

EVALUATIONWEB® 2013 HIV TEST TEMPLATE

PART ONE

Enter or adhere form ID		Sample Date																																																																					
Session Date				HIV Test 1		HIV Test 2																																																																	
Program Announcement (select only one)		Worker ID																																																																					
<input checked="" type="checkbox"/> PS12-1201 Category A <input type="checkbox"/> PS12-1201 Category B <input type="checkbox"/> PS12-1201 Category C <input type="checkbox"/> PS12-1210 CAPUS <input type="checkbox"/> Other: _____		<input type="checkbox"/> PS11-1113 Category A-YMSM <input type="checkbox"/> PS11-1113 Category B-YTG <input type="checkbox"/> PS10-1003 <input type="checkbox"/> PS08-803 <input type="checkbox"/> MSM Testing Initiative		<input type="checkbox"/> Anonymously <input type="checkbox"/> Confidentially <input type="checkbox"/> Test Not Offered <input type="checkbox"/> Declined Testing		<input type="checkbox"/> Anonymously <input type="checkbox"/> Confidentially <input type="checkbox"/> Test Not Offered <input type="checkbox"/> Declined Testing																																																																	
Agency Name		Test Technology		<input type="checkbox"/> Conventional <input type="checkbox"/> Rapid <input type="checkbox"/> NAAT/RNA Testing <input type="checkbox"/> Other		<input type="checkbox"/> Conventional <input type="checkbox"/> Rapid <input type="checkbox"/> NAAT/RNA Testing <input type="checkbox"/> Other																																																																	
Agency ID		Test Result		<input type="checkbox"/> Positive/Reactive <input type="checkbox"/> Negative <input type="checkbox"/> Indeterminate <input type="checkbox"/> Invalid <input type="checkbox"/> No Result		<input type="checkbox"/> Positive/Reactive <input type="checkbox"/> Negative <input type="checkbox"/> Indeterminate <input type="checkbox"/> Invalid <input type="checkbox"/> No Result																																																																	
Site Name		Result Provided		<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Yes, client obtained results from another agency		<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Yes, client obtained results from another agency																																																																	
Site ID		If Results NOT provided, why?		<input type="checkbox"/> Declined Notification <input type="checkbox"/> Did Not Return/ Could Not Locate <input type="checkbox"/> Other		<input type="checkbox"/> Declined Notification <input type="checkbox"/> Did Not Return/ Could Not Locate <input type="checkbox"/> Other																																																																	
Date of Birth		Choose status of collection of behavioral risk profile																																																																					
Client State		<input type="checkbox"/> Client completed a behavioral risk profile <input type="checkbox"/> Client was not asked about behavioral risk factors																																																																					
Client County		<input type="checkbox"/> Client was asked, but no behavioral risks identified <input type="checkbox"/> Client declined to discuss behavioral risk factors																																																																					
Client ZIP Code		For clients completing a risk profile, did the client report the following behaviors in the past 12 months? (select all that apply)																																																																					
Client Ethnicity		<table border="1"> <thead> <tr> <th></th> <th>No</th> <th>Yes</th> <th>Don't Know</th> </tr> </thead> <tbody> <tr> <td>Vaginal or Anal Sex with a male</td> <td><input type="radio"/></td> <td><input type="radio"/></td> <td><input type="radio"/></td> </tr> <tr> <td> With a male without using a condom</td> <td><input type="radio"/></td> <td><input type="radio"/></td> <td><input type="radio"/></td> </tr> <tr> <td> With a male who is IDU</td> <td><input type="radio"/></td> <td><input type="radio"/></td> <td><input type="radio"/></td> </tr> <tr> <td> With a male who is HIV +</td> <td><input type="radio"/></td> <td><input type="radio"/></td> <td><input type="radio"/></td> </tr> <tr> <td>Vaginal or Anal Sex with a female</td> <td><input type="radio"/></td> <td><input type="radio"/></td> <td><input type="radio"/></td> </tr> <tr> <td> With a female without using a condom</td> <td><input type="radio"/></td> <td><input type="radio"/></td> <td><input type="radio"/></td> </tr> <tr> <td> With a female who is IDU</td> <td><input type="radio"/></td> <td><input type="radio"/></td> <td><input type="radio"/></td> </tr> <tr> <td> With a female who is HIV +</td> <td><input type="radio"/></td> <td><input type="radio"/></td> <td><input type="radio"/></td> </tr> <tr> <td>Vaginal or Anal Sex with a transgender person</td> <td><input type="radio"/></td> <td><input type="radio"/></td> <td><input type="radio"/></td> </tr> <tr> <td> With a transgender without using a condom</td> <td><input type="radio"/></td> <td><input type="radio"/></td> <td><input type="radio"/></td> </tr> <tr> <td> With a transgender who is IDU</td> <td><input type="radio"/></td> <td><input type="radio"/></td> <td><input type="radio"/></td> </tr> <tr> <td> With a transgender who is HIV +</td> <td><input type="radio"/></td> <td><input type="radio"/></td> <td><input type="radio"/></td> </tr> <tr> <td>Injection drug use</td> <td><input type="radio"/></td> <td><input type="radio"/></td> <td><input type="radio"/></td> </tr> <tr> <td> Share drug injection equipment?</td> <td><input type="radio"/></td> <td><input type="radio"/></td> <td><input type="radio"/></td> </tr> <tr> <td>Vaginal or Anal Sex with MSM (female only)</td> <td><input type="radio"/></td> <td><input type="radio"/></td> <td><input type="radio"/></td> </tr> </tbody> </table>							No	Yes	Don't Know	Vaginal or Anal Sex with a male	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	With a male without using a condom	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	With a male who is IDU	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	With a male who is HIV +	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Vaginal or Anal Sex with a female	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	With a female without using a condom	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	With a female who is IDU	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	With a female who is HIV +	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Vaginal or Anal Sex with a transgender person	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	With a transgender without using a condom	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	With a transgender who is IDU	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	With a transgender who is HIV +	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Injection drug use	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Share drug injection equipment?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Vaginal or Anal Sex with MSM (female only)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	No	Yes	Don't Know																																																																				
