



Printed Barcode 1

HIV TEST FORM

PART 1

Form Approved: OMB No. 0920-0696, Exp. Date: 08/31/2010



Agency	Session Date (MMDDYYYY)			Unique Agency ID Number			Intervention ID		
	2	3	4	5			6		
	Site ID			Site Type			Site Zip Code		
	7			8			9		

(See codes on reverse)

Client	Client ID			Date of Birth (MMDDYYYY)			State		County		Zip Code	
	10			11 12 13			14		15		16	
	Ethnicity		Race - Check all that apply			Current Gender		Previous HIV Test?		Self-Reported Result		
	<input type="radio"/> Hispanic or Latino <input type="radio"/> Not Hispanic or Latino <input type="radio"/> Don't know <input type="radio"/> Declined		<input type="checkbox"/> American Ind./AK Native 18 <input type="checkbox"/> Asian 19 <input type="checkbox"/> Black/African American 20 <input type="checkbox"/> Native HI/Pac. Islander 21 <input type="checkbox"/> White 22 <input type="checkbox"/> Don't know 23 <input type="checkbox"/> Declined 24			<input type="radio"/> Male <input type="radio"/> Female <input type="radio"/> Transgender - M2F <input type="radio"/> Transgender - F2M		<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Don't know <input type="radio"/> Declined <input type="radio"/> Not asked		<input type="radio"/> Positive 27 <input type="radio"/> Indeterminate <input type="radio"/> Negative <input type="radio"/> Don't know <input type="radio"/> Prelim. Pos. <input type="radio"/> Declined <input type="radio"/> Not asked Provide date of last test (MMYYYY) 28/29		

HIV Test Information	Sample Date (MMDDYYYY)	30 31 32	44 45 46	58 59 60
	Worker ID	33	47	61
	Test Election	<input type="radio"/> Tested anonymously <input type="radio"/> Tested confidentially 34 <input type="radio"/> Declined testing	<input type="radio"/> Tested anonymously <input type="radio"/> Tested confidentially 48 <input type="radio"/> Declined testing	<input type="radio"/> Tested anonymously <input type="radio"/> Tested confidentially 62 <input type="radio"/> Declined testing
	Test Technology	<input type="radio"/> Conventional <input type="radio"/> Rapid HIV TEST 1 35 <input type="radio"/> Other	<input type="radio"/> Conventional <input type="radio"/> Rapid HIV TEST 2 49 <input type="radio"/> Other	<input type="radio"/> Conventional <input type="radio"/> Rapid HIV TEST 3 63 <input type="radio"/> Other
	Specimen Type	<input type="radio"/> Blood: finger stick <input type="radio"/> Blood: venipuncture 36 <input type="radio"/> Blood spot <input type="radio"/> Oral mucosal transudate <input type="radio"/> Urine	<input type="radio"/> Blood: finger stick <input type="radio"/> Blood: venipuncture 50 <input type="radio"/> Blood spot <input type="radio"/> Oral mucosal transudate <input type="radio"/> Urine	<input type="radio"/> Blood: finger stick <input type="radio"/> Blood: venipuncture 64 <input type="radio"/> Blood spot <input type="radio"/> Oral mucosal transudate <input type="radio"/> Urine
	Test Result	<input type="radio"/> Positive/Reactive <input type="radio"/> NAAT-pos 37 <input type="radio"/> Negative <input type="radio"/> Indeterminate <input type="radio"/> Invalid <input type="radio"/> No result	<input type="radio"/> Positive/Reactive <input type="radio"/> NAAT-pos 51 <input type="radio"/> Negative <input type="radio"/> Indeterminate <input type="radio"/> Invalid <input type="radio"/> No result	<input type="radio"/> Positive/Reactive <input type="radio"/> NAAT-pos 65 <input type="radio"/> Negative <input type="radio"/> Indeterminate <input type="radio"/> Invalid <input type="radio"/> No result
	Result Provided	<input type="radio"/> Yes <input type="radio"/> No 38	<input type="radio"/> Yes <input type="radio"/> No 52	<input type="radio"/> Yes <input type="radio"/> No 66
	Date Provided (MMDDYYYY)	39 40 41	53 54 55	67 68 69
	If results not provided, why?	<input type="radio"/> Declined notification <input type="radio"/> Did not return/Could not locate 42 <input type="radio"/> Obtained results from another agency	<input type="radio"/> Declined notification <input type="radio"/> Did not return/Could not locate 56 <input type="radio"/> Obtained results from another agency	<input type="radio"/> Declined notification <input type="radio"/> Did not return/Could not locate 70 <input type="radio"/> Obtained results from another agency
	If rapid reactive, did client provide confirmatory sample?	<input type="radio"/> Yes <input type="radio"/> Client declined confirmatory test <input type="radio"/> Did not return/Could not locate <input type="radio"/> Referred to another agency 43 <input type="radio"/> Other	<input type="radio"/> Yes <input type="radio"/> Client declined confirmatory test <input type="radio"/> Did not return/Could not locate <input type="radio"/> Referred to another agency 57 <input type="radio"/> Other	<input type="radio"/> Yes <input type="radio"/> Client declined confirmatory test <input type="radio"/> Did not return/Could not locate <input type="radio"/> Referred to another agency 71 <input type="radio"/> Other

