

SAMHSA MAI Rapid HIV Testing Clinical Information Form

SECTION A: SITE CHARACTERISTICS		Provider ID: _____	SAMHSA CLIENT ID: _____
Date of visit _____		Site ID: _____	(Bar code)
Site Type #: (see site code on back page)	Site code # _____ <input type="checkbox"/> Other (specify) _____		
RAPID TEST KIT LOT NUMBER: _____			

SECTION B: DEMOGRAPHICS		
1. Gender <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Transgender	3. Ethnicity <input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic	5. Previous HIV Test <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Result was negative <input type="checkbox"/> Result was positive <input type="checkbox"/> Result was inconclusive <input type="checkbox"/> Result was unknown
2. Age <input type="checkbox"/> <18 yrs <input type="checkbox"/> 18-24 yrs <input type="checkbox"/> 25-34 yrs <input type="checkbox"/> 35-44 yrs <input type="checkbox"/> 45-54 yrs <input type="checkbox"/> 55-64 yrs <input type="checkbox"/> 65+ yrs	4. Race (Check all that apply) <input type="checkbox"/> Black/African American <input type="checkbox"/> Asian <input type="checkbox"/> Native Hawaiian/Other Pacific Islander <input type="checkbox"/> Alaska Native <input type="checkbox"/> White <input type="checkbox"/> American Indian	

SECTION C: REASON FOR TEST: _____

SECTION D: WHAT BEHAVIORS DO YOU ENGAGE IN THAT PUT YOU AT RISK? (Check all that apply)

1. During the past 30 days have you:

<input type="checkbox"/> had unprotected sex with male	<input type="checkbox"/> Had unprotected sex while high on drugs/alcohol	<input type="checkbox"/> exchanged sex for drugs/money/shelter
<input type="checkbox"/> had unprotected sex with female	<input type="checkbox"/> had unprotected sex with person who injects drugs	<input type="checkbox"/> had unprotected sex with a man who has sex with men
<input type="checkbox"/> had unprotected sex with transgender individual		
<input type="checkbox"/> had unprotected sex with significant other in monogamous relationship	<input type="checkbox"/> had unprotected sex with HIV positive person	<input type="checkbox"/> Been diagnosed with sexually transmitted disease (syphilis, chlamydia, gonorrhea, herpes)
<input type="checkbox"/> had unprotected sex with multiple partners		

2. During the past 30 days have you used:

<input type="checkbox"/> cocaine (crack)	<input type="checkbox"/> 5 or more alcoholic drinks in 1 sitting (for men)	<input type="checkbox"/> shared injection equipment (i.e. needle and drug paraphernalia)
<input type="checkbox"/> marijuana	<input type="checkbox"/> 4 or more alcoholic drinks in 1 setting (for women)	
<input type="checkbox"/> methamphetamine		
<input type="checkbox"/> heroin		
<input type="checkbox"/> ecstasy		
<input type="checkbox"/> non-medical use prescription drugs		

3. Have you

<input type="checkbox"/> ever been in alcohol or drug treatment	<input type="checkbox"/> ever experienced serious psychological distress (e.g., major depression, anxiety disorder)
<input type="checkbox"/> been in alcohol or drug treatment during the past 12 month	

4. The client : reports no known risk factors

Section E: Rapid HIV Testing

1. Rapid test results <input type="checkbox"/> Negative/Non-reactive <input type="checkbox"/> Positive/Reactive <input type="checkbox"/> Invalid (Repeat test using a new test kit.) Retest <input type="checkbox"/> Negative/ <input type="checkbox"/> Positive/ <input type="checkbox"/> Invalid/ Result: Non-reactive Reactive indeterminate	2. Did client receive results of rapid test? <input type="checkbox"/> Yes <input type="checkbox"/> No, reason _____
---	--

Rapid test kit lot number (client retested): _____

Section F: TYPE OF SERVICES PROVIDED (Check all that apply)

<input type="checkbox"/> HIV Pre-Test/Prevention Counseling	<input type="checkbox"/> HIV Post-Test Counseling	<input type="checkbox"/> Linked to care/treatment after positive confirmatory testing
		<input type="checkbox"/> Linked to prevention/ancillary services if negative test result

