

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

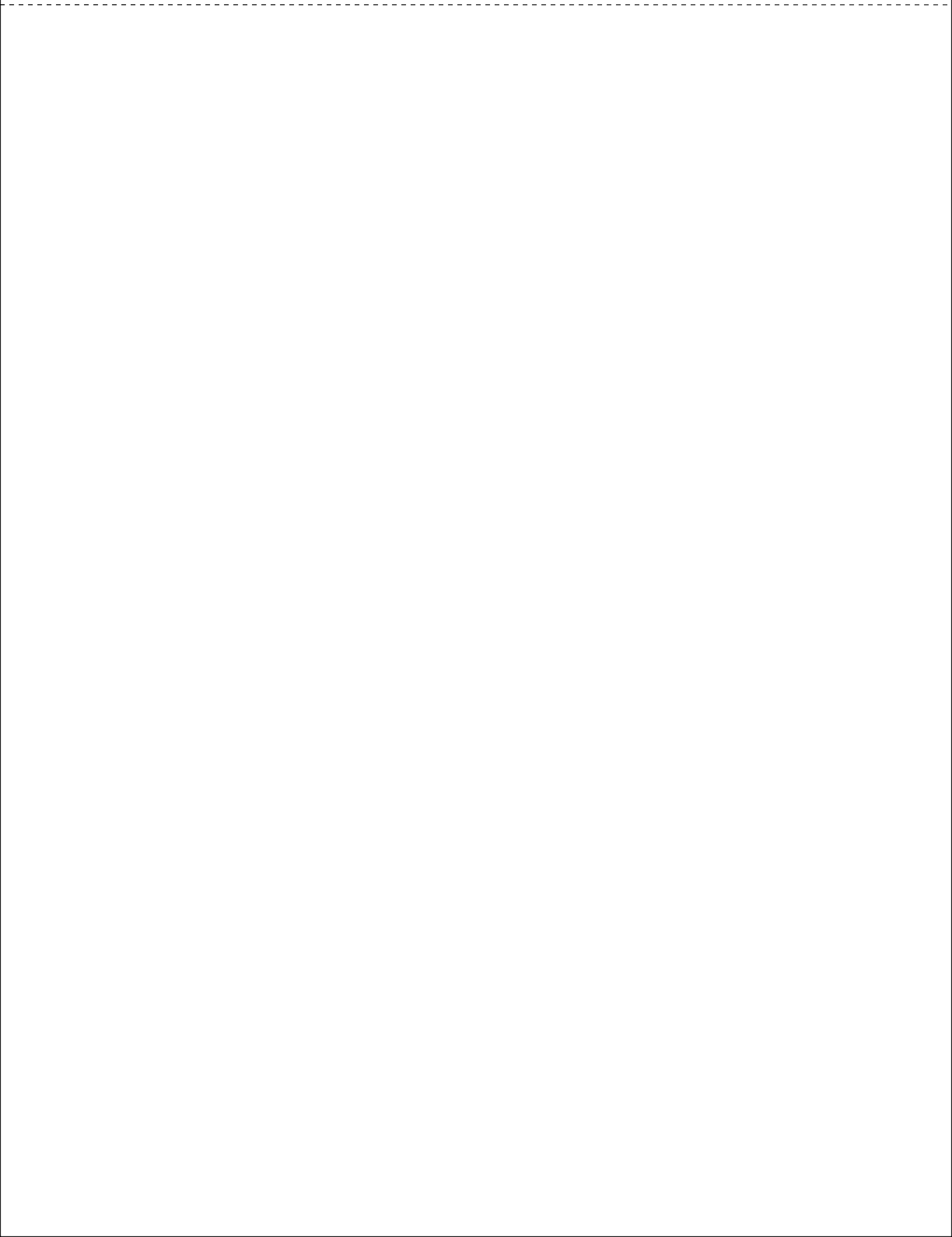
Check boxes are used to select all options that apply. For example, check boxes are used to record information about "Race."

- 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.