Choose one if: 72 Client was not asked about risk factors Client was asked, but no risk was identified Client declined to discuss risk factors

If client risk factor information was discussed, please mark all that apply:

In past 12 months has client had: ...without using a condom? <input type="checkbox"/> 77	Injection Drug Use (IDU) <input checked="" type="checkbox"/>	Other Risk Factor(s)
Vaginal or Anal Sex <input type="checkbox"/> 73 Oral Sex <input type="checkbox"/> 74 ...with person who is an IDU? <input type="checkbox"/> 78	Has client used injection drugs in past 12 months? <input type="checkbox"/> 81	83 84
With Male <input type="checkbox"/> 73 <input type="checkbox"/> 75 ...with person who is MSM? (Female Only) <input type="checkbox"/> 79	if marked Did client share drug injection equipment? <input type="checkbox"/> 82	85 86 (see codes on reverse)
With Female <input type="checkbox"/> 74 <input type="checkbox"/> 76 ...with person who is HIV positive? <input type="checkbox"/> 80		

Session Activity	Local Use Fields	CDC Use Fields
During this visit, was a risk reduction plan developed for the client? <input type="radio"/> Yes <input type="radio"/> No 87	L1 99	C1 116
Other Session Activities (see codes on reverse)	L2 100	C2 117
88 89		



Place Barcode Sticker Here **1**

HIV TEST FORM

PART 2



Form Approved: OMB No. 0920-0696, Exp. Date 08/31/2010

CDC requires the following information on **confirmed positives**

Referrals

Was client referred to medical care? **90**

- L** Yes \longrightarrow If yes, did client attend the first appointment? **91** Yes **7**
 No \longrightarrow If no, why? **92** No
 Client already in care
 Client declined care

Was client referred to HIV Prevention services?

- Yes **93**
 No

Was client referred to PCRS?

- Yes **94**
 No **7**

If female, is client pregnant?

- 95** Yes \longrightarrow If yes, in prenatal care?
 No **96** Yes
 Don't know No \longrightarrow If no, was client referred for prenatal care?
 Declined Don't know **97** Yes \longrightarrow If yes, did client attend first prenatal care appointment?
 Not asked Declined No **98** Yes
 Yes
 No
 Don't know

Local Use Fields

L3	101	L8	106	L13	111
L4	102	L9	107	L14	112
L5	103	L10	108	L15	113
L6	104	L11	109	L16	114
L7	105	L12	110	L17	115

CDC Use Fields

C3	118	C6	121
C4	119	C7	122
C5	120	C8	123

Notes (Print Only)

124

Public reporting burden of this collection of information is estimated to average 8 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-79, Atlanta, Georgia 30333; ATTN: PRA 0920-0696.



Place Barcode Sticker
Here **1**

HIV TEST FORM

PART **3**



Form Approved: OMB No. 0920-0696, Exp. Date: 08/31/2010

HIV Incidence	
Date information collected? (MMDDYYYY)	125 126 127 7
Date first positive HIV test: (MMDDYYYY)	128 129 130
Has client ever tested negative? 131	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Don't know <input type="radio"/> Declined
Date last negative HIV test: (MMDDYYYY)	132 133 134
Number of tests in the two years before the current (or first positive) test. Include the current (or first positive) test.	$\begin{matrix} \underline{1} & + & \boxed{135} & = & \boxed{136} \\ \text{Current (1}^{\text{st}} & & \text{\# of tests in the 2} & & \\ \text{positive) test} & & \text{years before the} & & \\ & & \text{current (or 1}^{\text{st}} & & \\ & & \text{positive test} & & \end{matrix}$
Has client used or is client currently using antiretroviral medication (ARV)? 137	<input type="radio"/> Yes → If yes, specify antiretroviral medication? → 138 139 <input type="radio"/> No <input type="radio"/> Don't know <input type="radio"/> Declined 140 141 (See codes on reverse)
Date ARV began? (MMDDYYYY)	142 143 144
Date ARV ended? (MMDDYYYY)	145 146 147 L

Public reporting burden of this collection of information is estimated to average 8 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-79, Atlanta, Georgia 30333; ATTN: PRA 0920-0696.

WHITE COPY = Scan

YELLOW COPY = Record Keeping

CDC 50.135c (E), 10/2007