Vaginal or Anal Sex with a male	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>																																																																				
With a male without using a condom	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>																																																																				
With a male who is IDU	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>																																																																				
With a male who is HIV +	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>																																																																				
Vaginal or Anal Sex with a female	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>																																																																				
With a female without using a condom	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>																																																																				
With a female who is IDU	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>																																																																				
With a female who is HIV +	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>																																																																				
Vaginal or Anal Sex with a transgender person	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>																																																																				
With a transgender without using a condom	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>																																																																				
With a transgender who is IDU	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>																																																																				
With a transgender who is HIV +	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>																																																																				
Injection drug use	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>																																																																				
Share drug injection equipment?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>																																																																				
Vaginal or Anal Sex with MSM (female only)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>																																																																				
<input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino <input type="checkbox"/> Don't Know <input type="checkbox"/> Declined <input type="checkbox"/> Not Asked		<table border="1"> <thead> <tr> <th>Additional Risk Factors (enter two-digit code from page 3)</th> <th>1</th> <th>2</th> <th>3</th> <th>4</th> </tr> </thead> <tbody> <tr> <td>Session Activities (enter codes from page 3)</td> <td>1</td> <td>.</td> <td>3</td> <td>.</td> </tr> <tr> <td></td> <td>2</td> <td>.</td> <td>4</td> <td>.</td> </tr> <tr> <td>Local Use Fields</td> <td>L1</td> <td></td> <td>L3</td> <td></td> </tr> <tr> <td></td> <td>L2</td> <td></td> <td>L4</td> <td></td> </tr> </tbody> </table>						Additional Risk Factors (enter two-digit code from page 3)	1	2	3	4	Session Activities (enter codes from page 3)	1	.	3	.		2	.	4	.	Local Use Fields	L1		L3			L2		L4																																								
Additional Risk Factors (enter two-digit code from page 3)	1	2	3	4																																																																			
Session Activities (enter codes from page 3)	1	.	3	.																																																																			
	2	.	4	.																																																																			
Local Use Fields	L1		L3																																																																				
	L2		L4																																																																				
Client Race (check all that apply)																																																																							
<input type="checkbox"/> American IN/AK Native <input type="checkbox"/> Asian <input type="checkbox"/> Black/African American <input type="checkbox"/> Native HI/Pac. Islander <input type="checkbox"/> White <input type="checkbox"/> Don't Know <input type="checkbox"/> Declined <input type="checkbox"/> Not Asked																																																																							
Client Assigned Sex at Birth																																																																							
<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Declined <input type="checkbox"/> Not Asked																																																																							
Client Current Gender Identity																																																																							
<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Declined <input type="checkbox"/> Not Asked <input type="checkbox"/> Transgender MTF <input type="checkbox"/> Transgender FTM <input type="checkbox"/> Transgender Unspecified																																																																							
Additional (specify): _____																																																																							
Previous HIV Test?																																																																							
<input type="checkbox"/> No <input type="checkbox"/> Yes →																																																																							
If Yes, what is the client's self-reported result?																																																																							
<input type="checkbox"/> Positive <input type="checkbox"/> Negative <input type="checkbox"/> Preliminary Positive <input type="checkbox"/> Indeterminate <input type="checkbox"/> Don't Know <input type="checkbox"/> Declined <input type="checkbox"/> Not Asked																																																																							