Section G: Confirmatory Testing (if rapid test result is positive/reactive)

1. Confirmatory test conducted <input type="checkbox"/> Yes <input type="checkbox"/> Yes: Client now wants a confirmatory test after initial refusal. <input type="checkbox"/> No, reason _____	3. Confirmatory test results <input type="checkbox"/> Negative <input type="checkbox"/> Indeterminate <input type="checkbox"/> Positive <input type="checkbox"/> Results pending
2. Type of confirmatory test <input type="checkbox"/> Blood (plasma, serum, or blood spot) <input type="checkbox"/> Oral <input type="checkbox"/> Urine	4. Did client receive results of confirmatory test? <input type="checkbox"/> Yes <input type="checkbox"/> No, reason _____

White: Complete with Rapid Test (Sections A thru F)
 RETURN TO: SAMHSA Contractor
 Project Number: _____

SAMHSA MAI Rapid HIV Testing Clinical Information Form

SECTION A: SITE CHARACTERISTICS		Provider ID: _____	SAMHSA CLIENT ID: _____
Date of visit _____		Site ID: _____	(Bar code)
Site Type #: _____ (see site code on back page)	Site code # _____ <input type="checkbox"/> Other (specify) _____		
RAPID TEST KIT LOT NUMBER: _____			

SECTION B: DEMOGRAPHICS		
1. Gender <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Transgender	3. Ethnicity <input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic	5. Previous HIV Test <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Transgender
2. Age <input type="checkbox"/> <18 yrs <input type="checkbox"/> 18-24 yrs <input type="checkbox"/> 25-34 yrs <input type="checkbox"/> 35-44 yrs <input type="checkbox"/> 45-54 yrs <input type="checkbox"/> 55-64 yrs <input type="checkbox"/> 65+ yrs	4. Race (Check all that apply) <input type="checkbox"/> Black/African American <input type="checkbox"/> Asian <input type="checkbox"/> Native Hawaiian/Other Pacific Islander <input type="checkbox"/> Alaska Native <input type="checkbox"/> White <input type="checkbox"/> American Indian	2. Age <input type="checkbox"/> <18 years <input type="checkbox"/> 18-24 yrs

SECTION C: REASON FOR TEST: _____

SECTION D: WHAT BEHAVIORS DO YOU ENGAGE IN THAT PUT YOU AT RISK? (Check all that apply)

1. During the past 30 days have you:

<input type="checkbox"/> had unprotected sex with male	<input type="checkbox"/> Had unprotected sex while high on drugs/alcohol	<input type="checkbox"/> exchanged sex for drugs/money/shelter
<input type="checkbox"/> had unprotected sex with female	<input type="checkbox"/> had unprotected sex with person who injects drugs	<input type="checkbox"/> had unprotected sex with a man who has sex with men
<input type="checkbox"/> had unprotected sex with transgender		
<input type="checkbox"/> had unprotected sex with significant other in monogamous relationship	<input type="checkbox"/> had unprotected sex with HIV positive person	<input type="checkbox"/> Been diagnosed with sexually transmitted disease (syphilis, chlamydia, gonorrhea, herpes)
<input type="checkbox"/> had unprotected sex with multiple partners		

2. During the past 30 days have you used:

<input type="checkbox"/> cocaine (crack)	<input type="checkbox"/> 5 or more alcoholic drinks in 1 sitting (for men)	<input type="checkbox"/> shared injection equipment (i.e. needle and drug paraphernalia)
<input type="checkbox"/> marijuana	<input type="checkbox"/> 4 or more alcoholic drinks in 1 setting (for women)	
<input type="checkbox"/> methamphetamine		
<input type="checkbox"/> heroin		
<input type="checkbox"/> ecstasy		
<input type="checkbox"/> non-medical use prescription drugs		

3. Have you

<input type="checkbox"/> ever been in alcohol or drug treatment	<input type="checkbox"/> ever experienced serious psychological distress (e.g., major depression, anxiety disorder)
<input type="checkbox"/> been in alcohol or drug treatment during the past 12 month	

