## **EVALUATIONWEB® 2013 HIV TEST TEMPLATE**

## **PART ONE**

Enter or adhere form ID							Sample Date	M M D D Y Y	ΥY	M	M D	D Y	YY	Υ	M M	D [	DΥ	YY	′ Y	
Session Date	M M	D	D	Υ	Y	Υ		HIV Test 1			HI	/ Test	2			HIV	Test	3		
Program Announcement (select only one)					Worker ID															
□ PS12-1201 Category A □ PS12-1201 Category B □ PS12-1201 Category C □ PS12-1210 CAPUS □ Other: □ PS12-1210 CAPUS					Election				Anonymously Confidentially Test Not Offered Declined Testing				□ Anonymously □ Confidentially □ Test Not Offered □ Declined Testing							
Agency Name/ID Number						Test Technology	☐ Rapid			Rapid NAAT/RNA Testing Other				☐ Conventional ☐ Rapid ☐ NAAT/RNA Testing ☐ Other						
Directly Funded CBO Agency	y ID						Test	<ul><li>☐ Positive/Reactive</li><li>☐ Negative</li><li>☐ Indeterminate</li></ul>			☐ Positive/Reactive☐ Negative☐ Indeterminate				☐ Positive/Reactive ☐ Negative ☐ Indeterminate					
Site Name/ID Number							Result	☐ Indeterminate ☐ Invalid ☐ No Result			Invali No Re	b	ate	[	⊟ In∨			ite		
Site Type		F	#	# .	. #	#	Result	☐ No ☐ Yes			No Yes			[	□ No □ Ye	s				
Site ZIP Code # # # # # #						#	Provided	<ul><li>Yes, client obtained results from another agency</li></ul>			<ul> <li>Yes, client obtained results from another agency</li> </ul>				<ul><li>Yes, client obtained results from another agency</li></ul>					
Site County				ŧ	# #	#	If Results NOT	☐ Declined Notification ☐ Did Not Return/			Declined Notification				Declined Notification					
Client ID	# # # # # # #	#	#	# #	# #	#	provided, why?	Could Not Locate  Other			☐ Did Not Return/ Could Not Locate ☐ Other					☐ Did Not Return/ Could Not Locate ☐ Other				
Date of Birth	M M	D	D	Υ	Υ	Υ	Choose status of collection of behavioral ris					risk profile								
Client State (use USPS abbreviation)					☐ Client completed a behavioral risk profile ☐ Client was asked, but no behavioral risk identified ☐ client completed a behavioral risk factors ☐ Client was asked, but no behavioral ☐ Client was asked about behavioral															
Client County						For clients complet	ng a rick profile d	4:4 4	·ho d		facto		follo	wing	bob	avio	rc in			
Client ZIP Code			#	# #	# #	#	the past 12 months			.iie (			i tile							
Client Ethnicity							Vaginal or Anal Sov with	h a mala				40		Ye			on't		W	
□ Don't Know					Vaginal or Anal Sex with a male  With a male without using a condom															
☐ Hispanic or Latino☐ Not Hispanic or Latino	☐ Declir ☐ Not A						With a male who is IDU													
		skeu					With a male who is					$\overline{\mathbf{S}}$		$\overline{}$	>		$\overline{}$	>		
Client Race (check all that apply)						Vaginal or Anal Sex with a female								0 0						
☐ American IN/AK Native ☐ Asian	☐ White ☐ Don't		w				With a female without using a condom								0 0					
☐ Black/African American ☐ Declined						With a female who is IDU									0 0					
						With a female who	is HIV +							0 0						
Client Assigned Sex at Birth							Vaginal or Anal Sex wit	0 1							0 0					
☐ Male ☐ Declined ☐ Not Asked						With a transgender without using a condom  With a transgender who is IDU								0 0						
Client Current Gender Identity						With a transgender who is HIV +								0 0						
☐ Male ☐ Transgender MTF					Injection drug use	I WIIO IS HIV +														
☐ Female ☐ Transgender FTM ☐ Declined ☐ Transgender Unspecified ☐ Transgender ☐ Transgender ☐ Additional (specify): ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐					Share drug injection	equipment?														
					Vaginal or Anal Sex wit		·)						0 0							
					Additional Risk Fact		1	#	# 2	Ī	#	3	#	#	4	#	#			
Previous HIV Test?							(criter two digit code ii	on page 3)												
□ No							Session Activities		1	#	# .	#	#	3	#	#		#	#	
☐ Yes				(enter codes from page 3)			#	# .	#	#	4	#	#	•	#	#				
□ Don't Know □ Declined □ Don't Know □ Declined □ Declined						L1	#	# #	#	#	L3			.,	.,	#				
□ Declined □ Negative							Local Use Fields			77	π π	77	77	L3	#	#	#	#	π	

