

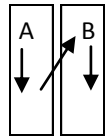
EVALUATIONWEB ® 2012 HepTLC Hepatitis B Test Template

General Instructions for completing the EvaluationWeb HepTLC Hepatitis B Test Template

This Hepatitis B testing data collection template is provided to assist CDC grantees who are collecting PPHF Viral Hepatitis/Evaluation of Testing and Linkage to Care data. This template is not mandated for use in the field and may be customized so that an agency may make changes to the template to best fit their needs. Agencies may add additional local questions/variables to the template, but none of the CDC variables may be deleted or modified. The template contains the CDC Assurance of Confidentiality statement at the bottom. This statement assures clients and agency staff that data collected and recorded on the templates will be handled securely and confidentially. All grantees are encouraged to utilize the CDC Assurance of Confidentiality statement on all client level data collection templates used in Hepatitis B and C testing and linkage to care programs.

The template can only be accessed and downloaded from EvaluationWeb or by requesting a copy via CDC. The manipulatable Publisher template will only be available by contacting your ICF Macro Data Manager. There are no pre-printed barcodes on any template forms. You must adhere or write in the Form Identification sticker (barcode) to each page to link the client's information. This template is **not** intended for use as an Optical Character Recognition (OCR) document; it cannot be scanned.

This template is designed for ease of data collection and direct data entry into EvaluationWeb. The template follows the EvaluationWeb direct data entry screens beginning from top upper left column A to bottom left, then to upper right column B to bottom right.



There are two different response formats that you will use to record data: (1) text boxes and (2) check boxes. Text boxes are used to record hand written information (codes and dates). Check boxes are used to select only one response unless otherwise indicated on the template.

Please refer to the Appendix A for all agency and site IDs and Appendix B for codes for country of origin. Please print these documents for your reference.

To add new site locations contact the HELP DESK at Luther Consulting via email at help@lutherconsulting.com or by telephone 1-866-517-6570 option #1.

For agencies directly entering data into EvaluationWeb it may not be necessary to complete the Agency Name.

Assurance of Confidentiality Statement:

The information in this report to the Centers for Disease Control and Prevention (CDC) is collected under the authority of Sections 304 and 306 of the Public Health Service Act, 42 USC 242b and 242k. Your cooperation is necessary for evaluation of the interventions being done to understand and control Hepatitis. Information in CDC's Hepatitis/Evaluation of Early Identification and Linkage to Care system that would permit identification of any individual on whom a record is maintained, or any health care provider collecting HepTLC information, or any institution with which that health care provider is associated will be protected under Section 308(d) of the Public Health Service Act. This protection for the HepTLC information includes a guarantee that the information will be held in confidence, will be used only for the purposes stated in the Assurance of Confidentiality on file at CDC, and will not otherwise be disclosed or released without the consent of the individual, health care provider, or institution described herein in accordance with Section 308(d) of the Public Health Service Act (42 USC 242m(d)).

Enter or adhere Form ID

Site Information	
<i>See Appendix for a list of Agency and Site IDs</i>	
Agency Name	
Agency ID	
Site ID	
Client Demographics	
Client ID	
Country of Origin code <i>(See Appendix)</i>	
Year of Birth (yyyy)	
Gender <i>(Select one)</i>	
<input type="checkbox"/> Male	<input type="checkbox"/> Declined to Answer
<input type="checkbox"/> Female	<input type="checkbox"/> Additional, specify:
<input type="checkbox"/> Transgender	_____
Race <i>(Select all that apply)</i>	
<input type="checkbox"/> American Indian/Alaskan Native	<input type="checkbox"/> Native Hawaiian/Pacific Islander
<input type="checkbox"/> Asian	<input type="checkbox"/> White
<input type="checkbox"/> Black/African American	<input type="checkbox"/> Don't Know
	<input type="checkbox"/> Declined to Answer
Ethnicity <i>(Select one)</i>	
<input type="checkbox"/> Hispanic/Latino	<input type="checkbox"/> Don't Know
<input type="checkbox"/> Not Hispanic/ Latino	<input type="checkbox"/> Declined to Answer
Health Insurance	
<input type="checkbox"/> Yes	If yes, what type? <i>(Select one)</i>
<input type="checkbox"/> No	
<input type="checkbox"/> Don't Know	
<input type="checkbox"/> Declined to Answer	
	<input type="checkbox"/> Public
	<input type="checkbox"/> Private
	<input type="checkbox"/> Other
	<input type="checkbox"/> Don't Know
	<input type="checkbox"/> Declined to Answer
Risk Factors	
Injection Drug Use	
<input type="checkbox"/> Ever, yes	If yes, in the past 12 months?
<input type="checkbox"/> Ever, no	
<input type="checkbox"/> Don't Know	
<input type="checkbox"/> Declined to Answer	
<input type="checkbox"/> Not Asked	
	<input type="checkbox"/> Yes
	<input type="checkbox"/> No
	<input type="checkbox"/> Don't Know
	<input type="checkbox"/> Declined to Answer
	<input type="checkbox"/> Not Asked

