No.		-				ARRONAL CONTRACTOR OF THE PARTY		
DEVALUATI	ONWE	.0	Test Site	Test Site	Test Site	Test Site	Test Site	Test Site
Data Entry	-	11te	Test Site	Test Site	Test Site	Test Site	Test Site	09/8 No. 0920-0696 65/67 Sales 08/09/201
Reports		Site	Test Site	Test Site	Test Site	Test Site	Test Site	Test Site
Agency Data			TOOL CHO					
O Intervention		Site	Test Site	Test Site	Test Site	Test Site	Test Site	Test Site
© Other	rest:	Site	Test Site	Test Site	Test Site	Test Site	Test Site	Test Site
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Test Site	Test	Site	Test Site	Test Site	Test Site	Test Site	Test Site	Test Site
Test Site	Test	Site	Test Site	Test Site	Test Site	Test Site	Test Site	Test Site
Test Site Return to Admin	Test	Public reports sources, gath	ering and maintaining the data	needed, and completing an	d reviewing the collection of a	Test Site nse, including the time for rev information. An agency may	not conduct or sponsor, and a	person is not
Email Administrator		Supplied to re-	spond to a deliberate of information, including sug-	nation lutteral it maples a o	unantly valid CRIB joinflet no	nber. Sens börnhants jagard ation Collection Review Office	ing this burdsh enterlate or as	ry other assist 65 ITE
C Logoul	CONTRACTOR OF	Georgia 30331 Sitte	Test Site	Test Site	Test Site	Test Site	Test Site	Test Site

EVALUATIO	NWE	В				?
ata Entry er Test Information w Test Information oad Data	ds!	Form ID: Site: Funding:	Category B - Part 2B Category B - Part 2B	nt Cita	Tool Cita	Tool Cita
ports		Client Demographics				
ency Data ervention ner		Client ID: Country of Orgin:	United States			
Test Site	Tes	Year of Birth: Gender:	○ Male ○ Female			
Toot Cita	Ton		Transgender Declined to answer Missing			
Test Site	Tes	Specify Other Gender:	Other, specify			
Test Site	Tes	Race:	American Indian or Alaskan Native Asian Black or African American Native Hawaiian or Pacific Islander White			-
Test Site	Tes		☐ Don't Know ☐ Declined to Answer ☐ Missing Race			
Test Site	Tes	Ethnicity:	 ○ Hispanic/Latino ○ Not Hispanic/Latino ○ Don't Know ○ Declined to answer ○ Missing 			
Test Site	Tes	Health Insurance:	 ○ Yes ○ No ○ Don't Know ○ Declined to Answer ○ N/A 			
		If yes, what type?	Private Other Don't know Declined to answer			
	F	Risk Factors				
		Injection Drug Use (Hepatitis B):	Ever, yesEver, noDon't KnowDeclined to AnswerNot Asked			
		If yes, in the past 12 months (Hepatitis B)?	○ Missing ○ Yes ○ No ○ Dont Know			

	○ Not Asked
	○ Missing
Man who has had Anal Sex with a Man or Male	O Ever, yes
Transgender:	O Ever, no
	O Don't Know
	O Declined to Answer
	O Not Asked
	○ Missing
If yes, in the past 12 months	
	○ No
	O Dont Know
	O Declined to Answer
	O Not Asked
	○ Missing
Household Contact with a Person Known to be Infected	○ Ever, yes
with HBV:	□ Ever, no
	○ Dont Know
	O Declined to Answer
	O Not Asked
	Missing
If yes, in the past 12 months	?
	○ No
	○ Don't Know
	O Declined to Answer
	O Not Asked
	○ Missing
Sexual Partner of Person	○ Yes
Infected with HBV:	○ No
	○ DontKnow
	O Declined to Answer
	○ Not Asked
	○ Missing
Multiple Sexual Partners:	○ Yes
	○ No
	○ Don't Know
	O Declined to Answer
	○ Not Asked
	○ Missing
Self-reported Pregnancy	○ Yes
Status:	○ No
	○ DontKnow
	O Declined to Answer
	○ Not Asked
	○ Missing
HIV Positive Status (Hepatiti	s () Yes
B):	○ No
	○ Don't Know
	O Declined to Answer
	○ Not Asked
	○ Missing
If yes, source of HIV positive	○ Self-reported

status (Hepatitis B):

