

GENERAL INSTRUCTIONS FOR COMPLETING THE HIV TEST FORM

- This form is designed to be read by an Optical Character Recognition (OCR) scanner. The legibility of this form depends on the quality of the hand-written and selected information.
- Carefully separate the sheets at the perforations. If the form tears, it may not be readable by the scanner or operator.
- Each part has a top sheet and a bottom carbonless copy. The top copy (white) is the only sheet that should be scanned. The bottom copy (yellow) should **NOT** be scanned; rather it should be used for record keeping purposes.
- **DO NOT** use red ink. Blue or black ink is preferred.
- **DO NOT** fold, staple, wrinkle or tear form(s).
- **DO NOT USE WHITE OUT.** White out sometimes will cause a mis-read by the scanning software.
- **DO NOT** mark on the bar codes of the Form ID numbers. Marking on the Form ID numbers (barcode) may cause the wrong number to be scanned.
- **DO NOT** make any stray marks on the form(s), particularly in the fields where answers will appear.
- Part 1 is the only form with a pre-printed code. You must attach a form identification sticker (barcode) located on the back of the carbonless copy (yellow) to Part 2 and/or Part 3 in order to link a client's information.
 - Part 1 should be used for all testing events
 - Part 2 should be used to record referral data on **confirmed HIV positive** clients
 - Part 3 is used by jurisdictions funded to collect HIV Incidence data.

RESPONSE FORMATS

There are three different response formats on the form that you will use to record data: (1) text boxes, (2) check boxes, and (3) radio buttons. Instructions for each one of these formats are listed below.

Text boxes

Text boxes are used to record handwritten information (e.g., codes, dates). When writing letters or numbers in the boxes:

- use all capital letters and write neatly in your best penmanship. **DO NOT** use cursive.
- put only 1 letter or number per box and **DO NOT** have any part of the letter or number touch the edges of the box.

Here are examples of how to write letters and numbers:

LETTERS

A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T	U	V	W	X	Y	Z
---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---

NUMBERS

0	1	2	3	4	5	6	7	8	9
---	---	---	---	---	---	---	---	---	---

Check boxes

Check boxes are used to select all options that apply. For example, check boxes are used to record information about "Race."

- use an "X" instead of a check mark because the tail of the check mark might run over into another box.
- keep the "X" within the edges of the box.

Radio buttons

Radio buttons are ovals used to select only one option from among two or more options. For example, radio buttons are used to select "Current Gender." When selecting an option using a radio button:

- fill in the oval completely.
- **DO NOT** mark over area of the oval.



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	
	Site ID		Site Type		Site Zip Code	

(See codes on reverse)

Client	Client ID		Date of Birth (MMDDYYYY)		State	County	Zip Code
	Ethnicity		Race - Check all that apply		Current Gender		Previous HIV Test?

Self-Reported Result: Provide date of last test (MMYYYY)

HIV Test Information	Sample Date (MMDDYYYY)			
	Worker ID			
	Test Election	<input type="radio"/> Tested anonymously <input type="radio"/> Tested confidentially <input type="radio"/> Declined testing	<input type="radio"/> Tested anonymously <input type="radio"/> Tested confidentially <input type="radio"/> Declined testing	<input type="radio"/> Tested anonymously <input type="radio"/> Tested confidentially <input type="radio"/> Declined testing
	Test Technology	<input type="radio"/> Conventional <input type="radio"/> Rapid HIV TEST 1 <input type="radio"/> Other	<input type="radio"/> Conventional <input type="radio"/> Rapid HIV TEST 2 <input type="radio"/> Other	<input type="radio"/> Conventional <input type="radio"/> Rapid HIV TEST 3 <input type="radio"/> Other
	Specimen Type	<input type="radio"/> Blood: finger stick <input type="radio"/> Blood: venipuncture <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 <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 <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 <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 <input type="radio"/> Negative
	Result Provided	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
	Date Provided (MMDDYYYY)			

Choose one if: 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?