Man who has had Anal Sex with a Man or Male Transgender	
<input type="checkbox"/> Ever, yes	If yes, in the past 12 months?
<input type="checkbox"/> Ever, no	
<input type="checkbox"/> Don't Know	
<input type="checkbox"/> Declined to Answer	
<input type="checkbox"/> Not Asked	
	<input type="checkbox"/> Yes
	<input type="checkbox"/> No
	<input type="checkbox"/> Don't Know
	<input type="checkbox"/> Declined to Answer
	<input type="checkbox"/> Not Asked
Household Contact with a Person Known to be Infected with HBV	
<input type="checkbox"/> Ever, yes	If yes, in the past 12 months?
<input type="checkbox"/> Ever, no	
<input type="checkbox"/> Don't Know	
<input type="checkbox"/> Declined to Answer	
<input type="checkbox"/> Not Asked	
	<input type="checkbox"/> Yes
	<input type="checkbox"/> No
	<input type="checkbox"/> Don't Know
	<input type="checkbox"/> Declined to Answer
	<input type="checkbox"/> Not Asked
Sexual Partner of Person Infected with HBV	
<input type="checkbox"/> Yes	<input type="checkbox"/> Don't Know
<input type="checkbox"/> No	<input type="checkbox"/> Declined to Answer
	<input type="checkbox"/> Not Asked
Multiple Sexual Partners	
<i>More than one partner during a 6 month period</i>	
<input type="checkbox"/> Yes	<input type="checkbox"/> Don't Know
<input type="checkbox"/> No	<input type="checkbox"/> Declined to Answer
	<input type="checkbox"/> Not Asked
Self-reported Pregnancy Status	
<i>Female or Transgender Only</i>	
<input type="checkbox"/> Yes	<input type="checkbox"/> Don't Know
<input type="checkbox"/> No	<input type="checkbox"/> Declined to Answer
	<input type="checkbox"/> Not Asked
HIV Positive Status	
<input type="checkbox"/> Yes	If yes, source of HIV positive status?
<input type="checkbox"/> No	
<input type="checkbox"/> Don't Know	
<input type="checkbox"/> Declined to Answer	
<input type="checkbox"/> Not Asked	
	<input type="checkbox"/> Self Reported
	<input type="checkbox"/> Documented Test
	<input type="checkbox"/> Don't Know
	<input type="checkbox"/> Declined to Answer
	<input type="checkbox"/> Not Asked

Enter or adhere Form ID		
Client ID		
Hepatitis B Test Results		
	Hepatitis B Core Anti-body (Anti-HBC)	Hepatitis B Surface Antigen (HBsAg)
Test Date	__/__/____	__/__/____
Lab Type	<input type="checkbox"/> Public <input type="checkbox"/> Private <input type="checkbox"/> Unknown <input type="checkbox"/> Not Applicable	<input type="checkbox"/> Public <input type="checkbox"/> Private <input type="checkbox"/> Unknown <input type="checkbox"/> Not Applicable
Results	<input type="checkbox"/> Positive <input type="checkbox"/> Negative <input type="checkbox"/> Indeterminate <input type="checkbox"/> Invalid <input type="checkbox"/> No Result <input type="checkbox"/> Not Applicable	<input type="checkbox"/> Positive <input type="checkbox"/> Negative <input type="checkbox"/> Indeterminate <input type="checkbox"/> Invalid <input type="checkbox"/> No Result <input type="checkbox"/> Not Applicable
Were Test Results Provided?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes, Results from Other Agency	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes, Results from Other Agency
Date Test Results Provided	__/__/____	__/__/____
If Results NOT Provided, Why?	<input type="checkbox"/> Refused Notification <input type="checkbox"/> Could Not Locate <input type="checkbox"/> Don't Know <input type="checkbox"/> Other, Specify: _____	<input type="checkbox"/> Refused Notification <input type="checkbox"/> Could Not Locate <input type="checkbox"/> Don't Know <input type="checkbox"/> Other, Specify: _____
Hepatitis Vaccine		
Ever had a Hepatitis Vaccine?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know	<input type="checkbox"/> Declined to Answer <input type="checkbox"/> Not Asked
If yes, types of Hepatitis Vaccine (Select one)	<input type="checkbox"/> Hepatitis A <input type="checkbox"/> Hepatitis B <input type="checkbox"/> Hep A and Hep B	<input type="checkbox"/> Don't Know <input type="checkbox"/> Declined to Answer <input type="checkbox"/> Not Asked
Post Test Follow-up		
Post Test Counseling (HBsAg Positives and High Risk Negatives Only)		
<input type="checkbox"/> Yes →	If yes, date: __/__/____	
	Type	<input type="checkbox"/> Alcohol <input type="checkbox"/> Risk Reduction <input type="checkbox"/> Medical Education
	Check all that apply	
<input type="checkbox"/> No →	If no, why?	<input type="checkbox"/> Declined <input type="checkbox"/> Lost to Follow-up <input type="checkbox"/> Not Offered <input type="checkbox"/> Other, specify: _____
<input type="checkbox"/> Don't Know		