Code 128
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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	
	<input type="text"/>		<input type="text"/>		<input type="text"/>	
	Site ID	Site Type	Site Zip Code			
	<input type="text"/>	<input type="text"/>	<input type="text"/>		<input type="text"/>	
(See codes on reverse)						

Client	Client ID		Date of Birth (MMDDYYYY)		State	County	Zip Code
	<input type="text"/>		<input type="text"/>		<input type="text"/>	<input type="text"/>	<input type="text"/>
Ethnicity		Race — Check all that apply		Current Gender	Previous HIV Test?	Self-Reported Result	
<input type="radio"/> Hispanic or Latino <input type="radio"/> Not Hispanic or Latino <input type="radio"/> Don't know <input type="radio"/> Declined		<input type="checkbox"/> American Ind./AK Native <input type="checkbox"/> Asian <input type="checkbox"/> Black/African American <input type="checkbox"/> Native HI/Pac. Islander <input type="checkbox"/> White <input type="checkbox"/> Don't know <input type="checkbox"/> Declined		<input type="radio"/> Male <input type="radio"/> Female <input type="radio"/> Transgender — M2F <input type="radio"/> Transgender — F2M	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Don't know <input type="radio"/> Declined <input type="radio"/> Not asked	<input type="radio"/> Positive <input type="radio"/> Indeterminate <input type="radio"/> Negative <input type="radio"/> Don't know <input type="radio"/> Prelim. Pos. <input type="radio"/> Declined <input type="radio"/> Not asked	
							Provide date of last test (MMYYYY) <input type="text"/>