4. The client : reports no known risk factors

Section E: Rapid HIV Testing

1. Rapid test results <input type="checkbox"/> Negative/Non-reactive <input type="checkbox"/> Positive/Reactive <input type="checkbox"/> Invalid (Repeat test using a new test kit.) Retest Result: <input type="checkbox"/> Negative/Non-reactive <input type="checkbox"/> Negative/Non-reactive <input type="checkbox"/> Invalid/indeterminate	2. Did client receive results of rapid test? <input type="checkbox"/> Yes <input type="checkbox"/> No, reason _____ Rapid test kit lot number (client retested): _____
---	--

Section F: TYPE OF SERVICES PROVIDED (Check all that apply)

<input type="checkbox"/> HIV Pre-Test/Prevention Counseling	<input type="checkbox"/> HIV Post-Test Counseling	<input type="checkbox"/> Linked to care/treatment after positive confirmatory testing
		<input type="checkbox"/> Linked to prevention/ancillary services if negative test result

Section G: Confirmatory Testing (if rapid test result is positive/reactive)

1. Confirmatory test conducted <input type="checkbox"/> Yes <input type="checkbox"/> Yes: Client now wants a confirmatory test after initial refusal. <input type="checkbox"/> No, reason _____ 2. Type of confirmatory test <input type="checkbox"/> Blood (plasma, serum, or blood spot) <input type="checkbox"/> Oral <input type="checkbox"/> Urine	3. Confirmatory test results <input type="checkbox"/> Negative <input type="checkbox"/> Indeterminate <input type="checkbox"/> Positive <input type="checkbox"/> Results pending 4. Did client receive results of confirmatory test? <input type="checkbox"/> Yes <input type="checkbox"/> No, reason _____
---	--

Yellow: Complete for Confirmatory Test (Complete Section G)
 RETURN TO: SAMHSA Contractor
 Project Number: _____

SAMHSA MAI Rapid HIV Testing Clinical Information Form

SECTION A: SITE CHARACTERISTICS		Provider ID: _____	SAMHSA CLIENT ID: _____
Date of visit _____	Site ID: _____		
Site Type #: _____ (see site code on back page)	Site code # _____ <input type="checkbox"/> Other (specify) _____	(Bar code)	

RAPID TEST KIT LOT NUMBER: _____

SECTION B: DEMOGRAPHICS		
1. Gender <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Transgender	3. Ethnicity <input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic	5. Previous HIV Test <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Result was negative <input type="checkbox"/> Result was positive <input type="checkbox"/> Result was inconclusive <input type="checkbox"/> Result was unknown
2. Age <input type="checkbox"/> <18 yrs <input type="checkbox"/> 18-24 yrs <input type="checkbox"/> 25-34 yrs <input type="checkbox"/> 35-44 yrs <input type="checkbox"/> 45-54 yrs <input type="checkbox"/> 55-64 yrs <input type="checkbox"/> 65+ yrs	4. Race (Check all that apply) <input type="checkbox"/> Black/African American <input type="checkbox"/> Asian <input type="checkbox"/> Native Hawaiian/Other Pacific Islander <input type="checkbox"/> Alaska Native <input type="checkbox"/> White <input type="checkbox"/> American Indian	

SECTION C: REASON FOR TEST: _____

SECTION D: WHAT BEHAVIORS DO YOU ENGAGE IN THAT PUT YOU AT RISK? (Check all that apply)

1. During the past 30 days have you:

<input type="checkbox"/> had unprotected sex with male	<input type="checkbox"/> Had unprotected sex while high on drugs/alcohol	<input type="checkbox"/> exchanged sex for drugs/money/shelter
<input type="checkbox"/> had unprotected sex with female	<input type="checkbox"/> had unprotected sex with person who injects drugs	<input type="checkbox"/> had unprotected sex with a man who has sex with men
<input type="checkbox"/> had unprotected sex with transgender	<input type="checkbox"/> had unprotected sex with HIV positive person	<input type="checkbox"/> Been diagnosed with sexually transmitted disease (syphilis, chlamydia, gonorrhea, herpes)
<input type="checkbox"/> had unprotected sex with significant other in monogamous relationship		
<input type="checkbox"/> had unprotected sex with multiple partners		