Was Client Referred to Medical Care? (HBsAg Positives Only)		
<input type="checkbox"/> Yes →	If yes, date: __/__/____	
	How linked?	<input type="checkbox"/> Set Up Appointment with Primary Care Physician <input type="checkbox"/> Set Up Appointment with Specialist <input type="checkbox"/> Referred to Medical Facility <input type="checkbox"/> Referred to Primary Care Physician <input type="checkbox"/> Referred to Specialist <input type="checkbox"/> Other, Specify: _____
<input type="checkbox"/> No →	If no, why?	<input type="checkbox"/> Refused <input type="checkbox"/> Could Not Be Located <input type="checkbox"/> Not Offered <input type="checkbox"/> Don't Know <input type="checkbox"/> Other, Specify: _____
<input type="checkbox"/> Don't Know		

Documentation of 1st Medical Appointment (HBsAg Positives Only)		
<input type="checkbox"/> Yes →	If yes, date: __/__/____	
<input type="checkbox"/> No →	If no, why?	<input type="checkbox"/> Moved <input type="checkbox"/> Deceased <input type="checkbox"/> Incarcerated <input type="checkbox"/> Declined to be Linked <input type="checkbox"/> Lost to Follow-up <input type="checkbox"/> Already in HBV Care <input type="checkbox"/> Don't Know <input type="checkbox"/> Other, Specify: _____
<input type="checkbox"/> In Progress		
<input type="checkbox"/> Don't Know		

Reported to Surveillance (HBsAg Positives Only)		
<input type="checkbox"/> Yes →	If yes, date: __/__/____	
<input type="checkbox"/> No		
<input type="checkbox"/> Don't Know		

Codes for Agency ID

1 African Services Committee	20 Ohio Asian American Health Coalition
2 AIDS Resource Center of Wisconsin	21 Seattle-Kings County Health Department
3 Anthony Jordan Health Center	22 Southern Arizona AIDS Foundation
4 Asian Health Coalition	23 St. Joseph's Hospital & Medical Center (Center for Liver & Hepatobiliary Disease) A Dignity Health Member
5 City and County of San Francisco	24 Tarzana Treatment Centers
6 Damian Family Care Centers, Inc.	25 HIV Education and Prevention Project of Alameda County
7 Denver Health and Hospital Authority	26 University of California at Davis
8 Downeast AIDS Network Inc.	27 University of California, San Diego
9 Durham County	28 University of Utah Health Care
10 Emory University School of Medicine	29 University of Texas, Health Science Center
11 Family and Medical Counseling Service, Inc.	31 University of Florida
12 Fund for Public Health in NY, Inc.	32 University of Illinois
13 Fundacion Investigacion de Diego	33 Virginia Department of Health
14 Help PSI Services Corp.	34 Hawaii Department of Health
15 Hope Health Inc.	35 Johns Hopkins University
16 Med Star Health Research Institute	36 University of Alabama
17 Minnesota Department of Health	
18 Multnomah County Health Department	
19 National Nursing Centers Consortium	

