

HIV Core

Collection date for HIV information:

(DD-MM-YYYY)

HIV TESTING

Has the participant ever been tested for HIV?

- ☐ Yes
☐ No
☐ Refused

When did the participant have his/her most recent HIV test?

(DD-MM-YYYY)

What was the result of the participant's most recent HIV test?

- ☐ Positive
☐ Negative
☐ Indeterminate
☐ Never obtained results
☐ Don't know
☐ Refused to answer

Is the participant currently on HIV treatment?

- ☐ Yes
☐ No

(If No) Has the participant recently (past 6 months) been on antiretroviral (ARV) treatment for HIV?

- ☐ Yes
☐ No

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