Attachment 1

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# SAMHSA MAI Rapid HIV/HEPATITIS Testing Clinical Information Form



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| **SECTION A: SITE CHARACTERISTICS 1. Date of visit (mm/dd/yyyy):** **2. Grantee #: 3. Partner ID (if applicable):** **4. CLIENT ID: 5. Site type code # (see site code on back page)**  |
| **SECTION B: DEMOGRAPHICS** |
| **1. Gender**  |  | **3. Race**  |  | **4. Age**  |  | **5. Previous HIV Test** |  | **6. Previous Viral Hepatitis Test** |
|  ***(check one)*** |  **(*check all that apply*)** |  ***(check one)*** |
| Male |  | Alaska Native/ American Indian |  | <18 years |  | Yes No |  | Yes No |
| Female | 18-24 yrs |  |  | **If Yes: *(check one)*** |  | **If Yes: *(check one)*** |
| Transgender |  | Asian |  | 25-34 yrs |  |  | Result was negative |  |  | Result was negative |
|  |  | Black/African American |  | 35-44 yrs |  |  | Result was positive |  |  | Result was positive  |
| **2. Ethnicity**  |  | Native Hawaiian/ Other Pacific Islander |  | 45-54 yrs |  |  | Result was inconclusive |  |  | Result was inconclusive |
|  ***(check one)*** | 55-64 yrs | Result was unknown | Result was unknown |
| Hispanic | White | 65+ yrs |  |  |
| Non-Hispanic |  |  |  |  |  |  |  |
| **SECTION C: RISK BEHAVIORS** |
| ***1. During the past 30 days have you - from the date of this form (check all that apply)*** |
| had unprotected sex with a malehad unprotected sex with a femalehad unprotected sex with a transgender individualhad unprotected sex with significant other in a monogamous relationshiphad unprotected sex with multiple partnershad unprotected sex with an HIV positive personhad unprotected sex with an Hepatitis positive personhad unprotected sex while high on drugs/alcohol | had unprotected sex with a person who injects drugshad unprotected sex with a man who has sex with menexchanged sex for drugs/money/shelterbeen diagnosed with sexually transmitted disease (syphilis, chlamydia, gonorrhea, herpes)refusalthe client reports no known sexual risk factors |
| ***2. During the past 30 days have you used: from the date of this form (check all that apply)*** |
| 4 or more alcoholic drinks in 1 sitting **(for men)**3 or more alcoholic drinks in 1 sitting **(for women)**cocaine (crack) |  | marijuanaecstasyheroinmethamphetamine | non-medical use of prescription drugsshared injection equipment (i.e. needle and drug paraphernalia)refusalthe client reports no known substance use risk factorsother (specify)  |
| ***3. Have you (check all that apply)*** |
| been diagnosed with alcohol or drug dependence, in the past 12 monthsbeen in alcohol or drug treatment in the past 12 monthsever been in alcohol or drug treatment  |  | been diagnosed with psychological distress, in the past 12 months (e.g., major depression, anxiety disorder)ever received treatment for psychological distress during the past 12 months? (e.g., major depression, anxiety disorder)none of the above |
| **SECTION D: Rapid HIV TESTING RESULTS** | **SECTION E: Rapid HEPATITIS B & C TESTING RESULTS**  |
| **1. Rapid HIV test result *(check one)*** |  **1.** **Rapid Hepatitis test results (check all)**  |
| Negative/Non-reactive  | Positive/Reactive |  **Hepatitis B** |  **Hepatitis C** |
| Invalid (Repeat test) Refusal | Positive/Reactive |  | Positive/Reactive |
|  | Negative/Non-reactive |  | Negative/Non-reactive |
|  | Invalid (Repeat test) Refusal  |  | Invalid (Repeat test)Refusal |
| **2. Did client receive result of rapid HIV test? *(check one)*** | **2. Did client receive results of rapid HEP test? *(check one)*** |
| Yes  | No  | Yes  | No |
| **3. Retest HIV Result: *(check one)*** | **3. Retest HEP Result: *(check one)*** |
| Negative/Non-reactive  | Positive/Reactive | Negative/Non-reactive  | Positive/Reactive |
| Invalid/indeterminate | N/A | Invalid/indeterminate | N/A |
| **4. Did client receive retest result of test? *(check one)***Yes No  | **4. Did client receive retest results of test? *(check one)***Yes No |
| **SECTION F: CONFIRMATORY TESTING of HIV** | **SECTION G: CONFIRMATORY TESTING of HEP B & C Test** |
| **(if rapid HIV test result is positive/reactive)** | **(if rapid Hepatitis test result is positive/reactive)** |
|  **1. Confirmatory HIV test result *(check one)*** | **1. Confirmatory HEP test result *(check one)*** |
|  Negative/Non-reactive |  Positive/Reactive |  |  Negative/Non-reactive |  Positive/Reactive |
|  Invalid/indeterminate | Results pending |  |  Invalid/indeterminate | Results pending |
|  **2. Type of confirmatory test *(check one)*** |  |  **2. Type of confirmatory test *(check one)*** |
| Blood (plasma, serum, or blood spot) |  | Blood (plasma, serum, or blood spot)  |
| Oral  | Urine |  |  |  |

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| **SECTION H: TYPE OF HIV SERVICES PROVIDED**  | **SECTION I: TYPE OF Hepatitis SERVICES PROVIDED**  |
|
|  **(Check all that apply)** |  **(Check all that apply)** |
| HIV Pre/Post- Prevention Counseling | Hepatitis Pre/Post- Prevention Counseling |
| HIV Pre/Post-Test Counseling |  Hepatitis Pre/Post-Test Counseling |
| HIV Testing  | Viral Hepatitis Testing |
| Referred to HIV Care and Treatment Services  |  Hepatitis Vaccination |
|  |  | Yes  | A  | Date 1:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Linked to HIV care treatment after positive confirmation*(Client attended a routine HIV medical care visit in last 3 months)* |  |  | B | Date 2: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  Twinrix  | Date 3: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Linked to HIV prevention/ancillary services if negative  |  | No\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| test result  | Referred to Hepatitis Care after positive confirmation |
|  |  |
|  | Linked to Hepatitis care treatment after positive confirmation |
|  | *(Client attended a routine*  Hepatitis *medical care visit in last 3 months)* |
|  | Linked to Hepatitis prevention/ancillary services if negative  |
|  | test result  |
|  |  |

# SAMHSA MAI Rapid HIV Testing Clinical Information Form

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**Codes for Site Types**

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