2. During the past 30 days have you used:

<input type="checkbox"/> cocaine (crack)	<input type="checkbox"/> 5 or more alcoholic drinks in 1 sitting (for men)	<input type="checkbox"/> shared injection equipment (i.e. needle and drug paraphernalia)
<input type="checkbox"/> marijuana	<input type="checkbox"/> 4 or more alcoholic drinks in 1 setting (for women)	
<input type="checkbox"/> methamphetamine		
<input type="checkbox"/> heroin		
<input type="checkbox"/> ecstasy		
<input type="checkbox"/> non-medical use prescription drugs		

3. Have you

<input type="checkbox"/> ever been in alcohol or drug treatment	<input type="checkbox"/> ever experienced serious psychological distress (e.g., major depression, anxiety disorder)
<input type="checkbox"/> been in alcohol or drug treatment during the past 12 month	

4. The client: reports no known risk factors

Section E: Rapid HIV Testing

1. Rapid test results <input type="checkbox"/> Negative/Non-reactive <input type="checkbox"/> Positive/Reactive <input type="checkbox"/> Invalid (Repeat test using a new test kit.) Retest Result: <input type="checkbox"/> Negative/Non-reactive <input type="checkbox"/> Positive/Reactive <input type="checkbox"/> Invalid/indeterminate	2. Did client receive results of rapid test? <input type="checkbox"/> Yes <input type="checkbox"/> No, reason _____
---	--

Rapid test kit lot number (client retested): _____

Section F: TYPE OF SERVICES PROVIDED (Check all that apply)

<input type="checkbox"/> HIV Pre-Test/Prevention Counseling	<input type="checkbox"/> HIV Post-Test Counseling	<input type="checkbox"/> Linked to care/treatment after positive confirmatory testing
		<input type="checkbox"/> Linked to prevention/ancillary services if negative test result

Section G: Confirmatory Testing (if rapid test result is positive/reactive)

1. Confirmatory test conducted <input type="checkbox"/> Yes <input type="checkbox"/> Yes: Client now wants a confirmatory test after initial refusal. <input type="checkbox"/> No, reason _____	3. Confirmatory test results <input type="checkbox"/> Negative <input type="checkbox"/> Positive <input type="checkbox"/> Indeterminate <input type="checkbox"/> Results pending
2. Type of confirmatory test <input type="checkbox"/> Blood (plasma, serum, or blood spot) <input type="checkbox"/> Oral <input type="checkbox"/> Urine	4. Did client receive results of confirmatory test? <input type="checkbox"/> Yes <input type="checkbox"/> No, reason _____

Pink: Keep for your records

SAMHSA MAI Rapid HIV Testing Clinical Information Form

Codes for Site Types

S01	Inpatient Facility	S16	Community Setting-AIDS Service Organization-non-clinical
S02	Inpatient Hospital	S17	Community Setting-Community Center
S03	Inpatient-Drug/Alcohol Treatment	S18	Community Setting-Shelter/Transitional housing
S04	Inpatient Facility-Other	S19	Community Setting-School/Education Facility
S05	Outpatient-Drug/Alcohol Treatment Clinic	S20	Community Setting-Residential
S06	Outpatient-HIV Specialty Clinic	S21	Community Setting-Public Area
S07	Outpatient-Community Mental Health	S22	Community Setting-Workplace
S08	Outpatient-Community Health Clinic	S23	Community Setting-Commercial
S09	Outpatient-TB Clinic	S24	Community Setting-Other
S10	Outpatient-School/University Clinic	S25	Community Setting-Bar/Club/Adult Entertainment
S11	Outpatient-Prenatal/OBGYN Clinic	S26	Community Setting-Church/Mosque/Synagogue/Temple
S12	Outpatient-Family Planning	S27	Correctional Facility
S13	Outpatient-Private Medical Practice	S28	Blood Bank, Plasma Center
S14	Outpatient-Health Department/Public Health Clinic		
S15	Outpatient-Health Department/Public Health Clinic-HIV		