	O Documented Result	
	○ Don't know	
	O Declined to Answer	
	○ Not asked	
	○ Missing	
Ever injected drugs	○ Ever, yes	
(Hepatiatis C):	○ Ever, no	
	○ Don't Know	
	O Declined to Answer	
	○ Not Asked	
	○ Missing	
If yes, in the past 12 months	○ Yes	
(Hepatitis C)?	○ No	
	○ Don't Know	
	O Declined to Answer	
	○ Not Asked	
	○ Missing	
HIV Positive (Hepatitis C):	○ Yes	
	○ No	
	○ Don't Know	
	O Declined to Answer	
	○ Not Asked	
	○ Missing	
If yes, source of HIV positive	○ Self-reported	
status (Hepatitis C):	O Documented Result	
	○ Don't know	
	O Declined to Answer	
	○ Not asked	
	○ Missing	
lepatitis B Surface Antige	(HBsAq)	
Test Date:		
Lab Type:	O Public	
.,,,,,	O Private	
	○ Unknown	
	O N/A	
Desulter		
Results:	O Positive	
	○ Negative	
	O Indeterminate	
	○ Invalid ○ No Result	
	○ N/A	
Were Test Results Provided?		
	O No	
Date Total Description	O Yes, client obtained the result from another agency	
Date Test Results Provided:		
If Results NOT Provided,	○ Refused	
Why?	O Could not be located	
	○ Not Offered	
	○ Don't know	
	Other, specify	
Other Peacen Popult Not		

Returned:

Test Date:	G	
Lab Type:	O Public	
	O Private	
	○ Unknown	
	O N/A	
Results:	OPositive	
	○ Negative	
	○ Indeterminate	
	○ Invalid	
	○ No Result	
	O N/A	
Were Test Results Provided?	O You	
were rest kesuits Provided:	○ No	
	O Yes, client obtained the result from another agency	
Date Test Results Provided:		
If Results NOT Provided,	O Refused notification	
Why?	O Did not return/Could not locate	
	O Don't know	
	Other, Specify	
Other Reason Result Not	Content Specify	
Returned:		
patitis C Virus Antibody	(HCV Ab)	
Test Date:	TI.	
Laboratory Type:	O Public	
	○ Private	
	O Unknown	
	○ N/A	
Test Technology:	○ Rapid	
	○ EIA	
Test Result:	O Positive	
	○ Negative	
	O Indeterminate	
	○ Invalid	
	○ No Result	
	O N/A	
	O NA	
Were Test Results Provided?	O	
	O Yes	
	○ Yes	
Date Test Results Provided:	○ No	
	No Yes, client obtained the result from another agency	
Date Test Results Provided: If results NOT provided, why?	No Yes, client obtained the result from another agency Refused notification	
	No Yes, client obtained the result from another agency Refused notification Did not return/Could not locate	
	No Yes, client obtained the result from another agency Refused notification Did not return/Could not locate Don't know	
	No Yes, client obtained the result from another agency Refused notification Did not return/Could not locate	
If results NOT provided, why?	No Yes, client obtained the result from another agency Refused notification Did not return/Could not locate Don't know	
If results NOT provided, why?	No Yes, client obtained the result from another agency Refused notification Did not return/Could not locate Don't know	
If results NOT provided, why?	No Yes, client obtained the result from another agency Refused notification Did not return/Could not locate Don't know	

Test Date:

