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 | | | | | | |  |  | | | |  | | | | | | | |

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