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Codes for City Types CUNICAL	Cadas Car Cita Tarras MONI CLINICAL					
Codes for Site Type: CLINICAL	Codes for Site Type: NON-CLINICAL					
F01.01 Clinical - Inpatient hospital F02.12 Clinical - TB clinic F02.19 Clinical - Substance abuse treatment facility F02.51 Clinical - Community health center F03 Clinical - Emergency department F08 Clinical - Primary care clinic (other than CHC) F09 Clinical - Pharmacy or other retail-based clinic F10 Clinical - STD clinic F11 Clinical - Dental clinic F12 Clinical - Correctional facility clinic F13 Clinical - Other	F04.05 Non-clinical - HIV testing site F06.02 Non-clinical - Community setting - School/educational facility F06.03 Non-clinical - Community setting - Church/mosque/synagogue/temple F06.04 Non-clinical - Community setting - Shelter/transitional housing F06.05 Non-clinical - Community setting - Commercial facility F06.07 Non-clinical - Community setting - Bar/club/adult entertainment F06.08 Non-clinical - Community setting - Public area F06.12 Non-clinical - Community setting - Individual residence F06.88 Non-clinical - Community setting - Other F07 Non-clinical - Correctional facility - Non-healthcare F14 Non-clinical - Health department - Field visit F15 Non-clinical - Community setting - Syringe exchange program F88 Non-clinical - Other					
Codes for Additional Risk Factor(s)						
01 Exchange vaginal/anal sex for drugs/money/or something they needed 02 Vaginal/anal sex while intoxicated and/or high on drugs 05 Vaginal/anal sex with person of unknown HIV status 06 Vaginal/anal sex with person who exchanges sex for drugs/money	08 Vaginal/anal sex with anonymous partner 12 Diagnosed with a sexually transmitted disease (STD) 13 Sex with multiple partners 14 Oral sex 15 Unprotected vaginal/anal sex with a person who is an IDU	16 Unprotected vaginal/anal sex with a person who is HIV positive 17 Unprotected vaginal/anal sex in exchange for drugs/money/or something they needed 18 Unprotected vaginal/anal sex with person who exchanges sex for drugs/money 19 Unprotected sex with multiple partners				
Codes for Session Activities						
05.00 Personalized risk assessment 06.00 Elicit partners 07.00 Notification of exposure 08.01 Information - HIV/AIDS transmission 08.02 Information - Other sexually transmitted diseases 08.04 Information - Viral hepatitis 08.05 Information - Availability of HIV/STD counseling and testing 08.06 Information - Availability of partner notification and referral services 08.07 Information - Living with HIV/AIDS 08.08 Information - Availability of social services 08.09 Information - Availability of medical services 08.09 Information - Availability of medical services 08.10 Information - Sexual risk reduction 08.11 Information - IDU risk reduction 08.12 Information - IDU risk-free behavior 08.13 Information - Condom/barrier use 08.14 Information - Negotiation/Communication 08.15 Information - Decision making 08.16 Information - Disclosure of HIV status 08.17 Information - Providing prevention services 08.18 Information - HIV testing 08.19 Information - Partner notification 08.20 Information - HIV medication therapy adherence 08.21 Information - Alcohol and drug use prevention 08.22 Information - Sexual health 08.23 Information - TB testing 08.88 Information - TB testing 08.88 Information - Other 09.01 Demonstration - Condom/barrier use 09.02 Demonstration - IDU risk reduction	communication  09.04 Demonstration - Decision making  09.05 Demonstration - Disclosure of HIV status  09.06 Demonstration - Providing prevention services  09.07 Demonstration - Partner notification  09.88 Demonstration - Other  10.01 Practice - Condom/barrier use  10.02 Practice - IDU risk reduction  10.03 Practice - Negotiation/Communication  10.04 Practice - Decision making  10.05 Practice - Disclosure of HIV status  10.06 Practice - Providing prevention services  10.07 Practice - Partner notification  10.88 Practice - Other  11.01 Discussion - Sexual risk reduction  11.02 Discussion - IDU risk reduction  11.03 Discussion - HIV testing  11.04 Discussion - Other sexually transmitted diseases  11.05 Discussion - Disclosure of HIV status  11.06 Discussion - Partner notification  11.07 Discussion - HIV medication therapy adherence  11.08 Discussion - Abstinence/postpone sexual activity  11.09 Discussion - IDU risk-free behavior  11.10 Discussion - HIV/AIDS transmission  11.11 Discussion - Viral hepatitis  11.12 Discussion - Living with HIV/AIDS  11.13 Discussion - Availability of HIV/AIDS  counseling & testing  11.14 Discussion - Availability of partner	11.16 Discussion - Availability of medical services 11.17 Discussion - Condom/barrier use 11.18 Discussion - Negotiation/communication 11.19 Discussion - Decision making 11.20 Discussion - Providing prevention services 11.21 Discussion - Alcohol and drug use prevention 11.22 Discussion - Sexual health 11.23 Discussion - TB testing 11.24 Discussion - Stage-based encounter 11.88 Discussion - Other 12.01 Other testing - Pregnancy 12.02 Other testing - STD 12.03 Other testing - Wiral hepatitis 12.04 Other testing - TB 13.01 Distribution - Male condoms 13.02 Distribution - Female condoms 13.03 Distribution - Safe sex kits 13.04 Distribution - Safer injection/bleach kits 13.05 Distribution - Education materials 13.06 Distribution - Referral lists 13.07 Distribution - Role model stories 13.09 Distribution - Other 14.01 Post-intervention follow-up 14.02 Post-intervention booster session 15.00 HIV testing history survey 16.00 Risk reduction counseling 17.00 Personalized cognitive counseling 88 Other				

