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OMB # 0920-0696 Exp. Date:08/31/2010
Pacific Islands HIV Test Form

Worker ID

Session Date, Jurisdiction, Site Type ID, Client ID, Client Date of Birth, Current Residence, Gender, Race, Ethnicity

Client Risk Factors
1. In the past 12 months, have you had sex with a male (vaginal or anal)?
2. Have you had sex in the past 12 months (vaginal or anal):
3. In the past 12 months, have you injected any drugs?
4. In the past 12 months, did you engage in any other behaviors or activities that you feel increased your risk for HIV?
5. In the past 12 months, have you been diagnosed with any of the following STDs (not HIV)?

Previous HIV Test?
Self-reported Previous HIV Test Result
For clients who tested HIV positive

HIV Test 1, HIV Test 2
Test ID number, Sample date, Test election, Test technology, Specimen type, Test result, Result provided, Date provided, If results not provided, why not?

For clients who tested HIV positive
Was client given a TB test?
Was client referred to HIV prevention services?
Was client referred to medical care?
If female, is client pregnant?
Is client in prenatal care?
Was client referred to Partner Counseling and Referral Services (PCRS)?

Local Use Fields
L1, L2, L3, L4, L5, L6