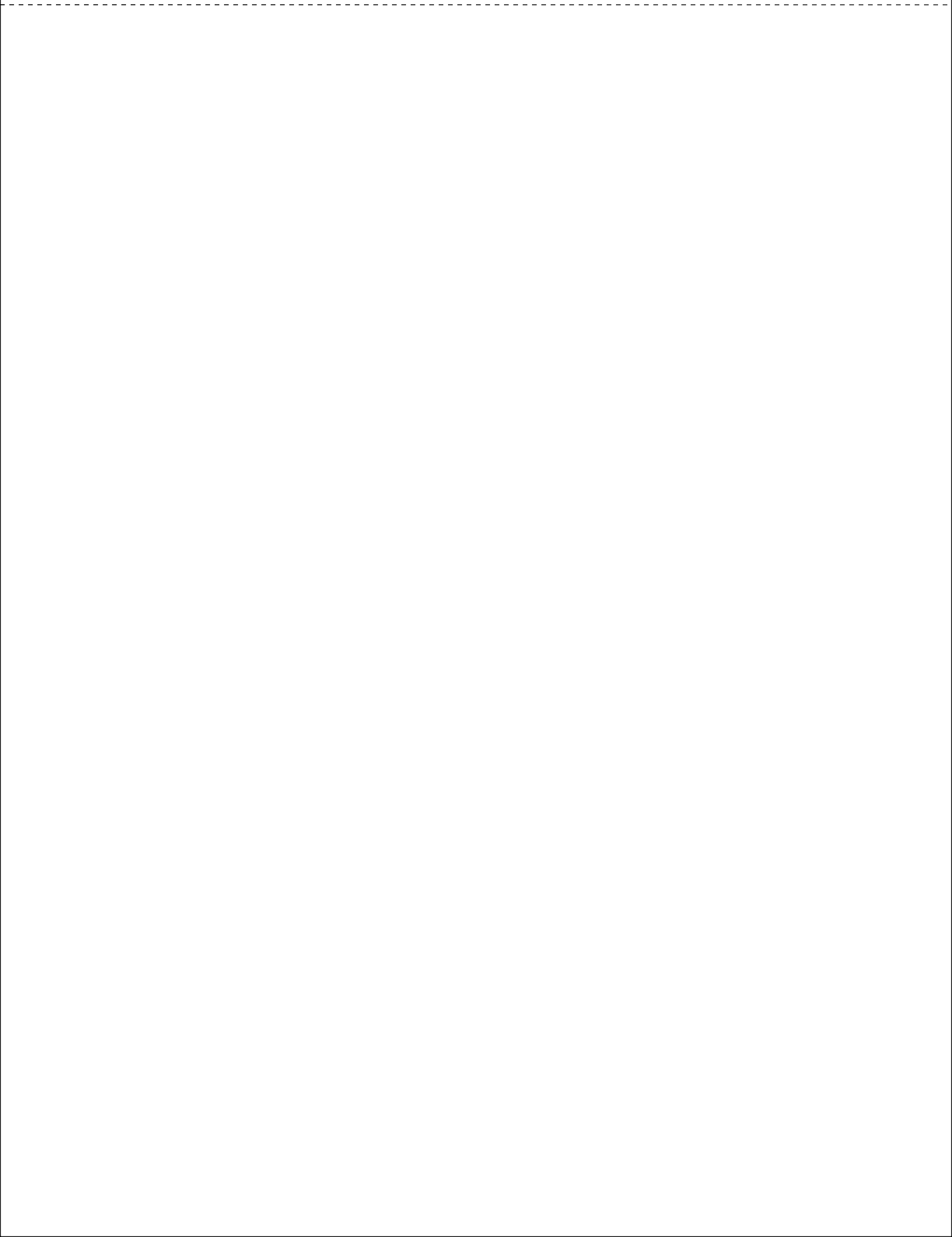
HIV Test Information	Sample Date (MMDDYYYY)	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Worker ID	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Test Election	<input type="radio"/> Tested anonymously <input type="radio"/> Tested confidentially <input type="radio"/> 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"/> Indeterminate <input type="radio"/> NAAT-pos <input type="radio"/> Invalid <input type="radio"/> Negative <input type="radio"/> No result	<input type="radio"/> Positive/Reactive <input type="radio"/> Indeterminate <input type="radio"/> NAAT-pos <input type="radio"/> Invalid <input type="radio"/> Negative <input type="radio"/> No result	<input type="radio"/> Positive/Reactive <input type="radio"/> Indeterminate <input type="radio"/> NAAT-pos <input type="radio"/> Invalid <input type="radio"/> Negative <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)	<input type="text"/>	<input type="text"/>	<input type="text"/>
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) <input type="checkbox"/>	Other Risk Factor(s) <input type="checkbox"/>
Vaginal or Anal Sex <input type="checkbox"/> Oral Sex <input type="checkbox"/> ...with person who is an IDU? <input type="checkbox"/>	Has client used injection drugs in past 12 months? <input type="checkbox"/>	<input type="text"/>
With Male <input type="checkbox"/> ...with person who is MSM? (Female Only) <input type="checkbox"/>	if marked Did client share drug injection equipment? <input type="checkbox"/>	<input type="text"/>
With Female <input type="checkbox"/> ...with person who is HIV positive? <input type="checkbox"/>		(see codes on reverse)

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





Code 128

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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		
	<input type="text"/>			<input type="text"/>			<input type="text"/>		
	Site ID		Site Type		Site Zip Code				
<small>(See codes on reverse)</small>									

Client	Client ID			Date of Birth (MMDDYYYY)			State		County		Zip Code	
	<input type="text"/>			<input type="text"/>			<input type="text"/>		<input type="text"/>		<input type="text"/>	
	Ethnicity		Race — Check all that apply			Current Gender		Previous HIV Test?		Self-Reported Result		
	<input type="radio"/> Hispanic or Latino <input type="radio"/> Not Hispanic or Latino <input type="radio"/> Don't know <input type="radio"/> Declined		<input type="checkbox"/> American Ind./AK Native <input type="checkbox"/> Asian <input type="checkbox"/> Black/African American <input type="checkbox"/> Native HI/Pac. Islander <input type="checkbox"/> White <input type="checkbox"/> Don't know <input type="checkbox"/> Declined			<input type="radio"/> Male <input type="radio"/> Female <input type="radio"/> Transgender – M2F <input type="radio"/> Transgender – F2M		<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Don't know <input type="radio"/> Declined <input type="radio"/> Not asked		<input type="radio"/> Positive <input type="radio"/> Indeterminate <input type="radio"/> Negative <input type="radio"/> Don't know <input type="radio"/> Prelim. Pos. <input type="radio"/> Declined <input type="radio"/> Not asked		
	Provide date of last test (MMYYYY) <input type="text"/>											