Laboratory Type:	O Public	
	○ Private	
	○ Unknown	
- 3	○ N/A	
T T L	Operation	
Test Technology:	Rapid	
	○ EIA	
	○ RIBA	
Test Result:	O Positive	
	○ Negative	
	O Indeterminate	
	○ Invalid	
	○ No Result	
	O N/A	
Were Test Results Provided?		
	○ No	
	Yes, client obtained the result from another agency	
Date Test Results Provided:		
If Results NOT	Refused notification	
Provided,Why?	O Did not return/Could not locate	
	O Don't know	
Other December 19 and Net	Other, Specify	
Other Reason Result Not Returned:		
Show Qualitative Hep C Virus	No 🔻	
RNA Test:		
ualitative HCV RNA		
Test Date:	11	
Lab Type:	O Public	
	○ Private	
	○ Unknown	
	○ N/A	
Results:	O Positive	
	○ Negative	
	O Indeterminate	
	O Invalid	
	○ No Result	
	O N/A	
	O NA	
Were Test Results Provided?	○ Yes	
	○ No	
	 Yes, client obtained the result from another agency 	
Date Test Results Provided:		
If Results NOT Provided,	Refused notification	
	O IVeluseo Houlication	
Why?	O Did not return/Could not lecate	
vvdy?	O Did not return/Could not locate	
verity?	○ Don't know	
Other Reason Result Not	○ Don't know	
	○ Don't know	
Other Reason Result Not	○ Don't know	

Test Date:		
Lab Type:	○ Public	
	○ Private	
	○ Unknown	
	○ N/A	
Results:		
Were Test Results Provided:	○ Yes	
	O No	
	Yes, client obtained the result from another agency	
Date Test Results Provided:		
If Results NOT Provided,	Refused notification	
Why?	O Did not return/Could not locate	
	○ Don't know	
	Other, Specify	
Other Reason Result Not		
Returned:		
CV Genotype		
Test Date:		
Lab Type:	O Public	
	○ Private	
	○ Unknown	
	○ N/A	
Results:	○ Genotype 1	
·	Genotype 2	
	Genotype 3	
	○ Genotype 4	
	○ Genotype 5	
	○ Genotype 6	
	○ Genotype 7	
	○ N/A	
Were Test Results Provided?	○ Yes	
	○ No	
	O Yes, client obtained the result from another agency	
Date Test Results Provided:		
If Results NOT Provided, Why?	Refused notification	
and the	O Did not return/Could not locate	
	O Don't know	
	Other, Specify	
Other Reason Result Not Returned:		
Neturneu.		
epatitis Vaccine		
Ever Had a Hepatitis Vaccine:	○ Yes	
**************************************	○ No	
	O Don't Know	
	O Declined to Answer	
	O Not Asked	
	○ Missing	
	→ missilig	
Type of Hepatitis Vaccine:	O Hepatitis A	
	○ Hepatitis B	
	O Hep A and Hep B	
	O Don't know	

O Declined to Answer

	○ Not asked	
	○ Missing	
est Test Counseling (HR	sAg Positives and High Risk Negatives Only)	
Post Test Counseling:	○ Yes	ATTION BOTTON STREET, STREET, STREET,
•	O No	
	O Don't Know	
If yes, date:		
,00, auto.	Land of the state	
Alcohol:	○ Yes	
	○ No	
	○ Don't Know	
Risk Reduction:	○ Yes	
	○ No	
	○ Don't Know	
Medical Education:	○ Yes	
	O No	
	O Don't Know	
If no, Why?	O Declined	
	O Lost to Follow Up	
	Not Offered	
Other Reason No Post Test	Other, specify	
Counseling:		
	V AB Positives and High Risk AB Negatives)	
Post Test Counseling (AC	O Yes	
rost rest counseling.	O No	
	○ Don't Know	
If yes, Date:	- Bontailow	
ii yes, bate.		
Alcohol:	○ Yes	
	○ No	
	○ Don't Know	
Risk Reduction:	○ Yes	
	○ No	
	○ Don't Know	
Medical Education:	○ Yes	
modical Education.	O No	
	○ Don't Know	
If no, why?	O Declined	
	O Lost to Follow Up	
	○ Not Offered	
Other Dears III Day	Other, specify	
Other Reason No Post Test Counseling:		
ost Test Counseling (HC		
Post Test Counseling:	○ Yes	
	○ No	
	O Don't Know	
If yes, Date:		
Alcohol:	○ Yes	