Codes for Site ID

Codes for Country of Origin

US Codes	67 Dominican Republic	137 Marshall Islands	206 Swaziland
1 United States	68 East Timor [Timor -Leste]	138 Martinique [French Territory]	207 Sweden
2 American Samoa	69 Ecuador	139 Mauritania	208 Switzerland
3 Guam	70 Egypt	140 Mauritius	209 Syrian Arab Republic
4 Northern Mariana Islands	71 El Salvador	141 Mayotte [French Territory]	210 Taiwan
5 Pacific Trust Territories	72 Equatorial Guinea	142 Mexico	211 Tajikistan
6 Puerto Rico	73 Eritrea	143 Micronesia, Federated States of	212 Tanzania, United Republic of
7 Virgin Islands, U.S.	74 Estonia	144 Moldova, Republic of	213 Thailand
8 Wake Island	75 Ethiopia	145 Monaco	214 Togo
9 U.S. Misc Carribean	76 Falkland Islands [Malvinas] [British Territory]	146 Mongolia	215 Tokelau [New Zealand Territory]
10 U.S. Misc Pacific #1	77 Faroe Islands [Danish Territory]	147 Montenegro	216 Tonga
Non-US Codes	78 Fiji	148 Montserrat [British Territory]	217 Trinidad and Tobago
11 Afghanistan	79 Finland	149 Morocco	218 Tunisia
12 Albania	80 France	150 Mozambique	219 Turkey
13 Algeria	81 French Guiana [French Territory]	151 Myanmar [Burma]	220 Turkmenistan
14 Andorra	82 French Polynesia	152 Namibia	221 Turks and Caicos Islands [British Territory]
15 Angola	83 Gabon	153 Nauru	222 Tuvalu
16 Anguilla [British overseas territory]	84 Gambia	154 Nepal	223 Uganda
17 Antarctica	85 Georgia	155 Netherlands	224 Ukraine
18 Antigua and Barbuda	86 Germany	156 Netherlands Antilles	225 United Arab Emirates
19 Argentina	87 Ghana	157 New Caledonia [French Territory]	226 United Kingdom
20 Armenia	88 Gibraltar [British Territory]	158 New Zealand	227 Uruguay
21 Aruba	89 Greece	159 Nicaragua	228 Uzbekistan
22 Australia	90 Greenland	160 Niger	229 Vanuatu
23 Austria	91 Grenada	161 Nigeria	230 Venezuela
24 Azerbaijan	92 Guatemala	162 Niue	231 Vietnam
25 Bahamas	93 Guinea	163 Norfolk Island [Australian Territory]	232 Virgin Islands, British [British Territory]
26 Bahrain	94 Guadeloupe [French Territory]	164 Norway	233 Wallis and Futuna [French Territory]
27 Bangladesh	95 Guinea-Bissau	165 Oman	234 Western Sahara
28 Barbados	96 Guyana	166 Pakistan	235 Yemen
29 Belarus	97 Haiti	167 Palau	236 Zambia
30 Belgium	98 Holy See (Vatican City State)	168 Palestinian Territories	237 Zimbabwe
31 Belize	99 Honduras	169 Panama	
32 Benin	100 Hong Kong	170 Papua New Guinea	
33 Bermuda [British Territory]	101 Hungary	171 Paraguay	
34 Bhutan	102 Iceland	172 Peru	777 Declined to Answer
35 Bolivia	103 India	173 Philippines	888 Other
36 Bosnia and Herzegovina	104 Indonesia	174 Poland	999 Don't Know
37 Botswana	105 Iran, Islamic Republic of	175 Portugal	
38 Brazil	106 Iraq	176 Qatar	
39 Britain Indian Ocean Territory [British Territory]	107 Ireland	177 Reunion [French Island]	
40 Brunei Darussalam	108 Israel	178 Romania	
41 Bulgaria	109 Italy	179 Russia	
42 Burkina Faso	110 Jamaica	180 Rwanda	
43 Burundi	111 Japan	181 Saint Christopher [Saint Kitts and Nevis]	
44 Cambodia	112 Jordan	182 Saint Helena [British Territory]	
45 Cameroon	113 Kazakhstan	183 Saint Lucia	
46 Canada	114 Kenya	184 Saint Pierre and Miquelon [French Territory]	
47 Cape Verde	115 Kiribati	185 Saint Vincent and the Grenadines	
48 Cayman Islands [British Territory]	116 Korea, Democratic People's Republic of (North)	186 Samoa	
49 Central African Republic	117 Korea, Republic of (South)	187 San Marino	
50 Chad	118 Kuwait	188 Sao Tome and Principe	
51 Chile	119 Kyrgyzstan	189 Saudi Arabia	
52 China	120 Lao People's Democratic Republic	190 Senegal	
53 Colombia	121 Latvia	191 Serbia	
54 Comoros	122 Lebanon	192 Seychelles	
55 Congo	123 Lesotho	193 Sierra Leone	
56 Congo, the Democratic Republic of the [Zaire]	124 Liberia	194 Singapore	
57 Cook Islands	125 Libyan Arab Jamahiriya	195 Slovakia	
58 Costa Rica	126 Liechtenstein	196 Slovenia	
59 Cote d'Ivoire [Ivory Coast]	127 Lithuania	197 Solomon Islands	
60 Croatia	128 Luxembourg	198 Somalia	
61 Cuba	129 Macao	199 South Africa	
62 Cyprus	130 Macedonia, the Former Yugoslav Republic of	200 South Sudan	
63 Czech Republic	131 Madagascar	201 Spain	
64 Denmark	132 Malawi	202 Spanish North Africa	
65 Djibouti	133 Malaysia	203 Sri Lanka	
66 Dominica	134 Maldives	204 Sudan	
	135 Mali	205 Suriname	
	136 Malta		