HIV Test Information	Sample Date (MMDDYYYY)	<input type="text"/>	<input type="text"/>	<input type="text"/>	
	Worker ID	<input type="text"/>	<input type="text"/>	<input type="text"/>	
	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	
	Test Technology	<input type="radio"/> Conventional HIV TEST 1 <input type="radio"/> Rapid <input type="radio"/> Other		<input type="radio"/> Conventional HIV TEST 2 <input type="radio"/> Rapid <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	
	Test Result	<input type="radio"/> Positive/Reactive <input type="radio"/> Indeterminate <input type="radio"/> NAAT-pos <input type="radio"/> Invalid <input type="radio"/> Negative <input type="radio"/> No result		<input type="radio"/> Positive/Reactive <input type="radio"/> Indeterminate <input type="radio"/> NAAT-pos <input type="radio"/> Invalid <input type="radio"/> Negative <input type="radio"/> No result	
	Result Provided	<input type="radio"/> Yes <input type="radio"/> No		<input type="radio"/> Yes <input type="radio"/> No	
	Date Provided (MMDDYYYY)	<input type="text"/>		<input type="text"/>	
	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	
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		

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:

Risk Factors	In past 12 months has client had: ...without using a condom? <input type="checkbox"/>		Injection Drug Use (IDU) <input checked="" type="checkbox"/>		Other Risk Factor(s)	
	<input type="checkbox"/> Vaginal or Anal Sex <input type="checkbox"/> Oral Sex ...with person who is an IDU? <input type="checkbox"/>		Has client used injection drugs in past 12 months? <input type="checkbox"/>		<input type="text"/>	
	With Male <input type="checkbox"/> <input type="checkbox"/> ...with person who is MSM? (Female Only) <input type="checkbox"/>		if marked Did client share drug injection equipment? <input type="checkbox"/>		<input type="text"/>	
	With Female <input type="checkbox"/> <input type="checkbox"/> ...with person who is HIV positive? <input type="checkbox"/>				(see codes on reverse)	

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

Client Identifying Data (Optional)

Name: _____
 Address: _____
 Phone: _____ Other: _____

Codes for Site Type

F01	Inpatient Facility	F02.99	Outpatient Facility- Unknown
F01.01	Inpatient Hospital	F03	Emergency Room
F01.50	Inpatient- Drug / Alcohol Treatment	F04.01	Blood Bank, Plasma Center
F01.88	In patient Facility- Other	F04.05	HIV Counseling and Testing Site
F01.99	Inpatient Facility- Unknown	F06	Community Setting
F02	Outpatient facility	F06.01	Community Setting – AIDS Service Organization – non clinical
F02.03	Outpatient- Private Medical Practice	F06.02	Community Setting – School/Education Facility
F02.04	Outpatient- HIV Specialty Clinic	F06.03	Community Setting – Church/Mosque/Synagogue/Temple
F02.10	Outpatient- Prenatal/ OBGYN Clinic	F06.04	Community Setting – Shelter/Transitional housing
F02.12	Outpatient- TB Clinic	F06.05	Community Setting – Commercial
F02.19	Outpatient- Drug / Alcohol Treatment Clinic	F06.06	Community Setting – Residential
F02.20	Outpatient- Family Planning	F06.07	Community Setting – Bar/Club/Adult Entertainment
F02.30	Outpatient- Community Mental Health	F06.08	Community Setting – Public Area
F02.51	Outpatient- Community Health Clinic	F06.09	Community Setting – Workplace
F02.58	Outpatient- School/University Clinic	F06.12	Individual Residence
F02.60	Outpatient- Health Department/Public Health Clinic	F06.10	Community Setting – Community Center
F02.61	Outpatient- Health Department/Public Health Clinic-HIV	F06.88	Community Setting – Other
F02.62	Outpatient- Health Department/Public Health Clinic-STD	F07	Correctional Facility
F02.88	Outpatient Facility- Other	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