O No

	○ Dont know	
Risk Reduction:	○ Yes	
	○ No	
	○ Don't Know	
Medical Education:	○ Yes	
mouloui Eddodiom	○ No	
	O Don't Know	
If no, why?	O Declined	
	Lost to Follow Up Not Offered	
	Other, specify	
Other Reason No Post Test	Other, specify	
Counseling:		
eferral To Medical Care	(HBsAg Positives Only)	
Was client Referred to	○ Yes	
Medical Care?	O No	
	○ Don't Know	
If yes, Date:	III.	
How linked?	O Set up appointment with primary care physician	
	Set up appointment with specialist	
	Referred to medical facility	
	Referred to primary care	
	Referred to specialist	
	Other, specify	
	○ Missing	
Other Linkage:		
If no, why?	○ Refused	
authoriza en descri 🗣 Pro	O Could not be located	
	○ Not Offered	
	○ Don't know	
	Other, specify	
Other Linkage:		
cumentation of 1st Med	ical Appointment	
Document of 1st Medical	○ Yes	
Appointment:	○ No	
	O In Progress	
	O Don't Know	
f Yes, Date:		
f No, why?	○ Moved	
	O Deceased	
	○ Incarcerated	
	O Declined to Be Linked	
	O Lost to Follow Up	
	O Already in Care	
	○ Already in Care○ Don't Know	
Other Reason why not	○ Don't Know	
Other Reason why not Ittend:	○ Don't Know	

O No

		If yes, Date:	Dolltraiow	
		How linked?	Set up appointment with primary care physician	
			Set up appointment with specialist	
			Referred to medical facility	
			Referred to primary care	
			Referred to specialist	
			Other, specify	
			○ Missing	
		Other Linkage:		
		If no, why?	○ Refused	
			O Could not be located	
			O Not Offered	
			○ Don't know	
			Other, specify	
		Other Linkage:		
		Documentaion of 1st Me	dical Appointment	
		Document of 1st Medical	○ Yes	
		Appointment:	○ No	
			O In Progress	
			○ Don't Know	
		If Yes, Date:		
		If No, why?	○ Moved	
_			Opeceased	
Test Site	Tes		○ Incarcerated	
TOOL OILO	100		O Declined to Be Linked	
			O Lost to Follow Up	
			O Already in Care	
Tool Cita	Too		O Don't Know	
1621 2116	162		Other, specify	
		Other Reason why not attend:		
		Antiviral Therapy (AVT) (H	CV DNA Positivas Only)	
Test Site	Tes	Antivrial Therapy:	O Yes	
1001 0110	100		O No	
			O Don't Know	
		If yes, Date:		
Tool Cita	Too	AVT Name:	Pegylated Interferon and Ribavirin	
Test Site	les		Pegylated Interferon, Ribavirin and Telaprevir (Incivek)	
			Pegylated Interferon, Ribavirin and Boceprevir (Victrelis)	
			O Don't Know	
	-		○ Missing	
Test Site	IAS.			
TOOL OILU	IVU S	urveillance (Hepatitis B)		
		Reported To Surveillance:	○ Yes	
			○ No	
Test Site	Tes		O Don't Know	
1631 9110	100	If yes, Date:		
	S	urveillance (Hepatitis C)		
		Reported To Surveillance:	○ Yes	
Tool Cita	Ton	-	O No	
lest Site	les		O Don't Know	
		16 D.4	C Don't Kilow	

	п уез, раце:		
Return to Admin	Lock Form:	No v	
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