Injection Drug Use (IDU)

Other Risk Factor(s):

Has client used injection drugs in past 12 months?

Did client share drug injection equipment?

Vaginal or Anal Sex Oral Sex ...with person who is an IDU?

With Male ...with person who is MSM? (Female Only)

With Female ...with person who is HIV positive?

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



Place Barcode Sticker Here

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?

- Yes → If yes, did client attend the first appointment? Yes
- No → If no, why? No
- Client already in care
- Client declined care
- Don't know

Was client referred to HIV Prevention services?

- Yes
- No

Was client referred to PCRS?

- Yes
- No

If female, is client pregnant?

- Yes → If yes, in prenatal care? Yes
- No Yes
- Don't know No → If no, was client referred for prenatal care?
- Declined Don't know
- Not asked Declined Yes → If yes, did client attend first prenatal care appointment?
- No No
- Don't know

Local Use Fields

L3		L8		L13	
L4		L9		L14	
L5		L10		L15	
L6		L11		L16	
L7		L12		L17	

CDC Use Fields

C3		C6	
C4		C7	
C5		C8	

Notes (Print Only)

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.

Name: _____

Address: _____

Phone: _____ Other: _____

Codes for Site Type

F01 Inpatient Facility
 F01.01 Inpatient Hospital
 F01.50 Inpatient- Drug / Alcohol Treatment
 F01.88 In patient Facility- Other
 F01.99 Inpatient Facility- Unknown
 F02 Outpatient facility
 F02.03 Outpatient- Private Medical Practice
 F02.04 Outpatient- HIV Specialty Clinic
 F02.10 Outpatient- Prenatal/ OBGYN Clinic
 F02.12 Outpatient- TB Clinic
 F02.19 Outpatient- Drug / Alcohol Treatment Clinic
 F02.20 Outpatient- Family Planning
 F02.30 Outpatient- Community Mental Health
 F02.51 Outpatient- Community Health Clinic
 F02.58 Outpatient- School/University Clinic
 F02.60 Outpatient- Health Department/Public Health Clinic
 F02.61 Outpatient- Health Department/Public Health Clinic-HIV
 F02.62 Outpatient- Health Department/Public Health Clinic-STD
 F02.88 Outpatient Facility- Other

F02.99

F03 Emergency Room
 F04.01 Blood Bank, Plasma Center
 F04.05 HIV Counseling and Testing Site
 F06 Community Setting
 F06.01 Community Setting – AIDS Service Organization – non clinical
 F06.02 Community Setting – School/Education Facility
 F06.03 Community Setting – Church/Mosque/Synagogue/Temple
 F06.04 Community Setting – Shelter/Transitional housing
 F06.05 Community Setting – Commercial
 F06.06 Community Setting – Residential
 F06.07 Community Setting – Bar/Club/Adult Entertainment
 F06.08 Community Setting – Public Area
 F06.09 Community Setting – Workplace
 F06.12 Individual Residence
 F06.10 Community Setting – Community Center
 F06.88 Community Setting – Other
 F07 Correctional Facility
 F88 Facility – Other

Codes for Other Risk factor(s)

01 Exchange sex for drugs/money/or something they need
 02 While intoxicated and/or high on drugs
 05 With person of unknown HIV status
 06 With person who exchanges sex for drugs/money
 08 With anonymous partner
 09 With person who has hemophilia or transfusion/transplant recipient
 11 Sex with transgender

Codes for Other Session Activities

03.00 HIV Testing
 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
 08.66 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
 09.66 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
 10.66 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
 11.66 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
 13.66 Distribution – Other
 14.01 Post-intervention follow up
 14.02 Post-intervention booster session
 15.00 HIV Testing History Survey
 88 Other



1001233623



1001233623



1001233623



1001233623



1001233623



1001233623



1001233623



1001233623