01.00	Not Collected	10.07	Practice – Partner notification
03.00	HIV Testing	10.88	Practice – Other
04.00	Referral	11.01	Discussion – Sexual risk reduction
05.00	Personalized Risk assessment	11.02	Discussion – IDU risk reduction
06.00	Elicit Partners	11.03	Discussion – HIV testing
07.00	Notification of exposure	11.04	Discussion – Other sexually transmitted diseases
08.01	Information – HIV/AIDS transmission	11.05	Discussion – Disclosure of HIV status
08.02	Information-Abstinence/postpone sexual activity	11.06	Discussion – Partner notification
08.03	Information-Other sexually transmitted diseases	11.07	Discussion – HIV medication therapy adherence
08.04	Information-Viral hepatitis	11.08	Discussion – Abstinence/postpone sexual activity
08.05	Information – Availability of HIV/STD counseling and testing	11.09	Discussion – IDU risk free behavior
08.06	Information-Availability of partner notification and referral services	11.10	Discussion – HIV/AIDS transmission
08.07	Information – Living with HIV/AIDS	11.11	Discussion – Viral hepatitis
08.08	Information – Availability of social services	11.12	Discussion – Living with HIV/AIDS
08.09	Information – Availability of medical services	11.13	Discussion – Availability of HIV/AIDS counseling testing
08.10	Information – Sexual risk reduction	11.14	Discussion – Availability of partner notification and referral services
08.11	Information – IDU risk reduction	11.15	Discussion – Availability of social services
08.12	Information – IDU risk free behavior	11.16	Discussion – Availability of medical services
08.13	Information – Condom/barrier use	11.17	Discussion – Condom/barrier use
08.14	Information – Negotiation / Communication	11.18	Discussion – Negotiation / Communication
08.15	Information – Decision making	11.19	Discussion – Decision making
08.16	Information – Disclosure of HIV status	11.20	Discussion – Providing prevention services
08.17	Information – Providing prevention services	11.21	Discussion – Alcohol and drug use prevention
08.18	Information – HIV testing	11.22	Discussion – Sexual health
08.19	Information – Partner notification	11.23	Discussion – TB testing
08.20	Information – HIV medication therapy adherence	11.24	Discussion – Stage Based Encounter
08.21	Information – Alcohol and drug use prevention	11.88	Discussion – Other
08.22	Information – Sexual health	12.01	Other testing – Pregnancy
08.23	Information – TB testing	12.02	Other testing – STD
08.66	Information – Other	12.03	Other testing – Viral hepatitis
09.01	Demonstration – Condom/barrier use	12.04	Other testing – TB
09.02	Demonstration – IDU risk reduction	13.01	Distribution – Male condoms
09.03	Demonstration – Negotiation / Communication	13.02	Distribution – Female condoms
09.04	Demonstration – Decision making	13.03	Distribution – Safe sex kits
09.05	Demonstration – Disclosure of HIV status	13.04	Distribution – Safer injection / bleach kits
09.06	Demonstration – Providing prevention services	13.05	Distribution – Lubricants
09.07	Demonstration – Partner notification	13.06	Distribution – Education materials
09.88	Demonstration – Other	13.07	Distribution – Referral lists
10.01	Practice – Condom/barrier use	13.08	Distribution – Role model stories
10.02	Practice – IDU risk reduction	13.09	Distribution – Dental DAMS
10.03	Practice – Negotiation / Communication	13.88	Distribution – Other
10.04	Practice – Decision making	14.01	Post-intervention follow up
10.05	Practice – Disclosure of HIV status	14.02	Post-intervention booster session
10.06	Practice – Providing prevention services	15.00	HIV Testing History Survey
		89	Other

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