenital exposure (yes/no) (last 30 days or last sex?)				Additional characteristics [substance use (heroin, cocaine, methamphetamine), housing, transactional sex (yes/no), etc]			
	Number of sexual partners (last 12 months)							
	Sex of sex partners (last 12 months)							
	Race							
	Ethnicity							
Language								
New patient (y/n)								
Capacity and Efficiency	Date of visit				Eligible for express (y/n)			
	Time of arrival for visit				Time of phlebotomy			
	Visit type (express, clinician, other)				Time of consultation			
	Tests ordered, by type of STI (Chlamydia, gonorrhea, syphilis, HIV)				<i>Patient Turnaway Data</i>			
	Time patient leaves clinic/end of appt							
Treatment & PrEP	Date result posted from lab				Date patient notified of positive result			
	Test result (positive/negative), by type of STI (Chlamydia, gonorrhea, syphilis, HIV)				Number contact attempts			
	Follow up appointment/return visit date				Follow up appointment scheduled (y/n)			
	Date treatment prescribed				Date treatment completed			
					EPT provided during follow up (y/n)			
					Currently taking PrEP (y/n)			
					PrEP counseling conducted (y/n)			
					Interested in PrEP (y/n)			
				PrEP follow up appointment scheduled (y/n)				
				PrEP initiated (y/n)				
Patient Satisfaction	Overall, how satisfied were you with your visit today? Satisfaction likert grid [wait time, experience with staff, services received, clinic hours, clinic look and feel]	N/A	N/A		Additional satisfaction questions: Kiosk/intake process, amount of time with staff		N/A	N/A
	I had confidence in the health care professionals I saw during my visit	N/A	N/A		I felt comfortable self-collecting samples		N/A	N/A
	I felt cared for during my visit	N/A	N/A		Instructions during my visit were easy to understand		N/A	N/A
		N/A	N/A		Staff made me feel respected		N/A	N/A
	My questions were answered during my visit	N/A	N/A		Were you given information about why you needed certain tests in a way that you could easily understand?		N/A	N/A
	What is most important to you when you choose a location to receive testing? [Cost, wait time, being treated with respect, confidentiality, convenient hours, high quality care, location of clinic, fast turnaround of results, safety, other]	N/A	N/A		Did you have enough say about the services you received today?		N/A	N/A
	On a scale from 0 to 10, how likely are you to recommend testing at this clinic to someone you know	N/A	N/A		What additional services do you wish you had received?		N/A	N/A
	What can we do to improve our services?	N/A	N/A		How did you find out about this site/why did you come to this site to receive testing?		N/A	N/A
	Please share any additional comments	N/A	N/A		Have you received testing at this clinic before? [If Yes] why do you choose to receive testing at this clinic?		N/A	N/A
	Demographic Variables- age, race/ethnicity, gender identity, zip code	N/A	N/A		How do you prefer to receive testing results? Electronically in a patient portal; phone call; text message; other		N/A	N/A