

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.



Printed Barcode

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 <input type="radio"/> Other HIV TEST 1	<input type="radio"/> Conventional <input type="radio"/> Rapid <input type="radio"/> Other HIV TEST 2	<input type="radio"/> Conventional <input type="radio"/> Rapid <input type="radio"/> Other HIV TEST 3
	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 <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 <input type="radio"/> Indeterminate <input type="radio"/> Invalid <input type="radio"/> No result
	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)			
	If results not provided, why?	<input type="radio"/> Declined notification <input type="radio"/> Did not return/Could not locate <input type="radio"/> Obtained results from another agency	<input type="radio"/> Declined notification <input type="radio"/> Did not return/Could not locate <input type="radio"/> Obtained results from another agency	<input type="radio"/> Declined notification <input type="radio"/> Did not return/Could not locate <input type="radio"/> Obtained results from another agency
	If rapid reactive, did client provide confirmatory sample?	<input type="radio"/> Yes <input type="radio"/> Client declined confirmatory test <input type="radio"/> Did not return/Could not locate <input type="radio"/> Referred to another agency <input type="radio"/> Other	<input type="radio"/> Yes <input type="radio"/> Client declined confirmatory test <input type="radio"/> Did not return/Could not locate <input type="radio"/> Referred to another agency <input type="radio"/> Other	<input type="radio"/> Yes <input type="radio"/> Client declined confirmatory test <input type="radio"/> Did not return/Could not locate <input type="radio"/> Referred to another agency <input type="radio"/> Other

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?	<input type="checkbox"/>	Injection Drug Use (IDU) Has client used injection drugs in past 12 months? <input type="checkbox"/> If marked Did client share drug injection equipment? <input type="checkbox"/>	Other Risk Factor(s) <input type="text"/> <input type="text"/> (see codes on reverse)
Vaginal or Anal Sex	...with person who is an IDU?	<input type="checkbox"/>		
With Male	...with person who is MSM?	<input type="checkbox"/>		
With Female	...with person who is HIV positive?	<input type="checkbox"/>		

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: <input type="text"/> L2: <input type="text"/>	CDC Use Fields C1: <input type="text"/> C2: <input type="text"/>
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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 0520-0696.

WHITE COPY = Scan YELLOW COPY = Record Keeping CDC 50.135a (E), 10/2007

Client Identifying Data (Optional)

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
F02.12	Outpatient- Drug / Alcohol Treatment Clinic
F02.19	Outpatient- Family Planning
F02.20	Outpatient- Community Mental Health
F02.30	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	Outpatient Facility- Unknown
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
F06.10	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

Form ID stickers
(n=8)



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

Was client referred to HIV Prevention services?

- Yes
- No

Was client referred to PCRS?

- Yes
- No

If female, is client pregnant?

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

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)

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

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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)

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CDC 50.135b (E), 10/2007



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HIV TEST FORM

PART 3



Form Approved: OMB No. 0920-0696, Exp. Date: 08/31/2010

HIV Incidence

Date information collected? (MMDDYYYY)

Date first positive HIV test: (MMDDYYYY)

Has client ever tested negative? Yes No Don't know Declined

Date last negative HIV test: (MMDDYYYY)

Number of tests in the two years before the current (or first positive) test. Include the current (or first positive) test. $1 + \text{[]} = \text{[]}$
Current (or 1st) positive test # of tests in the 2 years before the current (or 1st) positive test

Has client used or is client currently using antiretroviral medication (ARV)? Yes No Don't know Declined

If yes, specify antiretroviral medication?

(See codes on reverse)

Date ARV began? (MMDDYYYY)

Date of last ARV use? (MMDDYYYY)

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HIV TEST FORM PART 3



Form Approved: OMB No. 0920-0696, Exp. Date: 08/31/2010

HIV Incidence

Date information collected?
 (MMDDYYYY)

Date first positive HIV test:
 (MMDDYYYY)

Has client ever tested negative?
 Yes
 No
 Don't know
 Declined

Date last negative HIV test:
 (MMDDYYYY)

Number of tests in the two years before the current (or first positive) test. (Include the current (or first positive) test.)
 + =

Is client using or is client currently using antiretroviral medication (ARV)?
 Yes → No
 Don't know
 Declined

If yes, specify antiretroviral medication?

 (See codes on reverse)

Date ARV began?
 (MMDDYYYY)

Date of last ARV use?
 (MMDDYYYY)

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CDC 50.135c (E), 10/2007

Codes for Antiretroviral (ARV) medication(s)

- 01 Videx (didanosine, ddi)
- 02 Hivid (zalcitabine, ddC)
- 03 Epivir (lamivudine, 3TC)
- 04 Zerit (stavudine, d4T)
- 05 Viramune (nevirapine, NVP)
- 06 Crixivan (indinavir, IDV)
- 07 Norvir (ritonavir, RTV)
- 08 Saquinavir (Fortovase, Invirase)
- 09 Rescriptor (delavirdine, DLV)
- 10 Fuzeon (enfuvirtide, T20)
- 11 Emtriva (emtricitabine, FTC)
- 12 Viread (tenofovir DF, TDF)
- 13 Trizivir (abacavir/lamivudine/zidovudine)
- 14 Videx EC (didanosine, ddi)
- 15 Reyataz (atazanavir, ATV)
- 16 Kaletra (lopinavir/ritonavir)
- 17 Viracept (nelfinavir, NFV)
- 18 Invirase (saquinavir, SQV)
- 19 Hepsera (adefovir)
- 20 Ziagen (abacavir, ABC)
- 21 Sustiva (efavirenz, EFV)
- 22 Agenerase (amprenavir)
- 23 Hydroxyurea
- 24 Combivir (lamivudine/ zidovudine)
- 25 Fortovase (saquinavir, SQV)
- 26 Retrovir (zidovudine, ZDV, AZT)
- 27 Truvada (tenofovir DF/emtricitabine)
- 28 Epzicom (abacavir/lamivudine)
- 30 Aptivis (tipranavir, TPV)
- 31 Lexiva (fosamprenavir, 908)
- 32 Atripla (efavirenz/emtricitabine/tenofovir DF)
- 33 Prezista (darunavir, DRV)
- 88 Other
- 99 Unspecified