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**PART TWO** 

Enter or adhere form ID										
CDC requires the following inform		Local Use Fields								
Was the client referred to HIV me	L5	#	#	#	#	#				
□ No <b>→</b>	Reason the client not referred to HIV Me	L6	#	#	#	#	#			
	☐ Client Declined Care	L7	#	#	#	#	#			
☐ Yes →	Did the client attend the first appointme	L8	#	#	#	#	#			
☐ Don't Know	☐ Pending	L9	#	#	#	#	#			
	☐ Confirmed: Accessed Service ☐ Confirmed: Did Not Access Service						#	#		
	☐ Lost to Follow-Up ☐ No Follow-Up ☐ Don't Know	L11		#	#	#	#			
Was the client referred to/contact	□ Don't Know □ Don't Know □ Don't Know									
□ No	L13		#	#	#	#				
□ Yes →	Was the client interviewed for Partner S	ervices?	L14	#	#	#	#	#		
☐ Don't Know	□ No		L15	#	#	#	#	#		
	☐ Yes — → ☐ Don't Know	Was the client interview within 30 day receiving their result?	of L16	#	#	#	#	#		
			L17	#	#	#	#	#		
Was the client referred to HIV Pro		CDC Use Fields								
□ No			C3	#	#	#	#	#		
□ Yes →	Did the client receive HIV Prevention Se	rvices?	C4	#	#	#	#	#		
☐ Don't Know	□ No □ Yes	C5	#	#	#	#	#			
	□ Don't Know		C6	#	#	#	#	#		
What was the client's housing sta	C7	#	#	#	#	#				
☐ Literally Homeless☐ Imminently Losing Housing	C8	#	#	#	#	#				
		☐ Don't Know			#	#	77	77		
If female, is the client pregnant?			No	tes:						
□ No	In the affect the constal and 2									
☐ Yes →	Is the client in prenatal care?	☐ Declined								
□ Don't Know □ Declined □ Not Asked	Yes Don't Know	□ Not Asked	_							
	For Health Departments' Use ONL	Υ								
Prior to the client testing positive surveillance department as being	e during this testing event, was she/he pre HIV-positive?									