

## PART ONE

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# EVALUATIONWEB® 2013 HIV TEST TEMPLATE

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		
04.00 Referral 05.00 Personalized risk assessment 06.00 Elicit partners 07.00 Notification of exposure 08.01 Information - HIV/AIDS transmission 08.02 Information - Abstinence/postpone sexual activity 08.03 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 08.10 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 - Other 09.01 Demonstration - Condom/barrier use 09.02 Demonstration - IDU risk reduction	09.03 Demonstration - Negotiation/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 notification and referral services	11.15 Discussion - Availability of social services 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 - Viral 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 - Lubricants 13.06 Distribution - Education materials 13.07 Distribution - Referral lists 13.08 Distribution - Role model stories 13.09 Distribution - Dental dams 13.88 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

Enter or adhere form ID		
CDC requires the following information on all preliminary and confirmed HIV-positive clients:		
Was the client referred to HIV medical care?		
<input type="checkbox"/> No →  <input type="checkbox"/> Yes →  <input type="checkbox"/> Don't Know	Reason the client not referred to HIV Medical Care?	
	<input type="checkbox"/> Client Already in Care <input type="checkbox"/> Client Declined Care	
	Did the client attend the first appointment?	
	<input type="checkbox"/> Pending <input type="checkbox"/> Confirmed: Accessed Service → <input type="checkbox"/> Confirmed: Did Not Access Service  <input type="checkbox"/> Lost to Follow-Up <input type="checkbox"/> No Follow-Up <input type="checkbox"/> Don't Know	First medical appointment within 90 days of the HIV test?  <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Don't Know
Was the client referred to/contacted by Partner Services?		
<input type="checkbox"/> No  <input type="checkbox"/> Yes →  <input type="checkbox"/> Don't Know		
	Was the client interviewed for Partner Services?	
	<input type="checkbox"/> No  <input type="checkbox"/> Yes → <input type="checkbox"/> Don't Know	Was the client interview within 30 days of receiving their result?  <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Don't Know
Was the client referred to HIV Prevention Services?		
<input type="checkbox"/> No  <input type="checkbox"/> Yes →  <input type="checkbox"/> Don't Know		
	Did the client receive HIV Prevention Services?	
	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Don't Know	
What was the client's housing status in the past 12 months? (check all that apply)		
<input type="checkbox"/> Literally Homeless <input type="checkbox"/> Imminently Losing Housing <input type="checkbox"/> Unstably Housed and at Risk of Losing Housing <input type="checkbox"/> Stably Housed <input type="checkbox"/> Not Asked <input type="checkbox"/> Declined to Answer <input type="checkbox"/> Don't Know		
If female, is the client pregnant?		
<input type="checkbox"/> No  <input type="checkbox"/> Yes →  <input type="checkbox"/> No <input type="checkbox"/> Don't Know <input type="checkbox"/> Declined <input type="checkbox"/> Not Asked		
	Is the client in prenatal care?	
	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Don't Know	<input type="checkbox"/> Declined <input type="checkbox"/> Not Asked
For Health Departments' Use ONLY		
Prior to the client testing positive during this testing event, was she/he previously reported to the jurisdiction's surveillance department as being HIV-positive?		
<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Don't Know <input type="checkbox"/> Not Checked		

Local Use Fields					
L5	#	#	#	#	#
L6	#	#	#	#	#
L7	#	#	#	#	#
L8	#	#	#	#	#
L9	#	#	#	#	#
L10	#	#	#	#	#
L11	#	#	#	#	#
L12	#	#	#	#	#
L13	#	#	#	#	#
L14	#	#	#	#	#
L15	#	#	#	#	#
L16	#	#	#	#	#
L17	#	#	#	#	#
CDC Use Fields					
C3	#	#	#	#	#
C4	#	#	#	#	#
C5	#	#	#	#	#
C6	#	#	#	#	#
C7	#	#	#	#	#
C8	#	#	#	#	#
C9	#	#	#	#	#

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